



KỶ YẾU

HỘI NGHỊ QUỐC TẾ TIẾP CẬN NGOẠI KHOA TẠI CÁC NƯỚC NHIỆT ĐỚI VÀ CẬP NHẬT VỀ UNG THƯ

X^{ÈME} CONGRÈS INTERNATIONAL DE LA SOCIÉTÉ DE PATHOLOGIE EXOTIQUE
"ACCÈS À LA CHIRURGIE EN ZONES TROPICALES" ET CONFÉRENCE NATIONALE
VIETNAMIENNE DE CANCÉROLOGIE "ACTUALITÉS EN ONCOLOGIE"

INTERNATIONAL CONGRESS
"SURGERY ACCESS IN TROPICAL AREAS AND UPDATES IN ONCOLOGY"

HAI PHONG – VIET NAM, 08 – 09/11/2017

TRƯỜNG ĐẠI HỌC Y DƯỢC HẢI PHÒNG



KỶ YẾU

HỘI NGHỊ QUỐC TẾ

***TIẾP CẬN NGOẠI KHOA TẠI CÁC NƯỚC NHIỆT ĐỚI
VÀ CẬP NHẬT VỀ UNG THƯ***

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HAI PHONG – VIET NAM, 08 – 09/11/2017

WELCOME SPEECH

Prof. Pham Van Thuc, MD., Ph.D.



Rector of Haiphong University of Medicine and Pharmacy

President of the Conference on “Surgery access in tropical areas and updates in Oncology”

Good morning,

Dear friends and colleagues,

I would like to express my warm-hearted welcoming to all of you who gathered here in the **“Surgery access in tropical areas and updates in Oncology”** conference which is held from 8th to 9th November, 2017, at Haiphong University of Medicine and Pharmacy, Vietnam. This year’s conference will focus on Surgery access in tropical areas and updates in Oncology. We are honored to be the host of such great event. On behalf of the organizing committee, we are delighted to welcome experts, scholars, researchers, educators, health care providers, managers, and health policy makers from many countries all over the world including those from, Africa, America, Asia and Europe to attend this important event. Hope you will find this conference memorable, meaningful and productive.

Haiphong University of Medicine and Pharmacy, with nearly 40 years experiences in medical education and research, we have extended to include 8 academic programs: medicine, preventive medicine, traditional medicine, dentistry, nursing, medical technology, marine medicine and pharmacy, and working in cooperation with many universities world-wide from Africa, America, Asia, Australia and Europe, specially with French institutions and French speaking universities.

As you may know, there are more than 5 billion people worldwide do not have full access to safe, affordable and timely surgical care, especially in lower-middle-income countries. It is estimated that there is roughly one operating theatre per 100.000 people in sub-Saharan Africa. Even in Australia, North America, Western Europe, about 5% of the population do not have access to an adequate surgical care. Despite such a surgical imbalance around the world, surgery access is still “the neglected stepchild of global health”.

Coupling with this important issue on surgery access, a threatening health problem in all countries including tropical countries is cancer. More than 14 million people suffering from cancer annually in the world and more than 8 million deaths of this disease. In Vietnam, there are around 170000 to 180000 new cases of cancer each year leading to 80000 to 90000 deaths. In Hai Phong city, the quantity of new cancer patients is estimated around 4000 to 5000, nevertheless, only 60% to 70% of them were treated in hospital.

Vietnam experiences increasing achievement and development in medicine in general and in surgery in particular, reaching a relatively good outcome compared to other developing countries. Our government, ministry of health and all doctors have been trying their best to perform complex techniques such as transplantation and robot assisted surgery. Besides, the citizens have opportunities to be cured by specialists. Nonetheless, this is the first conference discussing the pattern of surgery access in tropical areas and this is also the first time this issue is discussed in Vietnam.

As the reason mentioned above, Hai Phong University of Medicine and Pharmacy together with the French Société de Pathologie Exotique, the Foundation of French Académie Nationale de Médecine and Vietnam Oncology Association holds international conference on “Surgery Access in tropical areas and Updates in Oncology” in Hai Phong. This is a great opportunity for us to learn from each other, collaborating and networking with colleagues around the world and especially from tropical countries.

Thank you all for submitting your scientific works to the conference: “Surgery Access in tropical areas and

Updates in Oncology”, 2017 at Haiphong University of Medicine and Pharmacy. The organizing committee is very delighted to welcome researchers, health care providers, managers, health educators and scholars from over the world, bringing with you a lot of insights sharing with colleagues. We also hope you will experience warm Vietnamese hospitality and opportunities to visit sites of engagement between universities, organizations, local communities as well as a taste of Vietnamese’s history, cultural diversity and scenic beauty.

Wish you all a stimulating and enjoyable conference!

Thank you very much!



Prof. Yves BUISSON, MD

President of La Société de Pathologie Exotique, France

Co-President of the Conference on “Surgery access in tropical areas and updates in Oncology”

Madame la Ministre de la Santé,
Monsieur le Président de l'Université de Médecine et de Pharmacie de Haïphong,
Mesdames et Messieurs les Professeurs,
Chers collègues, chers amis,

C'est un immense plaisir pour moi d'ouvrir le 10^{ème} Congrès international de la Société de Pathologie Exotique au Vietnam. Après Agadir au Maroc (1981), Sousse en Tunisie (1985), Lomé au Togo (1989), Fort-de-France à la Martinique (1993), l'Ile Maurice (1996), Dakar au Sénégal (2001), Marseille (2005), Vientiane au Laos (2010), Dakar (2013), c'est aujourd'hui la magnifique Université de Médecine et de Pharmacie de Haïphong qui nous ouvre ses portes. C'est pourquoi je tiens tout d'abord à remercier chaleureusement le Professeur Pham Van Thuc, avec qui je partage une collaboration fructueuse et amicale depuis 10 ans, d'avoir accepté spontanément d'accueillir cette réunion de tropicalistes.

En effet, le choix de Haïphong n'est pas le fruit du hasard. Ayant dirigé pendant six années l'Institut de la Francophonie pour la Médecine Tropicale à Vientiane, j'ai pu apprécier la remarquable vitalité et la grande ouverture de cette jeune Université de médecine membre de l'Agence Universitaire de la Francophonie. C'est par la volonté et l'énergie de son président le Professeur Pham Van Thuc, que se sont tissés de très nombreux liens de coopération avec les universités françaises. L'Académie nationale de médecine a reconnu la constance de cet engagement en élisant le Professeur Pham Van Thuc membre correspondant étranger en 2016.

La tenue du 10^{ème} Congrès international de la Société de Pathologie Exotique dans l'Université de Médecine et de Pharmacie de Haïphong s'inscrit donc dans la continuité d'une collaboration qui, je l'espère très fructueusement, va se développer et s'élargir dans les années à venir. Le choix du thème de ce congrès « Accès à la chirurgie en zones tropicales et Actualités en oncologie » est un exemple emblématique de ce qui pourrait réunir les professionnels de santé de nos deux pays pour promouvoir la santé internationale dans un domaine encore trop négligé dans le monde.

En espérant que ces journées seront fructueuses et qu'elles permettront d'initier de nouveaux projets de coopération, je remercie nos hôtes de tout cœur de nous accueillir dans leur université, les organisateurs de ce congrès, et tout particulièrement le Professeur Pham Minh Khue, membre correspondant de la Société de Pathologie Exotique, qui s'est impliqué sans réserve dans la réussite de cet événement.



Prof. Bui Dieu, MD., Ph.D.

Vietnam Oncology Association, Vietnam.

Chairperson, Conference "Surgery access in tropical areas and updates in Oncology"

Good morning,

Dear friends and colleagues,

Cancer has been on the rise all over the world, in both developed and developing countries. According to Globocan, the number of new cancer patients is 14.1 million people per year and deaths of 8 to 9 million people per year. Over the next 20 years, there will be an estimated 30 million new cases of cancer and 20 million deaths from global cancer, of which two thirds are in developing countries. In Vietnam, it is estimated that between 170,000 and 180,000 new cancer patients each year and between 80,000 and 90,000 deaths. The number of cases and deaths from cancer has also increased year by year. This is also the trend of many developing countries in the region as well as other tropical countries in the world.

In this context, the Vietnam Oncology Association was established in 2003 as a link between physicians and surgeons who are caring for cancer patients, including clinicians and epidemiologists to setup together screening systems for early detection diagnosis and treatment of cancer throughout the country. They come from hospitals, medical universities and cancer centers, including Hai Phong University of Medicine and Pharmacy. This connection has helped Vietnamese doctors to exchange knowledges and institutional members to cooperate each other among hospitals, care facilities, training institutions, surveillance systems, and help each other to access to updated treatment technologies throughout the country. One of the most important activities is to improve access to surgical treatment for patients, including cancer patients.

The French Academie Nationale de Médecine and the French Société de Pathologie Exotique are highly respected scientific organizations in France and in the world. We are very pleased, with Hai Phong University of Medicine and Pharmacy, in co-operating with you as partners on this year's conference ***"Surgery Access in tropical areas and Updates in Oncology"*** at Hai Phong University of Medicine and Pharmacy.

In addition, the conference is co-organized by the French National Cancer Institute, Vietnam National Cancer Hospital, Bach Mai Hospital, Viet Duc Hospital, etc. who are the leading medical facilities of the two countries. This is an opportunity for Vietnam Oncology Association to strengthen our partnership with national and international organizations. The conference is a great opportunity for the two countries' partners to meet and learn new skills in cancer diagnosis, treatment, care organization and research from international colleagues, especially in terms of surgical approach, and the most especially discuss about surgery access for cancer patients, in tropical countries.

We look forward to continuing the regular cooperation between the French Academie Nationale de Médecine and other French partners, the Vietnam Oncology Association, hospitals, cancer centers and medical universities, including Hai Phong University of Medicine and Pharmacy, to update new technologies, new approaches, as well as good access for cancer diagnosis, treatment and care in Vietnam and in the world.

Wish you all a stimulating and enjoyable conference!

Thank you very much!



Prof. Yves Juillet

President of the Fondation de l'Académie Nationale de Médecine, France.

Co-President of the Conference on "Surgery access in tropical areas and updates in Oncology"

La Fondation de l'Académie de Médecine est honorée et heureuse de participer au congrès International de Pathologie Exotique.

Cette participation est tout à fait en ligne avec l'objet de la Fondation qui est l'amélioration de la santé dans le monde. Depuis sa création en 2013, la Fondation s'est attachée à développer des coopérations pérennes en particulier avec les pays émergents.

La Fondation se félicite que les thèmes principaux du congrès soient la chirurgie en milieu tropical et la cancérologie et voudrait remercier l'université de Haïphong pour avoir organisé cette conférence et se réjouit que cette réunion puisse être le point de départ de coopérations renouvelées avec cette université et avec l'ensemble du Vietnam.

ORGANIZATION COMMITTEE**1. Steering committee:**

Assoc. Prof. Nguyen Thi Kim Tien	Minister of Vietnam Ministry of Health
Prof. Le Quang Cuong	Vice Minister of Vietnam Ministry of Health
Assoc. Prof. Tran Thi Oanh	Deputy Director General of Administration of Science Technology and Training, Vietnam Ministry of Health
Assoc. Prof. Luong Ngoc Khue	Director General of Administration of Medical Management, Vietnam Ministry of Health
Assoc. Prof. Tran Thi Giang Huong	Director General of Department of International Cooperation, Vietnam Ministry of Health
Prof. Pham Van Thuc	Rector of Haiphong University of Medicine and Pharmacy (HPUMP, Vietnam)

2. Conference Presidents:

Prof. Pham Van Thuc	Rector of Haiphong University of Medicine and Pharmacy
Prof. Nguyen Chan Hung	President of Vietnam Oncology Association
Prof. Yves Buisson	President of French Société de Pathologie Exotique
Prof. Yves Juillet	President of the Foundation of French Académie Nationale de Médecine

3. Conference Co-Presidents:

Prof. Yves Buisson	Société de Pathologie Exotique
Prof. Jacques Chandenier	Société de Pathologie Exotique
Prof. Jean-françois Pays	Société de Pathologie Exotique
Dr. Claude Dumurgier	Société de Pathologie Exotique
Dr. Patrick Guyon	Société de Pathologie Exotique
Prof. Daniel Jaeck	Académie Nationale de Médecine
Prof. Bernard Launois	Académie Nationale de Médecine
Prof. Jacques Baulieux	Académie Nationale de Médecine
Prof. Daniel Loisançe	Académie Nationale de Médecine
Prof. Yves Juillet	Académie Nationale de Médecine
Prof. Daniel Reinharz	Director, Institut Francophone pour la Médecine Tropicale/ Francophone Institut for Tropical Medicine
Prof. François Lacaine	Fédération de Recherche en Chirurgie
Dr. Robert Andrei	Association Asie Horizon 2020
Prof. Dirk Rades	Professor and Chair of the Department of Radiation Oncology, University of Lübeck, Germany.
Assoc. Prof. Bui Dieu	Vice-President of Vietnam Oncology Association
Assoc. Prof. Tran Van Thuan	Director of Vietnam Cancer Hospital
Prof. Nguyen Quoc Anh	Director of Bach Mai Hospital
Prof. Tran Binh Giang	Director of Viet Duc Hospital

Prof. Le Ngoc Thanh	Director of E Hospital
Prof. Nguyen Anh Tri	Director of National Institute of Hematology and Blood Transfusion
Prof. Mai Hong Bang	Director of 108 Military Central Hospital
Assoc. Prof. Le Van Quang	Head of Department of Cancer, Hanoi Medical University
Assoc. Prof. Tran Dang Khoa	Director of Hanoi Oncology Hospital
Assoc. Prof. Vu Ba Quyet	Director of National Hospital of Obstetrics and Gynecology
Assoc. Prof. Nguyen Viet Nhung	Director of Lung National Hospital
Prof. Mai Trong Khoa	Director of Center for Nuclear Medicine and Oncology, Bach Mai Hospital
Assoc. Prof. Dinh Ngoc Sy	Chairman of Vietnam Association for Tuberculosis and Lung Disease
Assoc. Prof. Tran Nhan Thang	Head of the Department of Pharmacy, Bach Mai Hospital
Assoc. Prof. Pham Van Duyet	Head of Department of Surgery, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Nguyen Lam Hoa	Head of Department of Oncology, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Dao Quang Minh	Director of Thanh Nhan Hospital
Assoc. Prof. Nguyen Thanh Trung	Director of Thai Nguyen National Hospital
Assoc. Prof. Pham Nhu Hiep	Director of Hue National Hospital
Dr. Nguyen Quang Tap	Director of Viet Tiep Hospital, Vice-President of Haiphong University of Medicine and Pharmacy
Prof. Ha Van Quyet	Head of Department of Surgery, Hanoi Medical University
Dr. Hoang Tuan Anh	Director of Kien An Hospital
Dr. Tran Viet Tiep	Director of Vietnam - Sweden Hospital, Uong Bi
Assoc. Prof. Nguyen Van Hung	Vice-President of Haiphong University of Medicine and Pharmacy, Dean of the Faculty of Pharmacy
Assoc. Prof. Pham Van Manh	Vice-President of Haiphong University of Medicine and Pharmacy
Dr. Nguyen Van Khai	Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Van Han	Former Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Tran Quang Phuc	Former Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Van Lieu	Head of Faculty of Dentistry, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Duong Thi Huong	Dean of Faculty of Public Health, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Minh Khue	Vice-dean of Faculty of Public Health, Head of Department of International Relations, Haiphong University of Medicine and Pharmacy

4. Academic Committees

Prof. Yves Buisson	Société de Pathologie Exotique
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Prof. Jacques Chandenier	Société de Pathologie Exotique
Prof. Jean-françois Pays	Société de Pathologie Exotique
Dr. Claude Dumurgier	Société de Pathologie Exotique
Dr. Patrick Guyon	Société de Pathologie Exotique
Prof. Daniel Jaeck	Académie Nationale de Médecine
Prof. Bernard Launois	Académie Nationale de Médecine
Prof. Jacques Baulieux	Académie Nationale de Médecine
Prof. Daniel Loisançe	Académie Nationale de Médecine
Prof. Yves Juillet	Académie Nationale de Médecine
Prof. Daniel Reinharz	Director, Institut Francophone pour la Médecine Tropicale/ Francophone Institut for Tropical Medicine
Prof. François Lacaine	Fédération de Recherche en Chirurgie
Dr. Robert Andrei	Association Asie Horizon 2020
Prof. Dirk Rades	Professor and Chair of the Department of Radiation Oncology, University of Lübeck, Germany
Prof. Jae-Gook Shin	Director of Pharmacogenomics Research Center, Director of Clinical Trial Center, Inje University Busan Paik Hospital
Prof. Nam Deuk Kim	Professor of Pathophysiology, Department of Pharmacy, Pusan National University
Prof. Pham Van Thuc	Rector of Haiphong University of Medicine and Pharmacy
Prof. Nguyen Chan Hung	President of Vietnam Oncology Association
Assoc. Prof. Bui Dieu	Vice-President of Vietnam Oncology Association
Assoc. Prof. Tran Van Thuan	Director of Vietnam Cancer Hospital
Prof. Nguyen Quoc Anh	Director of Bach Mai Hospital
Prof. Tran Binh Giang	Director of Viet Duc Hospital
Prof. Le Ngoc Thanh	Director of E Hospital
Prof. Nguyen Anh Tri	Former Director of National Institute of Hematology and Blood Transfusion
Prof. Mai Hong Bang	Director of 108 Military Central Hospital
Assoc. Prof. Le Van Quang	Head of Department of Cancer, Hanoi Medical University
Assoc. Prof. Tran Dang Khoa	Director of Hanoi Oncology Hospital
Assoc. Prof. Vu Ba Quyet	Director of National Hospital of Obstetrics and Gynecology
Prof. Mai Trong Khoa	Director of Center for Nuclear Medicine and Oncology, Bach Mai Hospital
Assoc. Prof. Dinh Ngoc Sy	Chairman of Vietnam Association for Tuberculosis and Lung Disease
Prof. Ha Van Quyet	Head of Department of Surgery, Hanoi Medical University
Assoc. Prof. Pham Van Duyet	Head of Department of Surgery, Haiphong University of Medicine and Pharmacy

Assoc. Prof. Nguyen Lam Hoa	Head of Department of Oncology, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Nguyen Van Hung	Vice-President of Haiphong University of Medicine and Pharmacy, Dean of the Faculty of Pharmacy
Assoc. Prof. Tran Quang Phuc	Former Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Van Han	Former Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Van Lieu	Head of Faculty of Dentistry, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Tran Nhan Thang	Head of the Department of Pharmacy, Bach Mai Hospital
Assoc. Prof. Nguyen Viet Nhung	Director of Lung National Hospital
Assoc. Prof. Dao Quang Minh	Director of Thanh Nhan Hospital
Assoc. Prof. Nguyen Thanh Trung	Director of Thai Nguyen National Hospital
Assoc. Prof. Pham Nhu Hiep	Director of Hue National Hospital
Dr. Nguyen Quang Tap	Director of Viet Tiep Hospital, Vice-President of Haiphong University of Medicine and Pharmacy
Assoc. Prof. Nguyen Cong Binh	Vice-Director of Viet Tiep Hospital
Dr. Vu Van Tam	Director of Haiphong Hospital of Obstetrics and Gynecology
Dr. Nguyen Thanh Hoi	Director of Haiphong International Hospital
Dr. Tran Viet Tiep	Director of Vietnam-Sweden Hospital, Uong Bi
Dr. Hoang Tuan Anh	Director of Kien An Hospital
Assoc. Prof. Duong Thi Huong	Dean of Faculty of Public Health, Haiphong University of Medicine and Pharmacy
Assoc. Prof. Pham Minh Khue	Vice-dean of Faculty of Public Health, Head of Department of International Relations, Haiphong University of Medicine and Pharmacy

5. Secretariats:

Mr. Nguyen Ngoc Khiem	DMC Viet Nam
Mr. Nguyen The Anh	DMC Viet Nam
Ms. Nguyen My Dung	DMC Viet Nam
Ms. Nguyen Thi Anh Tuyet	Head, Department of Administration, HPUMP
Mr. Do Minh Tung	Department of Surgery, HPUMP
Ms. Le Thi Huyen Sam	Department of Oncology, HPUMP
Ms. Trinh Thanh Xuan	Faculty of Public Health, HPUMP
Mr. Nguyen Thanh Hai	Faculty of Public Health, HPUMP
Mr. Le Tran Tuan Anh	Faculty of Public Health, HPUMP
Mr. Nguyen Quang Duc	Faculty of Public Health, HPUMP
Mrs. Pham Thi Minh Thu	Faculty of Public Health, HPUMP

Mr. Cap Minh Duc	Faculty of Public Health, HPUMP
Ms. Nguyen Thi Bich Phuong	Faculty of Public Health, HPUMP
Mrs. Do Thi Hoai	Department of International Relations, HPUMP
Mrs. Nguyen Thi Thu Phuong	Department of International Relations, HPUMP
Mr. Truong Thanh Nam	Department of International Relations, HPUMP
Mr. Vu Quang Tuyen	Department of Political Affairs, HPUMP
Mr. Ngo Duy Chinh	Head of Information Technology, HPUMP
Ms. Nguyen Thi Minh Ngoc	Department of Scientific Management

6. Supporting organizations

- Bach Mai Hospital, Hanoi
- Viet Duc Hospital, Hanoi
- National Cancer Hospital, Hanoi
- Hanoi E Hospital, Hanoi
- National Hospital of Endocrinology, Hanoi
- National Hospital of Hematology and Blood Transfusion, Hanoi
- National Hospital of Obstetrics and Gynecology, Hanoi
- Thanh Nhan Hospital, Hanoi
- Hanoi Oncology Hospital, Hanoi
- Vietnam- Sweden Hospital in Uong Bi, Quang Ninh
- DMC Viet Nam (The Conference Organizer)

LIST OF CHAIRS



Prof. Bernard Launois

1972-1999 Professor of Surgery, Digestive surgery and Transplantation
Faculty of Medicine of RENNES
2001 Full Professor of Surgery University of 'ADELAIDE South Australia

French Institutions

Member of Académie Nationale de Médecine (201)
Past Président of Académie Nationale de Chirurgie(2007)
Past Président of French Society of Transplantation (1981-1984)
Président of 100th French Congress of Surgery(1998)

Foreign Institutions

Roll of Honorof UICC
FASA(Hon) (2009)
FACS(Hon)(2010)
FACST(Hon) '2000)
Honorary Professor of University of Hong Kong (1989)
Profesorr'Ad Honorem' of Faculté de Médecine de Montevideo(Uruguay)(2011)
Member of the Court of Examiners of Royal College of Surgeons of England (1993)



Prof. Choua Ouchemi

ACTIVITES PROFESSIONNELLES

- Maitre de Conférences Agrégé des Universités, CAMES
- Coordonnateur du DES de Chirurgie Générale, Faculté des Sciences de la Santé Humaine de N'Djaména
- Directeur Général de l'Hôpital Général de Référence Nationale de N'Djaména

SOCIETES SAVANTES

- Société Africaine Francophone de Chirurgie Digestive, membre



Prof. Dirk Rades

Current Position:

Full Professor of Radiation Oncology and
Chair of the Department of Radiation Oncology, University of Lübeck, Germany

Further appointments:

since 2008 ESTRO representative for Radiotherapy of Brain Metastases
since 2010 Reviewer for the UICC (Union for International Cancer Control) since
2010 Reviewer for the European Union
2016 Visiting Lecturer, Harvard Medical School Boston, USA
2017 Visiting Professor, University of Ottawa, Canada

Awards / Honorary Memberships

2012 Eminent Scientist of the Year Award Europe of the IRPC
2013 Honorary Professor, Hanoi Medical University, Vietnam
2015 Honorary Member, Spanish Society for Radiation Oncology
2016 Honorary Professor, Haiphong University of Medicine and Pharmacy, Vietnam

Publications: More than 350 publications in PubMed with a cumulative impact factor >1,000.



Prof. Chhay Duong, M.D

Chief of Thoracic Surgery Ward,
Calmette Hospital, Phnom Penh, Cambodia.
Professor of Surgery of University of Health Sciences, Phnom Penh, Cambodia.

Education:

1991 M.D., University of Health Sciences, Phnom Penh, Cambodia.

Professional experience:

2000-2001 Specialized in General Surgery, University Lyon1, Lyon, France.

2001-2002 Specialized in Visceral and Transplantation, University Limoges, Limoges, France.

2002-2003 Specialized in Thoracic Surgery and Inter-University Diploma Colo-Proctology, University Lyon 1, Lyon, France.

2003- Now Lecturer of Surgery of University of Health Sciences, Phnom Penh, Cambodia.

2005-Now Senior General Surgeon and Chief of Thoracic Surgery Ward, Calmette Hospital,
Phnom Penh, Cambodia.

Diplomas: General Surgery, Visceral Surgery, Thoracic Surgery, Colo-Proctology

Field of Interests: General and Thoracic Surgery.



Prof. Jacques Chandenier MD, PhD

est Professeur Hospitalo-Universitaire, Chef du Service de Parasitologie-Mycologie-Médecine tropicale au CHRU de Tours (France), et chercheur au sein de l'Unité INSERM 1100. A la suite d'une formation de Parasitologie clinique et fondamentale effectuée en France, il a occupé des postes en Afrique centrale pendant près de 10 ans, et effectué des missions dans de nombreux pays de zones tropicales. Il est actuellement Secrétaire général de la Société de Pathologie exotique.



Prof. Claude Dumurgier

Etudes secondaires :lycée public

Etudes médicales Ecole de Santé militaire de Lyon

Internat de Hôpitaux de Lyon

Chirurgicat des Hôpitaux militaires

Chef des services chirurgicaux de N' Djaména (TCHAD)

Chirurgien en chef du Centre de paraplégies traumatiques de l'Hôtel des Invalides (Paris)

Coordinateur des services chirurgicaux de l'Hôpital Calmette (Phnom Penh Cambodge)

Coordinateur de l'enseignement de la chirurgie auprès du recteur de l'USS (Cambodge)

Professeur associé

Professeur Honoraire faculté de médecine de Phnom Penh

Membre Honoraire de l'AFU

Membre de la Military Surgical Society (GB)

Membre de la société de pathologie exotique



Prof. Jérôme Robert

est Professeur de Médecine à la Faculté de Médecine Pierre et Marie Curie. Il est titulaire d'un Doctorat en Epidémiologie et d'un Master de Santé Publique. A l'hôpital universitaire Pitié-Salpêtrière, il est responsable du Laboratoire de Bactériologie et de l'Equipe d'Hygiène Hospitalière. Sa recherche porte sur l'épidémiologie de la résistance bactérienne aux antibiotiques. Il enseigne la bactériologie médicale et l'hygiène. A l'hôpital, il coordonne des formations et évaluations de la qualité des soins pour prévenir les infections nosocomiales.



Prof. John E. Connolly

CURRENT POSITION AND PAST EMPLOYMENT HISTORY

2013 - Present: Senior Principal Investigator, Institute of Molecular and Cell Biology

2011- Present : Director ASPIRE, A*Star Programme in Translational Research on Infectious Disease (<http://www.aspire.a-star.edu.sg>)

2010- Present: Director Programme in Translational Immunology

2008 - Present: Adjunct Associate Professor of Biomedical Studies, Baylor University Medical Center, Waco, TX

ACADEMIC QUALIFICATION

1995 - 2001: Graduate Student, Dartmouth Medical School Department of Biochemistry, in the lab of Dr. William Rigby

1994: Undergraduate Senior Research, Framingham State College, Department of Chemistry, Framingham, MA

1993: Undergraduate Senior Research, Framingham State College, Department of Biology, Framingham, MA

1993: Research Assistant, United States Army Research, Development and Engineering Labs, Department of Biotechnology, Natick, MA



Prof. Olivier Bouchaud

Avicenne hospital and Université Paris 13-Sorbonne Paris Cité, Bobigny, France. He is presently head of the Infectious and tropical diseases department at the university hospital "Avicenne" in Bobigny located in the north part of the Paris area in France. In the field of infectious diseases, his main interest is tropical diseases, and especially malaria. He has also activities in tropical areas, especially in Burundi where he developed a HIV program since 2004. He is also very much involved in teaching in the field of both tropical and travel medicine, and HIV in developing countries. He is the president of the French Society of Travel Medicine, and a member of the French society of tropical medicine, the International Society of travel medicine and the American Society of tropical medicine and hygiene.



Dr. Philippe Buchy

A Medical Doctor with a specialization in Clinical Microbiology, and holds a PhD in virology. He worked for 16 years with the Pasteur Institute as a Virologist. He authored over 160 publications in peer-reviewed journals as well as several book chapters and WHO guidelines. In June 2014, he joined GSK vaccines as Director of Scientific Affairs and Public Health in Asia-Pacific region.



Tobias Bartscht , M.D.

Deputy, Department of Hematology and Oncology, Klink of Medicine I
University Hospital Schleswig-Holstein, Campus Lübeck

Education:

1999 University Hospital Schleswig-Holstein, Campus K

Professional experience:

2009 Consultant for Hematology and Oncology

2009-2010 Deputy for Hematology and Oncology, Sana Rügen

since 2010 Deputy for Hematology and Oncology , UKSH, Campus Lübeck

- Deputy of Palliative care unite

- Senior physician of Central Laboratorium

Medical University

2003 Dissertation, Hematopathology UKSH, Prof. Dr. Parwaresch, Campus Kiel

2017 Opening procedure for habilitation

Field of Interests:

Chemotherapy in Oncology and Hematology, small molecules, individual cancer therapy



Ya Juan Chen, M.M.

Master's tutor, College of Pharmacy,
Kunming Medical University

Education:

2012 M.M., Kunming Medical University

Professional experience:

2015- Associate Professor, College of Pharmacy, Kunming Medical University

Board Certification:

Chinese Pharmacological Society chemotherapy pharmacology Specialized
Committee Youth Committee

Chinese Pharmacological Society biochemistry molecular pharmacology
Specialized Committee Youth Committee

Field of Interests: oncology, Tumor pharmacology



Prof. Yves Buisson

est médecin biologiste, professeur agrégé du Val-de-Grâce, membre de l'Académie nationale de médecine. Successivement chef du laboratoire de biologie clinique de l'Hôpital du Val-de-Grâce, directeur de l'Institut Pasteur du Cambodge, délégué général au Réseau International des Instituts Pasteur, chargé de mission pour la recherche dans le Service de Santé des Armées, directeur de l'Institut de Médecine tropicale du Pharo à Marseille, directeur de l'Institut de la Francophonie pour la Médecine tropicale à Vientiane, il est actuellement président de la Société de Pathologie Exotique.



Prof. Yves Juillet

Yves Juillet est actuellement Secrétaire Général de la Fondation de l'Académie de Médecine.

Il est Membre de l'Académie de Médecine où il est Membre du Comité des Affaires internationales

Il est Membre de l'Académie de Pharmacie dont il fut le Président en 2013
Docteur en Médecine (1975), Faculté de médecine de Paris, il est spécialiste en Médecine Interne, en Cardiologie et Pathologie Vasculaire et en Réanimation Médicale.

Pharmacologue, il a consacré un part de ses travaux à l'harmonisation des réglementations sur le médicament dans le monde et à la Pharmacovigilance

Il fut chef de service à l'Hôpital Broussais à Paris. Pendant 7 ans il a été membre des commissions du ministère de la Santé sur le médicament (AMM, Transparence, Pharmacovigilance)

Après sa carrière hospitalière il a rejoint les organisations professionnelles de l'Industrie du Médicament où il a présidé le Comité des Affaires scientifiques et réglementaire européen (1991-2002), puis le Comité de la Politique réglementaire et technique du Médicament de l'IFPMA à Genève (2004-2011).

Pendant 10 ans (1996-2006), il a été membre du Comité directeur du processus ICH (Harmonisation de la réglementation du Médicament entre l'Europe, les Etats-Unis et le Japon) et y a co-présidé le Comité Rest of the World.

Il fut le premier Président européen de la Drug Information Association.

Il est l'auteur de plus de 150 publications référencées



Assoc. Prof. Nguyen Thi Kim Tien

Minister of Vietnam Ministry of Health



Prof. Le Quang Cuong

Vice Minister of Vietnam Ministry of Health



Dr. Hoang Tuan Anh

Specialist II, Director General, Kien An Hospital, Haiphong city, Vietnam
Deputy Head of Surgery Department, Haiphong University of Medicine and Pharmacy, Vietnam

Education:

2007-2009	Specialist II, Vietnam Military Medical University
1989-1991	Specialist I, Vietnam Military Medical University
1978-1984	Military Doctor and Resident Doctor, Vietnam Military Medical University

Professional experience:

2014-2017 Director General, Kien An Hospital

2014- 2017 Deputy Head of Surgery Department, Haiphong University of Medicine and Pharmacy, Vietnam

2009-2014 Deputy Director General, Kien An Hospital

1996-2009 Head of Surgery Department, Kien An Hospital

1994-1996 Deputy Head of Surgery Department, Kien An Hospital

1992-1994 Specialist I, Surgery Department, Kien An Hospital

1984-1992 Specialist I, Gastrointestinal (GI) Surgery Department, 103 Military Hospital



Nguyen Cong Binh, M.D., Ph.D.,

Vice- Director, Viet Tiep Friendship Hospital, Vietnam

Education:

1977- 1983 M.D., Thai Binh Medical University, Vietnam

1992- 1999 Ph.D., Hanoi Military Medical Academy, Vietnam

Professional experience:

1999-2007 Vice-Dean, Department of Urosurgery

Viet Tiep Friendship Hospital, Haiphong City, Vietnam

2008 Dean, Department of Urosurgery

Viet Tiep Friendship Hospital, Haiphong City, Vietnam

2008- Vice- Director, Viet Tiep Friendship Hospital, Haiphong City, Vietnam



Prof. Nguyen Dai Binh, Ph.D.

Senior Lecture of the Oncology Dept., Hanoi Medical University

Education:

1994-1995: Practiced as a resident Physician of Digestive and Oncology Surgery at the Digestive Surgery Center of St.Antoine Hospital, Paris, France.

2003 Obtained the degree of Doctor of Philosophy in Medicine

2009: Obtained Associate Professor Academic degree

Professional experience:

1985-1987: Studied and worked as an Oncology Resident Physician at Hanoi Medical University and the National K Hospital

1988-present: Working as an Oncology Doctor the National K Hospital, as a Senior Lecture of the Oncology Dept. of Hanoi Medical University

2011- 2017: Being the Vice Director of The national K Hospital, managing the general surgical activities, and playing a key role in overseeing and supporting specialization to the clinical and subclinical activities of the National K Hospital.



Dr. Pham Van Binh, PhD

Education and Training

1/1/2010-10/12/2013: PhD of Surgery- Academic Military of Viet Nam

Sept 2002- Sept 2003: Foreign Fellowship for practice on laparoscopic surgery in Toulouse France

May2005-May2007: Foreign Fellowship for practice on laparoscopic surgery in Paris, France

Working Result

Chief of GI department in Vietnam National Cancer hospital - Hanoi

Working experience

Specialized in GI surgery: Perform all open and laparoscopic surgeries such as Laparoscopic gastrectomy, nephrectomy, colorectal.

To date operate 800 laparoscopic colorectal cases in oncology patients;



Assoc. Prof. Bui Van Chien MD, PhD.

Director

Hai Phong Children's Hospital



Prof. Bui Dieu

Fonction:

Ancien directeur de l'Hôpital National de Cancérologie du Vietnam (Hôpital K)

FORMATIONS

1982 Licence en médecine à la Faculté de Médecine de Hanoi

EXPERIENCES PROFESSIONNELLES

1990-1991 Stage en cancérologie à l'institut de recherche en cancérologie en France

1999 Master en cancérologie à la Faculté de Médecine de Hanoi

2006 Doctorat en cancérologie à la Faculté de Médecine de Hanoi

2009 Directeur de l'Hôpital National de Cancérologie du Vietnam (Hôpital K)

2012 Professeur de faculté de médecine de Hanoi

DOMAINE DE SPECIALISATION D'INTERÊT

Cancérologie



Dr. Pham Xuan Dung, PhD.

Director,

Ho Chi Minh City Oncology Hospital

Education:

1/8-31/10/1997 Certificate of Attachment Singapore General Hospital

2000 – 2004 Diploma of Oncology Specialist Level 2 Medical University

HoChiMinh City V.N

2013 PhD in medicine Medical University HoChiMinh City V.N

Professional experience:

1997 – 5/2017 Head, Medical Oncology Department No 2, HoChiMinh City Oncology

2005 – 2/2017 Deputy Director, HoChiMinh City Oncology

3/2016 – date Head of Department of Oncology, Pham Ngoc Thach University of Medicine

2/2017 – date Director, HoChiMinh City Oncology

Field of Interests:

Hematology



Assoc.Prof. Trinh Tuan Dung, MD., PhD.

Dr. Trinh Tuan Dung is Head of Department of Pathology, 108 Military Central Hospital, Hanoi, Vietnam.

He is President of Vietnam Society of Pathology and Cytology (VSPC) from 2012, Senior Expert in Pathology and Cytology of Vietnam National Ministry of Defense, Member of the Standing Committee of Vietnam Association of Gastroenterology and Hanoi Society of Gastroenterology.

He graduated from Vietnam Military Academy of Medicine (1989) and have his postgraduated of PhD in Pathology at the Hanoi Medical University (2000), completed his Pathology fellowship at the Seimelweis University of Medicine in Budapest, Hungary (2001). He qualified from the Fukui and Kobe Universities, Japan (2004 and 2007) and University of California Irvine, United State of America (2010).



Assoc. Prof. Trieu Trieu Duong MD. PhD.

Director,

Digestive Surgery Center of 108 Military Central Hospital



Assoc.Prof. Pham Van Duet Ph.D., M.D.

Head of Surgery Department

Director of Haiphong Medical University Hospital

Education

1979 – 1985

M.D., Hanoi Medical University

1990 – 1992

Specialist I, Hanoi Medical University

1992 – 2002

Ph.D., Vietnam Military Medical University.

Professional experience

2004 - 2006 Ph.D., Deputy Director of Surgery Department – Haiphong Medical University, Deputy Director of Surgery Department 9, Viet Tiep Hospital.

2015 - 2016 Associate Prof. Ph.D., Deputy Director of Surgery Department 9, Viet Tiep Hospital, Director of Haiphong Medical University Hospital.

Field of Interests

- Surgery on gastrointestinal disease
- Surgery on some heart diseases



Prof. Tran Binh Giang

From 12/2016 Director, VietDuc University Hospital
From 11/2015 President of Vietnam Association of Surgery
From 10/2011 Secretary General of Vietnam Association of Surgery.
From 11/2010 President of The Vietnam Association of Endolaparoscopic Surgeons
From 02/2006: Vice Chairman and General Secretary of Vietnam Association of Endolaparoscopic Surgeons (VAES). Vice Director of VietDuc University Hospital. Director of the laparoscopic center, Chief, Dept. of general surgery.

Diplomas:

2007: Certificate of laparoscopic bariatric surgery, Clinique Geoffroy St. Hilaire, PARIS, FRANCE.

Certificate of International Workshop on Morbid Obesity, National University of Singapore.

2000: PhD in medicine, Hanoi Medical University.

Publication:

Laparoscopic adrenalectomy 7th World congress of laparoscopic surgery, Singapore 2000.

Presentations in ELSAs meeting, 8 medical books, 116 article in Medical and surgical Journal of Vietnam.



Dr. Nguyen Hong Ha MD. PhD

EDUCATION AND FORMATION:

Mai 2004 Specialize Formation in Hand Surgery, French Institute Hand Surgery, Paris

Diploma of the French College of Plastic Reconstructrice & Aesthetic Surgery

January 2010 Visiting clinician of Plastic Surgery, Yale University, New Heaven, USA

July 2011 Visiting physicians of Plastic & Maxillofacial Surgery, Mayo Clinic, USA

EXPERIENCE AND APPOINTMENT:

Mai 2004 Visiting fellow in Hand Surgery and Microsurgery, French Institute
Hand Surgery, Paris, France

Nov 2004 Plastic Surgeon. Orthopedic and Traumatology Department, (VDUH)

2005 – 2006 Chief of Plastic Surgery & Microsurgery Unit, Viet-Duc University Hospital

2006 – present Chief of Department of Plastic & Maxillofacial Surgery, VDUH

CIVIC AND COMMUNITY ACTIVITIES:

Volunteer of Youth Medical Student Organization

Volunteer of Operation Smile International 1998 – 2000, 2004-2005



Pham Van Han, M.D., PhD.

Former Vice-President of Haiphong University of Medicine and Pharmacy,
Haiphong University of Medicine and Pharmacy, Vietnam

Education:

1980 M.D., Hanoi Medical University, Vietnam

1997 PhD., Hanoi Medical University, Vietnam

Professional experience:

1980-2005 Vice-Dean, Department of Public Health, Haiphong University of Medicine and Pharmacy

2006-2010 Dean, Department of Public Health, Vice-Rector, Haiphong University of Medicine and Pharmacy, Vietnam

2010- 2017 Dean, Faculty of Public Health, Vice-Rector, Haiphong University of Medicine and Pharmacy, Vietnam

2017- Postgraduate counseling, Haiphong University of Medicine and Pharmacy, Vietnam



Assoc.Prof. Pham Nhu Hiep PhD

Director of Hue Central Hospital

Director of Oncology Center of Hue Central Hospital

Head of Pediatrics Surgeons and Abdominal Emergency Department

Vice President of the Vietnam Association Endolaparoscopic Surgeons

Vice President of the Vietnam Association Surgery

President of the Hue Association Oncology

Education:

1989: MD, Hue Medical University

1996: PhD, Military Medical Academy

1997-1998: Physician at St. Éloi, CHU Montpellier Hospital, France,

2006: Associated Professor



Assoc.Prof. Nguyen Lam Hoa

Educational background:

Graduate: 1980 Medical University in VietNam

Post graduate: PhD - 2008

As/Professor - 2012

Current employment:

Director of HaiPhong Oncology Centre

Head of Oncology Department, HaiPhong university of Medecine and Pharmacy

Vice Chaiman of HaiPhong Cancer prevention Program

Permanent Member of VietNam Cancer Society

From 1991 to 2016: I have over 90 scientific articles published in medical journals in the country and abroad: Y HOC THUC HANH VIET NAM, TAP CHI UNG THU HOC VIET NAM, TAP CHI Y HOC VIET NAM, MEMOI IN FRENCH – 1998, ASCO-2014, The 12th JSH Single topic Conference in KANAZAWA-JAPAN (2016)...



Dr. Nguyen Van Hung, M.D. PhD

Associate Professor, Vice-President
Haiphong University of Medicine and Pharmacy, Vietnam

Education:

2002 PhD on Pharmacology
1997-1998 Fellow, Communication for Leadership and Management Program,
Manila, Philippine
2010-2011 Fulbright Scholar, University of Iowa, USA

Professional experience:

2011- 2017 Associate Professor and Dean, Faculty of Pharmacy
2015-2017 Vice-President for Graduate education, research and international cooperation
2011- 2017 Adjunct professor, University of Iowa, Samford University (USA)
2014-2015 President, Asian Conference on Clinical Pharmacy (15th ACCP).

Professional association:

Board of Directors, Asian Association of Schools of Pharmacy since 2014
Standing Member, National Committee, Vietnam Family Doctor Association, 2016-2021



Duong Huong, M.D.

Dean, Faculty of Public Health,
Head, Department of Public Health,
Viet Nam, Hai Phong University of Medicine and Pharmacy

Education:

1988 M.D., Hanoi Medical University
2000 PhD, Hanoi Military Medical Academy

Professional experience:

1989 – 2002 Physician at Haiphong Medical Preventive centres, Vietnam
2001 – Present Faculty, Researcher, Department of Public Health at Haiphong Medical University, Vietnam
2005 – 2010 Project Officer, Harvard Medical School AIDS Initiative in Vietnam, Beth Israel Deaconess Medical Center
2014 - 2020: Researcher, DRIVE project - Drug and virul infection in People who inject drug in Hai Phong Viet Nam.

Field of Interests:

Public Health: Tropical diseases, Environmental impact to Public Health



Nguyen Dinh Song Huy, M.D.

Vice Director, Cancer Center, Director, Department of Liver Tumor, Cho Ray Hospital, HoChiMinh City, Vietnam

Education :

1986 M.D., University of Medicine and Pharmacology of HoChiMinh City

Professional experience :

2007-2009 Director, Department of Liver Tumor, Cho Ray Hospital; Director, Department of Oncology, Cho Ray Hospital
2009-2010 Director, Department of Liver Tumor, Cho Ray Hospital

From 2010 Vice Director, Cancer Center, Cho Ray Hospital; Director, Department of Liver Tumor, Cho Ray Hospital; Visiting Lecturer, University of Medicine and Pharmacology of HoChiMinh City

Field of Interests: Liver surgery, Laparoscopic surgery



Prof. Mai Trong Khoa, PhD., M.D.

Former Vice Director of Bach Mai Hospital

Director the Nuclear Medicine and Oncology Center, Bach Mai Hospital

Senior lecturer, Head of Nuclear Medicine Department, Hanoi Medical University

Vice president of the Vietnamese Society of Radiology and Nuclear Medicine

Vice president of the Vietnam Atomic Energy Society

Education:

2003 Assoc. Prof., Council of Professorship Award in Medicine

2013 Prof., Council of Professorship Award in Medicine

1995,1998, 2000, 2001, Trainee, Japan, Korea, France, USA...

2002, 2003, 2006, ...

Professional experience:

2003-present Director, the Nuclear Medicine and Oncology Center, Bach Mai Hospital

2007-2017 Vice Director, Bach Mai Hospital

2008- 2017 Senior lecturer, Head of Nuclear Medicine Department, Hanoi Medical University

2014- present Member of the Council of Professorship Award in Medicine

Field of Interests: Nuclear Medicine, Oncology



Assoc.Prof. Tran Dang Khoa, M.D, Ph.D

Current Position:

Director of Hanoi Oncology Hospital, Head of Radiotherapy Department;

Member of the Standing Committee of Vietnam Cancer Association;

Secretary of Hanoi Cancer Association.

WORKING PROGRESS

1988 – 2000 : Doctor at Tumor Department – Thanh Nhan Hospital

2000 – 2001 : Deputy Head of Planning Department, Hanoi Oncology Hospital

2001 – 2005 : Deputy Director of Hanoi Oncology Hospital

2006 – now : Director of Hanoi Oncology Hospital

Field of Interests:

Oncology, Radiotherapy and Nuclear Medicine.



Assoc.Prof. Pham Minh Khue, M.D., Ph.D.

Vice-Dean, Faculty of Public Health,
Head, Department of International Relations
Haiphong University of Medicine and Pharmacy

Education:

2001 M.D., Haiphong Medical University, Vietnam

2008 Ph.D. of Epidemiology, Universite Pierre & Marie Curie – Paris 6, France

Professional experience:

2008- Lecturer, Department of Public Health, Haiphong University of Medicine and Pharmacy

2015- Vice-Dean, Faculty of Public Health Haiphong University of Medicine and Pharmacy

2015- Vice-Dean, Faculty of Public Health Haiphong University of Medicine and Pharmacy

2016- Head, Department of International Relations Haiphong University of Medicine and Pharmacy

2016- Visiting Lecturer, Department of Public Health Faculty of Medicine de Brest, Universite Bretagne Occidentale, France



Assoc.Prof. Tran Thi Kiem

The Head, Department of Anesthesiology
Vietnamese Hai phong International Hospital

Education:

2007 M.D., Ha noi Medical University

Professional experience:

2000-2001 Researcher, Alantic University, Masseurille, French.

2002-2007 Researcher, Research Institute Minitaire for Laryngeal mask.

2013- Visiting professor,

2015- Head, Departement of Anaesthesia, Hai phong International Hospital.

2017- Head, Departement of Anaesthesia, Hai phòng Medical University.

Field of Interests:

Cardiolog- anesthesiology, skull base Anesthesia.



Assoc. Prof. Pham Van Lieu

Education:

2001 Ass. Professor

2004 – 2008 Study PhD course at Ho Chi Minh University of Medicine and Pharmacy.

1994 -1996 Studied doctor Specialist two of Odonto Stomatology at Hanoi Medical University

Professional experience:

2015 - now Dean of Dental School of Hai Phong University of Medicine and Pharmacy, President of Haiphong Odonto Stomatology Association.

2011 - 2015 Dean of Dental School, Director of Haiphong Medical University Hospital, Vice President of Haiphong University of Medicine and Pharmacy .

2009 - 2011 Dean of Dental School, Vice Director of Haiphong Medical University Hospital, Vice President of Haiphong Medical University .

Field of Interests: Maxillofacial surgery, Maxillofacial Training



Assoc.Prof. Pham Van Linh MD, PhD

Graduated from Hanoi Medical University (HMU) in 1995, started to work since then as lecturer in Haiphong University of Medicine and Pharmacy (HPMU) and as physician in Viet-Czech Hospital.

Got scholarships from AUF, France Embassy, WHO, Vietnam Government and did specialization trainings in Immunology, Chest medicine and Tropical diseases in France and in Switzerland.

Promoted to work as Vice Head of Outpatient and ED in 2011 and then, from 2013, as Head of Cardiovascular and Pulmonary Medicine Department in Haiphong University Hospital.

Nominated Associate Professor and Vice Director of University Hospital in 2015.



Prof. Tran Ngoc Luong

Director of National Hospital of Endocrinology

Education:

1996-1997: Resident Physician in Surgery, Liile Medical University, France.

2007: Doctor of Philosophy in Surgery, Ha Noi Medical University, Việt Nam

2012: Associate Professor in Surgery, Ha Noi Medical University, Viet Nam

Employment

2005-Sept.2015: Vice Director of National Hospital of Endocrinology; Chief of Surgerys Deptatment of National Hospital of Endocrinology

Sept2015-2016: Acting Director of National Hospital of Endocrinology; Chief of Surgery Deptatments of National Hospital of Endocrinology

Jan 2016- Now: Director of National Hospital of Endocrinology; Chief of Surgery Deptatments of National Hospital of Endocrinology



Assoc.Prof. Dao Quang Minh, Ph.D., M.D.

Director of Thanh Nhan Hospital

Education:

1999-2001 M.D., Vietnam Military Medical University

2005 Ph.D. student (Bordeaux, France)

2007 Ph.D., Vietnam Military Medical University

Experience

Surgical Oncology (Treatment for liver, pancreatic, oesophageal, stomach, colorectal cancer)

Published 02 textbooks, 81 articles on national journals, 02 articles on international journals

Training courses: Strasbourg, Bordeaux (France)

Field of Interests:

Surgical Oncology, Research, Teaching, Publishing articles



Assoc.Prof. Nguyen Viet Nhung, MD., PhD

Director of National Lung Hospital
Manager of Vietnam National Tuberculosis Program
President of Vietnam Association against TB and Lung Diseases
Head of TB and Lung diseases Faculty of Ha Noi Medical University
Dr. Nhung obtained his medical degree from Hanoi Medical University completed PhD scholarship in the Charles University in Prague, Czech Republic in 2000 with thesis on "The role of immunohistochemistry in typing and prognosis of lung cancer".

Dr. Nhung is an invited lecturer Army Medical University, Hanoi School of Public Health and appointed as an associate professor of the Ha Noi Medical University from 2012.

A/Prof. Nhung research interests are primarily in the areas of lung cancer, tuberculosis, asthma and COPD and has become deputy editor in chief of National Journal of Tuberculosis and Lung Diseases since 2010.



Assoc.Prof. Vu Huy Nung, M.D., Ph.D.

Vice- Director, Vietnam Military Medical University

Education:

1972 A.M. University, Vietnam

Professional experience:

1978-1988 Doctor, Department of Surgery A.M. University, Vietnam

1989-1996 Researcher, Sofia Medical University, Bulgaria

1999- 2005 Vice-Director, Department of Surgery, A.M. University, Vietnam

2003- A/Professor

2005- 2008 Director, Education's Department of A.M. University, Vietnam



Assoc.Prof. Tran Quang Phuc

Former Vice-President of Haiphong University of Medicine and Pharmacy

Education:

1980: M.D., Hanoi Medical University, Vietnam

1997: PhD, Military Medical Academic, Vietnam

Professional experience:

1980- : Lecturer, Department of Tuberculosis and Pulmonary Disease, Hai Phong Medical University

1985-1990: Dean, Department of Tuberculosis-Extrapulmonary, Haiphong Tuberculosis and Pulmonary Disease Hospital, Vietnam

1997- : Vice-Director, Haiphong Tuberculosis and Pulmonary Disease Hospital, Vietnam

2003- : Vice-Rector, Haiphong University of Medicine and Pharmacy

2009- : Award of Associate Professor



Pham Cam Phuong, PhD., M.D.

Vice Director the Nuclear Medicine and Oncology Center, Bach Mai Hospital
The Ho Chi Minh Prize for Science and Technology in 2017

Education:

2007 Resident Doctor, Paris-Sorbonne (Paris IV) University
2013 PhD., Hanoi Medical University

Professional experience:

2008- 2015 The Nuclear Medicine and Oncology Center, Bach Mai Hospital
2016- present Vice Director, the Nuclear Medicine and Oncology Center,
Bach Mai Hospital

Field of Interests:

Oncology, Nuclear Medicine



Assoc.Prof. Le Minh Quang, M.D.PhD.

Vice-Director, Viettiap General Hospital
Director of Oncology Center

Education:

1993 M.D., Hanoi University of Medicine

Professional experience:

2007-2009. Advanced Clinical training in Satsukidai Hospital, Chiba- Japan.
2009 - 2016 Vice director of oncology center
Visiting A/professor- Haiphong University of medicine and pharmacy.
2016 Vice-Director, Viettiap General Hospital Director of Oncology center
Visiting A/professor - Haiphong University of medicine and pharmacy

Field of Interests:

Breast surgery, Digestive surgery



Assoc.Prof. Nguyen Ngoc Sang

Head of Pediatric and Scientific Department, Haiphong University of Medicine and Pharmacy

Vice head of Department of Nephrology – Hematology – Endocrinology,
Haiphong Children Hospital

Vice President of Vietnam Pediatric Uro – Nephrology – Dialysis and Kidney Transplant Association

Graduated from Hanoi Medical University in 1981 and completed residency program in 1987 at National Hospital of Pediatrics. Since 1988, he has been working as lecturer for Haiphong University of Medicine and Pharmacy at Pediatric Department. Completed MSc program and received MSc certificate at Hanoi Medical University in 1995. Awarded Ph.D in Hanoi Medical University in 1999. Completed over 120 researches in different fields: Childhood diseases, Primary health care, Preventive health care, Medical education. Awarded the title of Associate Professor in 2005. Besides, Dr Sang is Honorary Associate Professor from University of Sydney, Australia.



Prof. Do Kim Que, M.D. PhD.

Vice Director, Thong Nhat hospital,
Vice President of Association of Thoracic and Cardiovascular Surgery of Vietnam

Education:

1996 – 1997: Fellow in Tokyo University, Japan
2000: Fellow in Kyoto University, Japan
2008 – 2009: Fellow in Bourgogne University, France

Professional experience:

2003 – 2005: Vice Chief Department, Surgery Department, Thong Nhat hospital.
2005 – 2008: Chief Department, Surgery Department, Thong Nhat hospital.
2008 – now: Vice Director, Thong Nhat hospital.
2006 – now: Associate Professor, University of Medicine and Pharmacy at Ho Chi Minh city.

Field of Interests:

Cardiovascular surgery, Lung surgery, Cerebrovascular surgery, Minimal invasive surgery, Vascular intervention



Prof. Ha Van Quyet, M.D. Ph.D

Former Director of Ha Noi Medical University .
Former Deputy of Viet Duc Hospital
Former Head of Surgery Department of Ha Noi Medical University.

Education:

1977 M.D. Hà Nội Medical University.
1995 Ph.D .Hà Nội Medical University.

Professional experience:

2004-2012

Deputy Director of Việt –Đức Hospital.
Head of Surgery Department of Hà Nội Medical University.
Research associate of Tokai University , Tokyo , Japan.

2012-2016

Director of Hà nội Medical University .
Deputy of Việt –Đức hospital
Head of Surgery Department of Hà nội Medical University.
Visiting professor of Paris VI Medical University.

2016 Senior Lecturer ở Hải Phòng University of Medicine and pharmacy.

Field of Interests:

- Study pathologie and treatment of gastrointestinal disease .
- Surgery and Endoscopy



Assoc. Prof. Vu Ba Quyet, MD, PhD

Director of National Hospital of Obstetrics and Gynecology, Hanoi, Vietnam.

Education:

1982: MD, Hanoi Medical University.

Professional experience:

1981 – 1965: Residency of Obstetrics and Gynecology, Hanoi Medical University.

1996: Master of Science of Obstetrics and Gynecology, Hanoi Medical University.

2011: PhD of Obstetrics and Gynecology, Hanoi Medical University.

2014: Associate Professor, Hanoi Medical University.



Assoc. Prof. Vu Van San, M.D., Ph.D.

Head, Department of Otorhinolaryngology,
Hospital of Haiphong University of Medicine and Pharmacy, Vietnam

Education:

1986: M.D., Hanoi Medical University, Vietnam

1989: Resident Physician, Hanoi Medical University, Vietnam

2003: PhD, Military Medical Academy, Vietnam

2010- : Award of Associate Professor

Professional experience:

1996-2007: Vice-Dean, Department of Otorhinolaryngology, Haiphong Medical University, Vietnam

2007- : Dean, Department of Otorhinolaryngology, Haiphong University of Medicine and Pharmacy, Vietnam ; Head, Department of Otorhinolaryngology, Hospital of Haiphong University of Medicine and Pharmacy, Vietnam.



Prof. Nguyen Truong Son, M.D, PhD.

President of Vietnam Maritime Health Association

President of Scientific and technological Council of VINIMAM

Director of Center for Maritime Medical Education (VINIMAM)

Director of Center for Underwater Medicine and Hyperbaric Oxygen Therapy (VINIMAM)

Dean of Maritime Medicine Faculty

Former Director of VINIMAM

Education:

1979: M.D, Hanoi Medical University

Professional experience:

2001-2016: Director of Vietnam National Institute of Maritime Medicine; The head of Maritime Medical Department, HPMU

2003: Ass.Professor, HPMU

2011: Professor of HPMU and VINIMAM

The top Expert of Maritime Medicine and Underwater Medicine and Hyperbaric Oxygen Therapy in Vietnam and regional

Field of Interests: Clinical Physiology, Maritime Medicine and HBOT, Maritime Surgery



Prof. Tran Thiet Son, M.D. PhD.

Head, Department of Plastic Surgery, St. Paul Hospital, Hanoi Medical University
Director, Centre of Plastic Aesthetic and Hand Surgery, VINMEC International Hospital.

Education:

1983: M.D., Hanoi Medical University

2003: PhD., Military Academy of Medicine

Professional experience:

2006: Head of Department of Plastic Reconstructive Aesthetic Surgery, Saint Paul Hospital Hanoi.

2007: Head of Department of Plastic Reconstructive Surgery, Hanoi Medical University.

2007: Assoc. Professor, Hanoi Medical University

2015: Professor, Hanoi Medical University

2017: Director, Centre of Plastic Aesthetic and Hand Surgery, VINMEC International Hospital.

Field of Interests: Plastic surgery, Microsurgery



Assoc. Prof. Dinh Ngoc Sy, M.D

Vice-President, Viet Nam Medical Association

Education:

1979: M.D., Medical Military University (MMU)

Positions and Honors

2009- 2013: A/Professor, Head of Department of Tuberculosis and Pneumology
Hanoi Medical College; Director of National Lung Hospital; Manager of National TB Program.

2013- 2017: President, Viet Nam Association Against TB and Lung Disease;
Editor, Tuberculosis and Lung Dis. Journal.

2017: Vice - President, Viet Nam Medical Association; Vice - Editor of Viet Nam Medical Journal; Vice- Editor of Viet Nam Revue Medicale

Field of Interests: Tuberculosis and Lung Diseases



Dr. Vu Van Tam, M.D., Ph.D.

Director, HaiPhong Hospital of Obstetrics and Gynecology, Vietnam

Education:

1990: M.D., Haiphong Medical University, Vietnam

2010: PhD., Hanoi Medical University, Vietnam

Professional experience:

1990 - 1996: Doctor, Department of Internal Medicine, HaiPhong Hospital of Obstetrics and Gynecology, Vietnam
1996 - 2010: Vice-Dean, Faculty of Assisted Reproduction, HaiPhong Hospital of Obstetrics and Gynecology, Vietnam

2011 - 2014: Vice- Director, HaiPhong Hospital of Obstetrics and Gynecology, Vietnam

2015 - now: Director, HaiPhong Hospital of Obstetrics and Gynecology, Vietnam



Assoc. Prof. Huynh Quyet Thang, PhD.

Can Tho Oncology Hospital – Can Tho Cancer Society

Technical training process:

1990 - 1994 First degree specialization of general surgery

1991 - 1992 Attend a refresher course of thoracic surgery in France

1997 - 1998 Attend a refresher course of Hepatic surgery in Switzerland and France

1996 - 2002 Post graduate training and studying course for the degree of Doctor of Philosophy

Job titles:

2007... Director of Can Tho Oncology Hospital

2008... Associate Professor, Chairman of Oncology Department of Can Tho Medicine and Pharmacy University. Researcher of molecular biology of cancer

2003... Member of executive committee of Ho Chi Minh City Cancer Society

2010... Vice President of Viet Nam Cancer Society; President of Can Tho Cancer Society

2012... Working as a molecular oncologist



Prof. Le Ngoc Thanh, PhD, M.D.

Director of E Hospital

Director of Cardiovascular Center, E Hospital

Education:

1978 – 1984: M.D., Hanoi Medical University

1984 – 1987: Resident in General Surgery, Hanoi Medical University

2001: PhD, Hanoi Medical University

Professional experience:

2000 – now: Lecturer of Surgery Department, Hanoi Medical University

2007 – now: Council member of Association of Thoracic and Cardiovascular Surgeons of Asia

2011 – now: Director of Cardiovascular Center, E Hospital

2013 – now: Member of Editorial Board of Vietnam Medical Journal

2015 – now: Director of E Hospital

2016 – now: President of Association of Cardiovascular and Thoracic Surgery of Vietnam

Field of Interests: Minimally invasive cardiac surgery



Dang Huy Quoc Thinh, M.D., Ph.D.

Vice-Director, Ho Chi Minh Cancer Hospital, Vietnam

Education:

1988: M.D., Ho Chi Minh University of Medicine and Pharmacy, Vietnam

2013: Ph.D., Ho Chi Minh University of Medicine and Pharmacy, Vietnam

Professional experience:

1989-2000: Doctor, Ho Chi Minh Cancer Hospital, Vietnam

2004-2005: Vice- Dean, Faculty of 3 Radiation Therapy, Ho Chi Minh Cancer Hospital, Vietnam

2005- : Dean, Faculty of 3 Radiation Therapy, Ho Chi Minh Cancer Hospital, Vietnam

2007- : Vice-Director, Ho Chi Minh Cancer Hospital, Vietnam



Assoc. Prof. Tran Van Thuan

Director of National Cancer Hospital and Director of National Cancer Institute Vietnam

Assoc. Prof Tran Van Thuan, Meritorious doctor currently holds a leadership role at both the Vietnam National Cancer Institute (as Director) and Vietnam National Cancer Hospitals (as Director). He has a broad background in medical oncology and specific training and expertise in cancer. His main research interests are diagnosis and treatment of breast cancer; cancer screening and early detection; and cancer management, including cancer survivorship. He plays a key role in the National Cancer Control Program.



Prof. Pham Van Thuc, M.D.,PhD.

Rector, Haiphong University of Medicine and Pharmacy, Vietnam

Education:

1982: M.D., Hanoi Medical University, Vietnam

1993: Ph.D. of Clinical Immune Allergy, Military Medical Academy, Vietnam

Professional experience:

2004 - 2006: Vice-Director of Vietnam National Institute of Maritime Medicine

2007- : Rector of Haiphong University of Medicine and Pharmacy, Vietnam



Prof. Nguyen Anh Tri

Former Director of National Institute of Hematology and Blood Transfusion



Tran Viet Tiep, M.D. PhD

Education:

1998-2001: MD, Hanoi Medical University

1999-2000: Internship doctor, Robert Ballanger Hospital, France.

2003-2007: PhD, Hanoi Medical University

Professional experience:

2008- : Director, Vietnam-Sweden Uong Bi hospital

2010- :Visiting lecturer, Hanoi Public Health University

2011- :Visitting lecturer, Thai Binh Medical University

2014- :Visiting lecturer, Haiphong Medical University

Field of Interests: Urologic Surgery, Cancer, Quality Management



Ta Van To, M.D, PhD

Director, Pathology and Molecularbiology Center, National Cancer Hospital
Head, Department of Pathology, Hanoi Medical University
Vice President of Vietnamese Society of Pathologist

Education:

1991: M.D., Hanoi Medical University

Professional experience:

2001-2007: Vice Head, Department of Pathology, National Cancer Hospital

2000-2004: PhD, Breast Cancer Pathology

2010- : As/Professor of Pathology, Hanoi Medical University

2007-2017: Head, Department of Pathology, National Cancer Hospital

2017- :Director, Pathology and Molecularbiology Center, National Cancer Hospital

2017- :Head, Department of Pathology, Hanoi Medical University

Field of Interests: Breast Cancer pathology



Dr. Nguyen Dinh Tung

Dr. Tung is the Vice Director of Oncology at Hue Central Hospital and Associate Professor at Hue University of Medicine and Pharmacy. He has over 70 publications in peer reviewed journals, mostly focusing on breast cancer in Vietnam. He is an invited speaker at national and international conferences and was chairman of the SE Asia Breast Cancer Symposium in 2016, chairman of the International Breast Cancer Symposium in 2017. He specializes in cancer prevention, breast cancer surgery, breast reconstruction and intraoperative radiation therapy (IORT). He has been a member of Breast Surgery International since 2009 and has served on the Development Committee for National Clinical Practice Guidelines for Cancer Management for Vietnam. Dr. Tung is the founder/ president of the Breast Cancer Society of Hue. Established in August 2014, BCS was the first society for breast cancer control in Vietnam. Dr. Tung works closely with breast cancer support groups and NGO's to promote health awareness and the early detection of breast cancer.



Assoc. Prof. Vu Huu Vinh MD, PhD

A/Prof and Chief, Department of Thoracic Surgery
Choray Hospital, HCM city, Vietnam

Education

1985: M.D, Hanoi Medical University

Professional experience

1994 – 1995: Research fellow at Japanese International Hospital, Tokyo, Japan

1995 – 2001: PhD student, Post graduate course, Kyoto University Hospital

2001 – 2002: Viettiệp general Hospital

2003 – present: Choray Hospital, Head of Thoracic surgery Department

Field of Interests:

Thoracic surgery: Lung and Mediastinum

Endoscopic surgery

Tracheal surgery

Chest wall surgery: Sternal tumor, Pectus excavatum repair

Esophageal surgery: cancer and benign tumors

Congenital tracheal and vascular malformation repair and reconstruction



Assoc. Prof. Dong Van He MD, PhD

Vice-Director of VietDuc Teaching Hospital

Head of Research Department

Director of Neurological Center

VietDuc Teaching Hospital, HaNoi, VietNam

Vice-Director of National Coordinator Transplant Center

Medical education:

1990 MD

HaNoi Medical University, HaNoi, VietNam

2004 PhD

HaNoi Medical University, HaNoi, VietNam

Neurosurgical Activities:

-Lecture in VietDuc Teaching Hospital, Hanoi Medical University, Medical University of Army, ThaiNguyen Medical University and HaiPhong Medical University.

-Clinical course in VietDuc Teaching Hospital

-International Neurosurgical Conference

LIST OF SPEAKERS



Prof. Olivier Bouchaud

Avicenne hospital and Université Paris 13-Sorbonne Paris Cité, Bobigny, France
He is presently head of the Infectious and tropical diseases department at the university hospital “Avicenne” in Bobigny located in the north part of the Paris area in France. In the field of infectious diseases, his main interest is tropical diseases, and especially malaria. He has also activities in tropical areas, especially in Burundi where he developed a HIV program since 2004. He is also very much involved in teaching in the field of both tropical and travel medicine, and HIV in developing countries. He is the president of the French Society of Travel Medicine, and a member of the French society of tropical medicine, the International Society of travel medicine and the American Society of tropical medicine and hygiene.



Prof. Yves Buisson

est médecin biologiste, professeur agrégé du Val-de-Grâce, membre de l'Académie nationale de médecine. Successivement chef du laboratoire de biologie clinique de l'Hôpital du Val-de-Grâce, directeur de l'Institut Pasteur du Cambodge, délégué général au Réseau International des Instituts Pasteur, chargé de mission pour la recherche dans le Service de Santé des Armées, directeur de l'Institut de Médecine Tropicale du Pharo à Marseille, directeur de l'Institut de la Francophonie pour la Médecine Tropicale à Vientiane, il est actuellement président de la Société de Pathologie Exotique.



Duong Bunn MD

CHEF du Département de Traumatologie, d'Orthopédie à l'Hôpital PREAH KOSSAMAK

Professeur Agrégé de l'Université de la science de la Santé de Phnom PEHN
DIRECTEUR ADJOINT de l'enseignement de Chirurgie du cycle I de l'Université des Sciences de la Santé

2008 : PRESIDENT de la Société Cambodgienne d'Orthopédie et de la Traumatologie

EDUCATION

2005 : AFSA en Traumato-Orthopedie à l'Université de VICTOR SEGALEN BORDEAUX II

2001 : AFSA en Chirurgie Générale et Vasculaire à l'Université de VICTOR SEGALEN BORDEAUX II

1988 : Diplôme d'ÉTAT en Médecine, Faculté de Médecine de PHNOM PENH

FIELD OF INTERESTS: Limb trauma surgery



Prof. John E. Connolly

CURRENT POSITION AND PAST EMPLOYMENT HISTORY

2013 - Present: Senior Principal Investigator, Institute of Molecular and Cell Biology

2011- Present : Director ASPIRE, A*Star Programme in Translational Research on Infectious Disease (<http://www.aspire.a-star.edu.sg>)

2010- Present: Director Programme in Translational Immunology

2008 - Present: Adjunct Associate Professor of Biomedical Studies, Baylor University Medical Center, Waco, TX

ACADEMIC QUALIFICATION

1995 - 2001: Graduate Student, Dartmouth Medical School Department of Biochemistry, in the lab of Dr. William Rigby

1994: Undergraduate Senior Research, Framingham State College, Department of Chemistry, Framingham, MA

1993: Undergraduate Senior Research, Framingham State College, Department of Biology, Framingham, MA

1993: Research Assistant, United States Army Research, Development and Engineering Labs, Department of Biotechnology, Natick, MA



Florian Cremers, Dr. rer. nat. (PhD)

Chief Medical Physicist, Department of Radiation Oncology
University Medical Center Schleswig-Holstein (UKSH), Lübeck, Germany

Education:

2000: Dr. rer. nat., University of Hamburg

Professional experience:

2001-2008: Deputy Chief Medical Physicist at the Department of Radiotherapy and Radiooncology of the University Medical Center Hamburg (UKE) in Hamburg Germany,

2008-2014: Chief Medical Physicist at the Department of Radiotherapy and Radiooncology, University Medical Center Hamburg (UKE) in Hamburg, Germany

2014- : Chief Medical Physicist at the Department of Radiation Oncology, University Medical Center Schleswig-Holstein (UKSH) in Lübeck, Germany

Field of Interests: Radiation therapy, Volumetric Modulated Arc Therapy, Intensity Modulated Radiation Therapy, Image Guided Radiation Therapy, Tumor Control Probability, Normal Tissue Complication Probability



Jacques Chandenier (MD, PhD)

est Professeur Hospitalo-Universitaire, Chef du Service de Parasitologie-Mycologie-Médecine tropicale au CHRU de Tours (France), et chercheur au sein de l'Unité INSERM 1100. A la suite d'une formation de Parasitologie clinique et fondamentale effectuée en France, il a occupé des postes en Afrique centrale pendant près de 10 ans, et effectué des missions dans de nombreux pays de zones tropicales. Il est actuellement Secrétaire général de la Société de Pathologie exotique.



Ya Juan Chen, M.M.

Master's tutor, College of Pharmacy,
Kunming Medical University

Education:

2012: M.M., Kunming Medical University

Professional experience:

2015- :Associate Professor, College of Pharmacy, Kunming Medical University

Board Certification:

Chinese Pharmacological Society chemotherapy pharmacology Specialized Committee Youth Committee
Chinese Pharmacological Society biochemistry molecular pharmacology Specialized Committee Youth Committee

Field of Interests: Oncology, Tumor pharmacology



Prof. Chhay Duong, M.D

Chief of Thoracic Surgery Ward,

Calmette Hospital, Phnom Penh, Cambodia.

Professor of Surgery of University of Health Sciences, Phnom Penh, Cambodia.

Education:

1991: M.D., University of Health Sciences, Phnom Penh, Cambodia.

Professional experience:

2000-2001: Specialized in General Surgery, University Lyon1, Lyon, France.

2001-2002: Specialized in Visceral and Transplantation, University Limoges, Limoges, France.

2002-2003: Specialized in Thoracic Surgery and Inter-University Diploma Colo-Proctology, University Lyon 1, Lyon, France.

2003- Now: Lecturer of Surgery of University of Health Sciences, Phnom Penh, Cambodia.

2005-Now: Senior General Surgeon and Chief of Thoracic Surgery Ward, Calmette Hospital,
Phnom Penh, Cambodia.

Field of Interests: General and Thoracic Surgery.



Prof. Choua Ouchemi

ACTIVITES PROFESSIONNELLES

Maitre de Conférences Agrégé des Universités, CAMES

Coordonnateur du DES de Chirurgie Générale, Faculté des Sciences de la Santé Humaine de N'Djaména

Directeur Général de l'Hôpital Général de Référence Nationale de N'Djaména

SOCIETES SAVANTES

Société Africaine Francophone de Chirurgie Digestive, membre



Prof. Jean Delmont

Honorary president of the Société de Pathologie Exotique, is currently emeritus professor of infectious and tropical diseases at the Faculty of medicine in Marseille (Aix-Marseille University).

He served as a medical doctor in Marseille public hospitals and served for the french medical cooperation at the Ecole de Médecine of Bamako (1971-1972) and at the Faculté des Sciences de la Santé of Bangui (1982-1990).

Currently, medical doctor at the Centre des Vaccinations Internationales de la Ville de Marseille, he continues concomitantly to provide lectures in several french and foreign universities



Dr Alireza Ensaf

Médecine des voyages, humanitaire et vaccinations,

Prise en charge préventive et curative d'individus et de collectivités soumises à un environnement tropical ou exotique,

Prise en charge de la nutrition de l'homme sain ou malade ; la malnutrition secondaire à une pathologie digestive ou extra digestive,

Prévention des risques professionnels et santé au travail, ergonomie.

Diplômes obtenus

2016 : Diplôme Universitaire : « Médecine d'urgence : traumatismes graves, prise en charge des premières 24 heures » - Université de Paris-Sud.

2013 : Capacité de médecine tropicale - Université d'Aix Marseille II.

2011 : Certificat de spécialité d'entomologie médicale - Unité d'entomologie Médicale, Pôle Santé, H.S.F.

2010 : Diplôme Inter Universitaire « Physiologie du Travail et Ergonomie :

Ergonomie de Gestes et Postures - Faculté de Médecine Pitié-Salpêtrière.

2009 : Diplôme Inter Universitaire Droit Médical - Faculté de Médecine Pitié-Salpêtrière.



Prof. Bernard Fabre-Teste

In 1976, Algeria, first professional experience in the fight against tuberculosis.

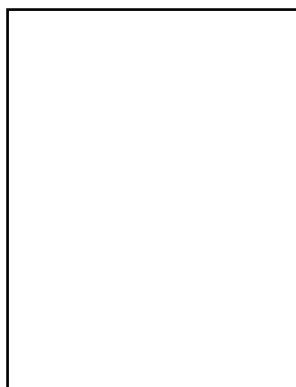
In 1981, Sudan, engaged in public health with MSF to Eritrean refugees.

From 1983 to 2001, does different jobs of public health in Africa and Asia with the French Cooperation.

In 2002, WHO regional advisor for HIV-AIDS and STDs in Manila.

In 2006, WHO Representative in Vanuatu in the South Pacific.

Since 2012, social medicine activities and responsibility for the fight against TB in the Pas-de-Calais, France.



Prof. Yves Germani

Yves Germani is a graduate of Institut Pasteur, PhD in Pharmaceutical Sciences (Microbiology & Ecology), PhD in Natural Sciences (Immunology & Genetics) and qualified university professor of cell biology. He is former director of research (chief of laboratory) at the Institut Pasteur, where he led several research programs on infectious diseases in Africa and Asia. He is now CEO/CSO of BioSpeedia (Institut Pasteur spin off), a biotechnology company developing rapid diagnosis tests for infectious diseases.



Prof. Goujon Catherine

Expert référent pour les vaccinations et les conseils aux voyageurs au Centre Médical de l'Institut Pasteur
Chargée de la coordination de la communication médicale à l'Institut Pasteur.
Vice Présidente de la Société de Médecine des Voyages
Trésorière de la Société de Pathologie exotique
Membre de l'Association des Anciens élèves de l'Institut Pasteur
Membre de l'International Society of Travel Medicine



Prof. Patrick Guyon

Ancien chirurgien des hôpitaux des Armées puis directeur médical à l'international de l'Ordre de Malte France, le Dr Patrick Guyon est actuellement directeur médical de l'ONG WAHA International, agissant essentiellement en Afrique de l'est et au Moyen Orient.
Il est membre de la Société de Pathologie Exotique et membre associé de l'Académie nationale de Chirurgie.
Former surgeon in the French army, then international medical director at the Order of Malta France, MD Patrick Guyon is medical director at Waha international, active in East Africa and Middle East. He is member of Exotic Pathology society and associate member of the National surgery academy.



Prof. Kaba Kourouma

PharmD, DES, MSDC/MPH, DU/Immuno-Hématologie-Transfusion
Maitre de conférences des Universités
Doyen de la Filière Pharmacie, de l'Université des Montagnes/Cameroun
Membre de 10 Sociétés savantes dont la SPE (24 juin 2002)
Compte une Centaine de thèses de doctorat dirigés ou codirigés en Pharmacie, Médecine et Odontostomatologie en Guinée et au Cameroun
Large expérience dans la gestion et à la coordination des projets de santé publique (Laboratoire, Santé publique, Sécurité transfusionnelle, Hématologie VIH/SIDA)



Prof. Bernard Launois

1972-199: Professor of Surgery, Digestive surgery and Transplantation; Faculty of Medicine of RENNES

2001: Full Professor of Surgery University of 'ADELAIDE' South Australia

French Institutions

Member of Académie Nationale de Médecine (201)

Past Président of Académie Nationale de Chirurgie(2007)

Past Président of French Society of Transplantation (1981-1984)

Président of 100th French Congress of Surgery(1998)

Foreign Institutions

Roll of Honor of UICC

FASA(Hon) (2009), FACS(Hon)(2010, FACST(Hon) '2000)

Honorary Professor of University of Hong Kong (1989)

Profesor 'Ad Honorem' of Faculté de Médecine de Montevideo(Uruguay)(2011)

Member of the Court of Examiners of Royal College of Surgeons of England (1993)



Prof. Jean-François PAYS

licencié ès-lettres puis docteur en médecine. De 1986 à 2002, professeur de Parasitologie/Mycologie à la faculté de médecine Necker Enfants Malades (Paris V) et de Médecine Tropicale et Humanitaire de 1994 à 2010 après création d'un certificat obligatoire/optionnel dans le cursus de cette faculté. Secrétaire Général des Journées de Biologie Clinique Necker-Institut Pasteur de 1991 à 2004. Actuellement Professeur ad honorem à l'Université du Nordeste, faculté de médecine de Corrientes, Centro Nacional de Parasitologia y Enfermedades Tropicales, Argentine.



Eric Pichard, M.D.

Consultant en médecine tropicale. Centre Médical de l'Institut Pasteur (CMIP). Paris (France).

Formation:

1983: Doctorat en médecine. Université Pierre et Marie Curie. Paris VI. (France).

Expérience professionnelle:

1995-2016 : Chef de service, Maladies infectieuses-maladies tropicales, CHU d'Angers et Professeur de Maladies infectieuses-maladies tropicales à l'Université d'Angers (France).

2106- :Consultant au CMIP. Paris (France).

Domaine d'intérêt: Maladies tropicales, maladies infectieuses, vaccinologie.



Prof. Dirk Rades

Full Professor of Radiation Oncology and
Chair of the Department of Radiation Oncology, University of Lübeck, Germany

Further appointments:

Since 2007: Member of several committees of the American Society for
Therapeutic Radiology and Oncology (ASTRO)

Since 2008: ESTRO representative for Radiotherapy of Brain Metastases since

2010: Reviewer for the UICC (Union for International Cancer Control)

Since 2010: Reviewer for the European Union

Awards / Honorary Memberships

2012: Eminent Scientist of the Year Award Europe of the IRPC

2013: Honorary Professor, Hanoi Medical University, Vietnam

2015: Honorary Member, Spanish Society for Radiation Oncology

2016: Honorary Professor, Haiphong University of Medicine and Pharmacy, Vietnam



Prof. Jérôme Robert

est Professeur de Médecine à la Faculté de Médecine Pierre et Marie Curie. Il
est titulaire d'un Doctorat en Epidémiologie et d'un Master de Santé Publique.
A l'hôpital universitaire Pitié-Salpêtrière, il est responsable du Laboratoire de
Bactériologie et de l'Equipe d'Hygiène Hospitalière.

Sa recherche porte sur l'épidémiologie de la résistance bactérienne aux
antibiotiques. Il enseigne la bactériologie médicale et l'hygiène. A l'hôpital, il
coordonne des formations et évaluations de la qualité des soins pour prévenir les
infections nosocomiales.



Prof. Rolf Johansson

Education

1966: B.A. University of Umea, Sweden

1973: Medical Dr, University of Umea, Sweden

1983: Specialist in Surgery

1987: Specialist in General Medicine

Employment record

1984-86: Medical Adviser, Vietnam – Sweden Hospital, Uong bi, Vietnam, InDevelop, Sida (Swedish aid)

1986-88: PHC, Pitea, Sweden

1988-93: Medical Adviser, Essential Drugs, Angola; Employed by Sida

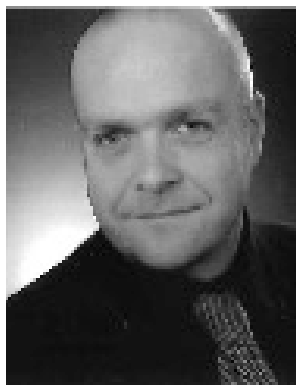
1988-94: Coordinator of Clinical Trials of the GECCCO project in Vietnam (Traditional medicines)

1994-99: Chairman of the Pitea – Uong bi Association (PUA)

1994- :PHC, Pitea, Sweden

94-2010:Part time consultant at IHCAR, the Karolinska Institute. Implementation of the National Drugs
Policy (NDP) of Laos

2013- :Member and one of the founders of the New Uong bi Sweden Association (NUSA)



Tobias Bartscht , M.D.

Deputy, Department of Hematology and Oncology, Klink of Medicine I
University Hospital Schleswig-Holstein, Campus Lübeck

Education:

1999: University Hospital Schleswig-Holstein, Campus K

Professional experience:

1999-2009: Internship University Hospital Schleswig-Holstein, Campus Kiel

2007 : Consultant for internal medicine

2009 : Consultant for Hematology and Oncology

2009-2010: Deputy for Hematology and Oncology, Sana Rügen

since 2010: Deputy for Hematology and Oncology , UKSH, Campus Lübeck; Deputy of Palliative care unite;
Senior physician of Central Laboratorium

Field of Interests: Chemotherapy in Oncology and Hematology, small molecules, individual cancer therapy



Yiping Zhou, PhD.

Department of Pharmacology,
School of Pharmaceutical Sciences

Education:

2010: PhD., University of Paris XI, France

Professional experience:

1997-2002: Assistant Researcher, Yunnan Key Laboratory of Pharmacology for Natural Products, Kunming Medical University, China

2002-2006: PhD. student, Institute of Andre Lwoff CNRS, Villejuif France

2006-2010: Lecturer, School of Pharmaceutical Sciences, Kunming Medical University, China

2010- : Associate professor, School of Pharmaceutical Sciences, Kunming Medical University

Field of Interests: Antitumor activity and mechanism of action of natural products from Traditional Chinese Medicine



Nguyen Hoang Kieu Anh, BSc.

Researcher, Center for Molecular Biomedicine,
University of Pharmacy and Medicine at Ho Chi Minh city.

Education

2017: BSc, International University HCMC – Vietnam National University

Professional experience

Current: Researcher, Center for Molecular Biomedicine, University of Pharmacy and Medicine

Field of Interests: Neuroscience, immune-oncology



Dr. Phuong Ngoc Anh

Doctor of Oncology Department,
Viet Nam National Lung Hospital

Education

2014: Graduate general doctor at Hanoi Medical University

Professional experience:

2015 – now: Working at Oncology Department, Viet Nam National Lung Hospital

2017 – now: Researcher, sub investigator, PEARL Trial (IO therapy in oncology)

Field of Interests: Internal Oncology: Chemotherapy, radiotherapy, immunotherapy...



Bui Chi Bao, MD. PhD.

Head, Laboratory of immunotherapy,
Center for molecular biomedicine, University of Medicine and Pharmacy at
HCMC, Viet Nam

Education:

2007: MSc, School of medicine, Sungkyunkwan University, South Korea

2012: Ph.D, Samsung Biomedical Center, Sungkyunkwan University, South Korea

2014: Postdoc, Blizard Institute, Queen Mary University of London, UK

Professional experience:

2012-now: Center for molecular Biomedicine, University of medicine and pharmacy HCMC

2015: Visiting researcher, Queen Mary University of London, UK

2017: UICC fellow, Saga Medical Center Koseikan, Japan

Field of Interests: Immunotherapy, molecular genetics



Tran Hai Binh MD

Lecturer – Medical physician of Nuclear Medicine and Oncology,
Nuclear Medicine Department, Hanoi Medical University;
Nuclear Medicine and Oncology Center, Bach Mai hospital

Education

2008: Volgograd Medical University, Russia

Professional experience:

2009 - : Lecturer, Nuclear Medicine Department, Hanoi Medical University; Medical physician, Nuclear Medicine and Oncology Center, Bach Mai hospital

Field of Interests: Head and neck cancer, liver cancer, nuclear medicine in diagnosis and treatment oncology



Prof. Nguyen Dai Binh, Ph.D.

Senior Lecture of the Oncology Dept., Hanoi Medical University

Education:

1994-1995: Practiced as a resident Physician of Digestive and Oncology Surgery at the Digestive Surgery Center of St.Antoine Hospital, Paris, France.

2003: Obtained the degree of Doctor of Philosophy in Medicine

2009: Obtained Associate Professor Academic degree

Professional experience:

1985-1987: Studied and worked as an Oncology Resident Physician at Hanoi Medical University and the National K Hospital

1988-present: Working as an Oncology Doctor the National K Hospital, as a Senior Lecture of the Oncology Dept. of Hanoi Medical University

2011-2017: Being the Vice Director of The national K Hospital, managing the general surgical activities, and playing a key role in overseeing and supporting specialization to the clinical and subclinical activities of the National K Hospital.



Pham Van Binh PhD

Education and Training

1/1/2010-10/12/2013: PhD of Surgery- Academic Military of Viet Nam

Sept 2002- Sept 2003: Foreign Fellowship for practice on laparoscopic surgery in Toulouse France

May2005-May2007: Foreign Fellowship for practice on laparoscopic surgery in Paris, France

Working Result

Chief of GI department in Vietnam National Cancer hospital - Hanoi

Working experience

Specialized in GI surgery: Perform all open and laparoscopic surgeries such as Laparoscopic gastrectomy, nephrectomy, colorectal.

To date operate 800 laparoscopic colorectal cases in oncology patients;



Dr. Tran Cao Binh, PhD

Dr. Tran Cao Binh is currently Head of Dept. Imaging Diagnosis & Functional Examination; Head of Dept. Dental Science Research Management National Hospital of Odonto-Stomatology, Hanoi, Vietnam; General Secretary, Vietnam Odonto- Stomatology Association (VOSA). Dr. Tran Cao Binh received his Doctor of Dental Surgery degree in 1994 and obtained MSc in 2012 from the Hanoi University of Medicine.. In 2002, he qualified for the degree of PhD from 108 institute of clinical medical& pharmaceutical sciences.



Chau Gia Cac, Ph.D.

Research lecturer, Faculty of Pharmacy,
Ton Duc Thang University

Education

2001: B.S University of Natural Sciences

2012: M.S School of Medicine Sungkyunkwan University

Professional experience:

2005-2009: Principle Technician, Department of Microbiology, Cho Ray Hospital

2010-2012: B.S University of Natural Sciences

2013-2017: Ph.D School of Medicine Sungkyunkwan University

2017 : Research lecturer, Faculty of Pharmacy, Ton Duc Thang University



Phan Van Cuong , Join PDS.

Director, Department of Oncology,
Thai binh Medical and Pharmacy University

Education

2003: M.D. Thai binh Medical and Pharmacy University

2008: M.S Hanoi Medical University

Professional experience:

2005-2006: Research associate, Department of Surgery, Thai binh Medical and Pharmacy University

2008-2014: Researcher, Thai binh Medical and Pharmacy University

2014- : Join PSD course, Hanoi Medical University

Field of Interests: Oncology



Tran Thi Chung, M.D.

Doctor, Department of Oncology,
National Lung Hospital, Hanoi, Vietnam

Education

2011: M.D., Hanoi Medical University

Professional experience:

2011-2013: Doctor, Department of Laser and High technology, Thu Cuc General International Hospital

2013-2014: Medical Manager, Department of Oncology, Thu Cuc International General Hospital

2014- : Doctor, Department of Oncology, National Lung Hospital

Field of Interests: Lung cancer



Vu Le Chuyen, M.D., Ph.D.

President, The Vietnam Urology & Nephrology Association,
Binh dan Hospital

Education:

1979: M.D., Hochiminh city Medical University

1984: Ph.D. Hochiminh city Medical University

2002: Diplome universite, Luois Pasteur University, French

Professional experience:

1979-2017: Urologic surgeon, Binhdan hospital

2009-2015: Vice director, Binhdan hospital

2010-2017: President, The Vietnam Urology & Nephrology Association

2015-2017: Deputy Chair, Scientific Committee, Urological Association of Asia

Field of Interests: Pediatric Urology, Oncourology, Minimally invasive Surgery in Urology



Truong Diem BSc

Researcher, Center for Molecular Biomedicine

University of Medicine and Pharmacy at Hochiminh city

Education

2015: BSc Biotechnology (International University - National University, VN)

Board Certification:

SgSI Travel Fellowship – International Singapore Symposium of Immunology

Translational Skin Biology Workshop 2017 Viet Nam

The 11th SIOP Asia Congress (SIOP Asia 2017)

Field of Interests: Detection genes related to Neuroblastoma and stratified treatment for clinical



Bui Tien Dung, Master.

Doctor, Department of Oncology,

Vinh Phuc Province Hospital

Education:

2004-2010: Hai Phong Medical University

2014-2016: Ha Noi Medical University

Professional experience:

2010-2012: Doctor, Department of Oncology, Vinh Phuc Province Hospital

2012-2014: Doctor, Department of Oncology, Lac Viet Hospital

2014-2016: Doctors Practice, K Hospital

2016- : Doctor, Department of Oncology, Vinh Phuc Province Hospital

Field of Interests: Oncology, Liver cancer



Assoc.Prof. Trinh Tuan Dung, MD., PhD.

Dr. Trinh Tuan Dung is Head of Department of Pathology, 108 Military Central Hospital, Hanoi, Vietnam.

He is President of Vietnam Society of Pathology and Cytology (VSPC) from 2012, Senior Expert in Pathology and Cytology of Vietnam National Ministry of Defense, Member of the Standing Committee of Vietnam Association of Gastroenterology and Hanoi Society of Gastroenterology.

He graduated from Vietnam Military Academy of Medicine (1989) and have his postgraduated of PhD in Pathology at the Hanoi Medical University (2000), completed his Pathology fellowship at the Seimelweis University of Medicine in Budapest, Hungary (2001). He qualified from the Fukui and Kobe Universities, Japan (2004 and 2007) and University of California Irvine, United State of America (2010).

Dr. Trinh Tuan Dung have presented the Award for Asian Pacific Young Clinicians (2000) and The Ho Chi Minh Prize on Science and Technology in 2017.



Nguyen Thanh Duong, M.D.

Doctor of Oncology Department,
Viet Nam National Lung Hospital

Education

2009: Graduate general doctor at Hanoi Medical University

2016: MD, Hanoi Medical University

Professional experience:

2010 – now: Working at Oncology Department, Viet Nam National Lung Hospital

2014 – 2016: Researcher, Hanoi Medical University

2015 – now: Researcher, sub investigator, MYSTIC trial, PEARL Trial (IO therapy in oncology) and Flauro trial (third generation drug of target therapy)

Field of Interests: Internal Oncology: Chemotherapy, radiotherapy, immunotherapy...



Tran Xuan Duong, M.D.

Department of Infectious Diseases,
Thai Binh University of Medicine and Pharmacy

Education

2011: M.D., Thai Binh University of Medicine and Pharmacy

2017: Master in Tropical Medicine and International Health

Professional experience:

2011-2015: Teaching on infectious diseases to fifth year medical students ; Treating patients at the infectious ward, General Thai Binh Hospital

Field of Interests: Hepatitis, quality of life



Vu Khac Dai, M.D.

Vice Director, Diagnostic and Interventional Endoscopy Department,
National Lung Hospital

Education:

2017: M.D., Ha Noi Medical University

Professional experience:

2006-2014: Doctor, Diagnostic and Interventional Endoscopy Department, National Lung Hospital

2014- : Vice Director, Diagnostic and Interventional Endoscopy Department, National Lung Hospital

Field of Interests: tuberculosis and lung diseases



Nguyen Hong Dao, M.D.

Director, Department of Burn – Plastic and Thyroid Gland Surgery
Hospital: Czech – Viet Friendship Hospital, Hai Phong City, VietNam

Education:

2017 : M.D., ThaiBinh University of medicin and pharmacy

Professional experience:

1992-2006: Vice director, Department of Orthopeadic and Rehabilitation, HaiPhong Centre.

2015 : Head of Burn – Plastic and Thyroid Gland Surgery Department, Czech – Viet Friendship Hospital,
Hai Phong City, VietNam.

Field of Interests: Burn – Plastic and Thyroid Gland Surgery



Dr. Ho Khanh Duc

Formation

Graduated in Specialist Level I of Thoracic and Vascular surgery at University of
Medicine and Pharmacy of HoChiMinh city in 2010

Graduated in Specialist Level II of General Surgery in 2013 – at Faculty of
Medecine of PhamNgocThach University- HoChiMinh city

Fellowship in Vascular Surgery at Strasbourg University - France in 2002-2003

Training in Cardiovascular surgery at Liege University- Belgium, in 2015

Title

Vice – chief of Department of Thoracic and Vascular surgery - BinhDan Hospital

Chief of Heart surgery Unit – BinhDan Hospital

Chief of Day Surgery Unit - BinhDan Hospital

Lecturer on General Surgery at Faculty of Medecine of PhamNgocThach University

Member in Scientific Council of Phlebology Society - HoChiMinh City



Nguyen Hong Ha MD. PhD

EDUCATION AND FORMATION:

Mai 2004: Specialize Formation in Hand Surgery, French Institute Hand Surgery, Paris: “Diploma of the French College of Plastic Reconstructrice & Aesthetic Surgery”

January 2010: Visiting clinician of Plastic Surgery, Yale University, New Heaven, USA

EXPERIENCE AND APPOINTMENT:

Mai 2004: Visiting fellow in Hand Surgery and Microsurgery, French Institute; Hand Surgery, Paris, France

Nov 2004: Plastic Surgeon. Orthopedic and Traumatology Department, (VDUH)

2005 – 2006: Chief of Plastic Surgery & Microsurgery Unit, Viet-Duc University Hospital

2006 – present: Chief of Department of Plastic & Maxillofacial Surgery, VDUH



Nguyen Minh Hai, M.D.

Vice-head, Functional Exploration Department

103 Military Hospital

Education

1995- 2002: M.D., Vietnam Military Medical University

Professional experience

2002-2006: Residency, Department of Functional Exploration, 103 Military Hospital

2006-2009: Working as MSc., M.D. at Department of Functional Exploration, 103 Military Hospital

2009-2014: PhD. Student at Department of System Emotional Science, Toyama University, Toyama, Japan

2014- : Department of Functional Exploration, 103 Military Hospital

Field of Interests: Neuroradiology, Functional Exploration of the brain and Endocrine glands.



Dr. Vu Dong Hoang Hanh

Doctor, Department of Burn – Plastic and Thyroid Gland Surgery

Hospital: Czech – Viet Friendship Hospital, Hai Phong City, VietNam

Education:

2012: Graduated in Haiphong medical university

Professional experience:

2012 – Now: Doctor, Plastic and Thyroid Gland Surgery Department; Czech – Viet Friendship Hospital, Hai Phong City, VietNam.

Field of Interests: Burn – Plastic and Thyroid Gland Surgery



Assoc. Prof. Nguyen Lam Hoa MD. PhD

Educational background:

Graduate: 1980 Medical University in VietNam

Post graduate: PhD - 2008

As/Professor - 2012

Current employment:

Director of HaiPhong Oncology Centre

Head of Oncology Department, HaiPhong university of Medecine and Pharmacy

Vice Chaiman of HaiPhong Cancer prevention Program

Permanent Member of VietNam Cancer Society

From 1991 to 2016: I have over 90 scientific articles published in medical journals in the country and abroad: Y HOC THUC HANH VIET NAM, TAP CHI UNG THU HOC VIET NAM, TAP CHI Y HOC VIET NAM, MEMOI IN FRENCH – 1998, ASCO-2014, The 12th JSH Single topic Conference in KANAZAWA-JAPAN (2016)...



Nguyen Phuc Cam Hoang, M.D., PhD

Deputy Director of Binh Dan Hospital,

Ho Chi Minh city , Viet Nam

Education

1984-1990: M.D., University of Medicine and Pharmacy of Ho Chi Minh city

Professional experience:

Since 1995: Practising Urologist, Depatment of Urology, Binh Dan hospital, Ho Chi Minh city

1997-1998: Residency in Urology in France (FFI: Faisant Fonction d'Interne), AFS (Attestation de Formation Spécialisée en Urologie), University of Law and Medicine, Lille, France

2002-2008: Doctor of Philosophy, Depatment of Urology, Binh Dan hospital, University of Medicine and Pharmacy of Ho Chi Minh city.

Since 2015: Associate Professor in Urology, University of Medicine and Pharmacy of Ho Chi Minh city, Binh Dan hospital, Ho Chi Minh city.

Field of Interests: Urologic Surgery



Nguyen Thanh Hoi, M.D, PhD

CEO of Hai Phong International hospital;

Vice leader of Internal medicine department - Hai Phong Medical and Pharmacy University

Education

1998: M.D, Hai Phong Medical and Pharmacy University;

2003: Resident doctor, Master, Specialist level I - Ha Noi Medical University;

2010: PhD, Ha Noi Medical University;

Professional experience:

1998: Lecturer of Internal medicine department - Hai Phong Medical and Pharmacy University;

2004: Doctor of Respiratory center - Bach Mai hospital

2013: CEO of Hai Phong International hospital; Lecturer of Hai Phong Medical and Pharmacy University

2017: CEO of Hai Phong International hospital; Vice leader of Internal medicine department - of Hai Phong Medical and Pharmacy University

Field of Interests: Interventional lung procedures



Dr. Nguyen Manh Hung

Education

1978-1984: Army Medical University, Medical doctor, Good grade
1991-1993: Hanoi Medical University, Pathological postgraduate, specialist I

Work Experience

1994-present: Lecturer, Pathological Department of Army Medical University
2007- present: Head of Pathology Department, 103 Army medical hospital
2011 to present: Pathologist and Researcher
Participate in the cooperation of CREDCA and Asterand- Bioscience.
“A Multi-Center Study for the Collection of Surplus Surgical Tissues and Biofluids from subjects with Cancer Diseases and biofluids from Healthy Volunteers for Genomics, Proteomics and Biomarker Research”



Dr. Nguyen Quang Hung

NUCLEAR MEDICINE AND ONCOLOGY CENTER
IN BACH MAI HOSPITAL

Education:

2002-2006: Inpatient doctor, Ha Noi Medical University, Study in K hospital
2006- : Doctor in Bach Mai Hospital, Nuclear medicine and Oncology Center
2010-2014: PhD student, Ha Noi Medical University

Professional experience:

2007: Study Rotating Gamma Knife in Hungary, Department of Radiotherapy

2008- : Participation, domestic and foreign conferences

Field of Interests: Nuclear medicine and oncology



Nguyen Dinh Song Huy, M.D.

Vice Director, Cancer Center,
Director, Department of Liver Tumor,
Cho Ray Hospital, HoChiMinh City, Vietnam

Education :

1986: M.D., University of Medicine and Pharmacology of HoChiMinh City

Professional experience:

2003-2004: Vice Director, Department of HepatoBiliary and Pancreatic Surgery, Cho Ray Hospital

2007-2009: Director, Department of Liver Tumor, Cho Ray Hospital

Director, Department of Oncology, Cho Ray Hospital

From 2010: Vice Director, Cancer Center, Cho Ray Hospital

Director, Department of Liver Tumor, Cho Ray Hospital

Field of Interests: Liver surgery, Laparoscopic surgery



Tran Vinh Hung MD. PhD.

Education :

2012: Doctor of Philosophy in Medicine; The Military Medical University

2003: Master of Science in Medicine; The University of Medicine and Pharmacy at HoChiMinh City

1993: Medical Doctor; The University of Medicine and Pharmacy at HoChiMinh City

Professional experience:

2017 – present: Chief, Department of Surgery, The University of Medicine and Pharmacy Pham Ngoc Thach of Ho Chi Minh city

2013 – present: Director, Binh Dan Hospital, Ho Chi Minh city

Field of Interests: General surgery; Laparoscopic surgery (Minimal invasive surgery); Robotic surgery.



Tran Quang Hung, Dr

Vice Director, Oncology Center

In Haiphong Viet-Czech Friendship Hospital

Education

1995-2001: Student of Hai phong Medical school

2009: Master at Ha noi medical University

Professional experience:

2001-2015: Doctor of Oncology Department at General Friendship Viettiệp Hai Phong

2015-2017: Vice Director of Oncology Center.



Nguyen Duc Hung, M.D.

Doctors at the Cancer Center in Hai Phong

Lecturer in Oncology at Medical University of Hai Phong

Education:

2010: graduated Medical University of Hai Phong

Professional experience:

2010-2013: Doctors at the Cancer Center in Hai Phong

2003-2015: Researcher Master of Medicine at Hanoi Medical University

2015- : Doctors at the Cancer Center in Hai Phong; Lecturer in Oncology at Medical University of Hai Phong

Field of Interests: All news about Cancer



Huynh Quang Khanh .PhD

Present employment

Surgeon, vice chief of Thoracic Surgery Departement and Thyroid & Breast cancer surgery Unit – Cho Ray Hospital

Postgraduate medical degree

1998: Medical Doctor, at Ho Chi Minh medical school

2004: Intern of thoracic and vascular surgery, at Ho Chi Minh medical school

2006: Master of thoracic and vascular surgery, at Ho Chi Minh medical school

2015: PhD of thoracic and vascular surgery, at Ho Chi Minh medical school

Employment Record

1999-2003: Intern in Thoracic and Vascular surgery Departement, Chợ Rẫy Hospital – HCM city

2004-2017: Surgeon in Thoracic Vascular surgery Departement, Chợ Rẫy Hospital – HCM city



Dr. Vu Huu Khiem

Present Profession: Oncologist – The Nuclear Medicine and Oncology Center – Bach Mai Hospital

Employment Records

2005 – 2007: As a surgical and medical oncologist, Oncology Department, E Hospital, Vietnam

2007 – now: As a radiation and medical oncologist, The nuclear medicine and oncology center of Bach Mai Hospital, Vietnam

Experiences

Radiotherapy (3D, IMRT) in popular cancers such as lung cancer, head and neck cancers, esophageal cancer, etc.

Using PET/CT simulation for radiation planning in cancer treatments, especially, lung cancer, head and neck cancers.

Treatment for cranial tumors and some disorders by Rotating Gamma Knife.

Medical approaches including chemotherapy, hormone therapy, target therapy in cancer treatment.



Tran Van Khoi, M.D.

Lecturer, Department of Surgery, Hue University of Medicine and Pharmacy (Hue UMP)

Surgeon, Department of Gastrointestinal Surgery, Hue University Hospital

Deputy secretary, Youth union, Hue UMP

Leader, Summer voluntary mission, Hue UMP

Education

2011: M.D., Hue University of Medicine and Pharmacy

2013: Master in Surgery, Hue University of Medicine and Pharmacy

2014 – 2015: Fellowship in Centre Hospitalier Emile Mayrisch, Esch/Alzette, Luxembourg; Certification of practicing in gastro-intestinal surgery, laparoscopic surgery, hernia surgery, obesity surgery

Professional experience

2015: Surgeon, Department of Emergency Abdominal and Pediatric Surgery, Hue Central Hospital

From 2016: Surgeon, Department of Gastrointestinal Surgery, Hue University Hospital

From 2013: Lecturer, Department of Surgery, Hue UMP

Field of Interests:

Gastrointestinal surgery, hernia surgery.



Dr. Tran Duc Linh

Education

2013-2015 : Masters – Ha Noi Medical university

Board certification

12 /2012 :Certificate of bronchoscopy, respiratory department, Bach Mai Hospital

June 6 - 2012: Certificate of "Cancer Radiation", Cancer Center, Bach Mai Hospital

1-3 / 2012: Certificate of "Cancer Radiation" K Hospital

6-12 / 2011: Certificate of "Orientation for Cancer" at the K Hospital

12/ 2011: Certificate of "palliative care" of the K Hospital

Field of interests: Oncologist special of radiation



Assoc.Prof. Pham Van Linh MD, PhD

Graduated from Hanoi Medical University (HNU) in 1995, started to work since then as lecturer in Haiphong University of Medicine and Pharmacy (HPMU) and as physician in Viet-Czech Hospital.

Got scholarships from AUF, France Embassy, WHO, Vietnam Government and did specialization trainings in Immunology, Chest medicine and Tropical diseases in France and in Switzerland.

Promoted to work as Vice Head of Outpatient and ED in 2011 and then, from 2013, as Head of Cardiovascular and Pulmonary Medicine Department in Haiphong University Hospital.

Nominated Associate Professor and Vice Director of University Hospital in 2015.



Tran Dang Ngoc Linh, M.D., Ph.D.,

Head of Oncology Department, University of Medicine and Pharmacy (UMP) at Ho Chi Minh city.

Head of Nuclear Medicine Department, Ho Chi Minh Oncology Hospital

Education

1994: M.D., University of Medicine and Pharmacy at Ho Chi Minh city

1998: Master of Science in Medicine

2013: Ph.D. in Oncology

Professional experience

2012-2015: Lecturer, UMP at Ho Chi Minh City; Radiation Oncologist-Vice Head of Nuclear Medicine Department, Ho Chi Minh city Oncology hospital

2015-2017: Lecturer- Vice Head of Oncology Department, UMP at Ho Chi Minh City; Radiation Oncologist- Head of Nuclear Medicine Department, Ho Chi Minh city Oncology hospital

2017 : Lecturer- Head of Oncology Department, UMP at Ho Chi Minh City; Head of Nuclear Medicine Department, Ho Chi Minh city Oncology hospital



Dr. Nguyen Hai Long

Educations

2002: Student at Haiphong medical university

2012: Master at Hanoi university of medicine

Experiences

2009- : Doctor at Haiphong gynecology and obstetrics hospital

2015 : Practician at CHU Charles Nicolle, Rouen, France

2017 : FFI at CHU Jean Verdier, Paris, France

Fields of interest: endoscopy, high risk pregnancy



Dr. Pham Thi Loc

Educations

2014 – 2016: Master degree of internal medicine at Haiphong University of Medicine and Pharmacy, in Vietnam

2016: Certificate of language English (EILTS 5.5)

2012 – 2013: Post-graduate certificate of Hematology and Blood Transfusion at Hanoi Medical University, in Vietnam

2009: Certificate of language French (DELF A2)

WORKING EXPERIENCE

2016- Present: Researcher: “Construction of process detect some mutations of Thalassemia in Hai Phong by multiplex- PCR.”

2015- Present: Researcher: “Study on the effect antibacteria of Streptococcus Mutans and the toxic of Rhodomyrtus tomentosa leaf extract”

2015- 2016: Researcher: “Evaluate the effectiveness of pre-operative coagulation tests in Viet Tiep Friendship Hospital.”

Field interests: Hematopoietic stem cell, Hematology and blood transfusion.



Nguyen The May, M.D

Deputy manager of Cardiothoracic surgery Department
Viet Tiep Friendship Hospital, Hai Phong

Education:

2000: M.D., Hai Phong Medical University

Professional experience:

2006-2007: Treatment doctor, Cardiothoracic surgery department, Viet Tiep Friendship Hospital

2008- : Training about cardiothoracic surgery, Viet Duc Friendship Hospital, Ha Noi

2010 – 2012: Training about Surgery, cardiothoracic surgery; Ha Noi Medical University; Viet Duc Friendship Hospital; Bach Mai Hospital; E-Hospital

Field of Interests: Cardiothoracic surgery; endovascular surgery



Dao Quang Minh, Ph.D., M.D.

Director of Thanh Nhan Hospital

Education:

1999-2001: M.D., Vietnam Military Medical University

2005: Ph.D. student (Bordeaux, France)

2007: Ph.D., Vietnam Military Medical University

Professional experience:

1990-2009: Surgeon (Saint Paul hospital)

2009-now: Director of Thanh Nhan hospital

Field of Interests: Surgical Oncology, Research, Teaching, Publishing articles



Dam Trong Nghia, M.D.

Chief of Department of Head & neck surgery,
Hanoi oncology hospital

Education

1993 – 2000: M.D. Hanoi Medical University

2000 – 2001: Trainee of oncology specialist course

2007 – 2009: Researcher, Otorhinolaryngology master's Degree, Hanoi Medical University

2012- : Oncology researcher

Professional experience:

2000 - 2006: Clinical physician, Oncology surgeon

2007- : Head & neck surgeon

Field of Interests: Head and neck surgery, Oncology, Otolaryngology, Plastic surgery



Nguyen Thi Oanh, DR.

Doctor of Oncology Department,
Viet Nam National Lung Hospital

Education

2009: Graduate general doctor at Hanoi Medical University

2015: Graduated Master of cancer at Hanoi Medical University

Professional experience:

2009 – now: Working at Oncology Department, Viet Nam National Lung Hospital



Pham Cam Phuong, PhD., M.D.

Vice Director the Nuclear Medicine and Oncology Center, Bach Mai Hospital
The Ho Chi Minh Prize for Science and Technology in 2017

Education:

2001: M.D., Hanoi Medical University
2006: Resident Doctor, Hanoi Medical University
2007: Resident Doctor, Paris-Sorbonne (Paris IV) University
2013: PhD., Hanoi Medical University

Professional experience:

2008- 2015: The Nuclear Medicine and Oncology Center, Bach Mai Hospital
2016-present: Vice Director, the Nuclear Medicine and Oncology Center, Bach Mai Hospital

Field of Interests: Oncology, Nuclear Medicine



Vuong Nhat Phuong, M.D.

SURGEON, Surgery Department II,
HCMC Oncology Hospital

Education

2003: Master of Medical Science, Oncology Department, HCMC Medical University
2007: Senior Specialist, Oncology Department, HCMC Medical University
2014: on-going Ph.D Attendant, General Surgery Department, HCMC Medical University

Professional experience:

2000 – 2002: Consultant, Radiology Department III, HCMC Oncology Hospital
2003 – Present: Surgeon, Surgery Department II, HCMC Oncology Hospital

Field of Interests: Colo-anal surgery, Hepato-pancreatic surgery



Nguyen Viet Dang Quang, M.D.

Staff , Department of Thoracic Surgery,
Cho Ray Hospital

Education:

2008: M.D., Pham Ngoc Thach Medical University

Professional experience:

2008-2011: Resident of Cardiothoracic surgery , Medicine and Pharmacy University Ho Chi Minh
2011-2013: Staff , Department of Thoracic Surgery, Cho Ray Hospital
2013-2014: Foreigner research visiting , Department of Cardiac Surgery, Shiga University of Medical sciences, Japan
2014- : Staff , Department of Thoracic Surgery, Cho Ray Hospital

Field of Interests: Thoracic Surgery.



Dr. Le Thi Huyen Sam

Deputy of Oncology Department- Hai Phong University of Medicine and Pharmacy.

Hai Phong University of Medicine and Pharmacy.

Education:

2001-2007: M.D, Hai Phong Medical University.

Professional experience:

2007-2010: Dr. Department of Oncology - Hai Phong University of Medicine and Pharmacy; Dr: Oncology centre- VietTiep Hospital.

2010-2012: MA. Ha Noi Medical University.

2012-2016: Dr: Department of oncology - Hai Phong University of Medicine and Pharmacy; Dr: Oncology centre- VietTiep Hospital.

2016-Now: PhD. Ha Noi Medical University.

2017- Now: Dr.HaiPhong medical University Hospital; Deputy of Oncology Department - HaiPhong medical University Hospital

Field of Interests: Internal medicine oncology



Nguyen Duy Sinh, M.D, Ph.D

SKILLS AND PROFICIENCIES

Radiation oncologist: Using radiotherapy for cancer patients

Researcher: Set-up and perform experiments in field of molecular biology

CAREER HISTORY AND EXPERIENCE

Lecturer: April 2004 – present : University of medicine and pharmacy at HCMC

Radiation oncologist: April 2004 – April 2013: HCMC cancer hospital

Researcher: April 2013 – April 2016: University of Yamanashi, Japan



Dr. Vu Ngoc Son

Resident Physician in Hai Phong University of Medicine and Pharmacy

Education

2011-2017: Study General Practitioner in Hai Phong University of Medicine and Pharmacy

Present: Study Resident Physician in Hai Phong University of Medicine and Pharmacy.

Field of Interests: Digestive Surgery



Assoc.Prof. Nguyen Ngoc Sang

Head of Pediatric and Scientific Department, Haiphong University of Medicine and Pharmacy

Vice head of Department of Nephrology – Hematology – Endocrinology, Haiphong Children Hospital

Vice President of Vietnam Pediatric Uro – Nephrology – Dialysis and Kidney Transplant Association



Dr. Nguyen Duc Tien

Lecture in surgery Department of Hai Phong medicine and pharmacy university and doctor in Reconstruction department of Viet Tiep Hai Phong Hospital.

Education

2004-2010: Student in Hai Phong Medical University

2010 – 2013: Resident doctor of surgery department in Hai Phong Medical University

2016 - : PhD course of Hand surgery at Ha Noi medical university

Professional experience

2010 - : Lecture in surgery Department of Hai Phong medicine and pharmacy university and doctor in Reconstruction department of Viet Tiep Hai Phong Hospital.



Nguyen Duc Tuan, M.D.

Doctor of Dental Surgery, Department of Oral Maxillofacial Surgery, Odonto Maxillo Facial Hospital at Ho Chi Minh city

Education

2010: Graduated DDS, Faculty of Odonto-Stomatology, University of Medicine and Pharmacy at Ho Chi Minh city (UMPH)

2014: M.D, Degree of 1st specialty in Dental Sciences, UMPH

Professional experience

2010 - 2014: Practical doctor at UMPH, Faculty of Odonto-Stomatology

2014 – 2017: Lecturer, Department of Oral Pathology, UMPH

2017- : Doctor of Dental Surgery, Department of Oral Maxillofacial Surgery, Odonto Maxillo Facial Hospital at Ho Chi Minh city

Field of Interests: Clinical, pathological and molecular analyses of oral disease; Oral Maxillofacial Surgery



Dr. Nguyen Dinh Tung

Dr. Tung is the Vice Director of Oncology at Hue Central Hospital and Associate Professor at Hue University of Medicine and Pharmacy. He has over 70 publications in peer reviewed journals, mostly focusing on breast cancer in Vietnam. He is an invited speaker at national and international conferences and was chairman of the SE Asia Breast Cancer Symposium in 2016, chairman of the International Breast Cancer Symposium in 2017. He specializes in cancer prevention, breast cancer surgery, breast reconstruction and intraoperative radiation therapy (IORT). He has been a member of Breast Surgery International since 2009 and has served on the Development Committee for National Clinical Practice Guidelines for Cancer Management for Vietnam. Dr. Tung is the founder/president of the Breast Cancer Society of Hue. Established in August 2014, BCS was the first society for breast cancer control in Vietnam. Dr. Tung works closely with breast cancer support groups and NGO's to promote health awareness and the early detection of breast cancer.



Assoc.Prof. Do Thi Hong Tui MD. PhD

Lecturer, Associate Professor in pharmacology-clinical pharmacy
Department of Pharmacology, Faculty of Pharmacy
University of Medicine and Pharmacy, Ho Chi Minh City

EDUCATION BACKGROUND

2007 - 2010: PhD degree in "Biomedicine", University of Rennes 1, France
2006 - 2007: Master degree "Functional gene and Health", University of Rennes 1, France

PROFESSIONAL ACTIVITIES

Teaching activities:

November 2004 to present: Lecturer at Faculty of Pharmacy, University of Medicine and Pharmacy, Ho Chi Minh City, Vietnam.

Research activities:

- Establish in vitro and in vivo pathological models
- Screen biological effect and prove mechanism of action of drugs or materials plants
- Study on acute toxicity; determine LD50 of some drug ingredients
- Effect of alcohol on cell proliferation and differentiation in the human hepatoma HepaRG cell line
- Study on the use of Bacillus subtilis as a preparation for prevention and treatment of otorhinolaryngological diseases



Vu Van Thach, Master

Ha Noi Oncology Hospital

Education

1995: Hanoi Medical University, Medical doctor.
2013: Hanoi Medical University, Oncology, Master.

Professional experience

2005-present: Radiotherapy of Ha Noi Oncology Hospital
2008: Examination department of Ha Noi Oncology Hospital
Positions: Chief department
Main responsibilities: Oncology



Nguyen Dinh Thai, M.D.

Medical Lectures of Thai Binh University Medicine and Pharmacy

Education

2011: M.D., Thai Binh University Medicine and Pharmacy

Professional experience:

2011 – 2012: Research associate, Department of Pathology, Thai Binh University Medicine and Pharmacy

2012 – 2017: Research associate, Department of Surgery and Cancer, Thai Binh University Medicine and Pharmacy

Field of Interests: Surgery and Cancer, Thyroid Surgery



Dr. Nguyen Duc Thai

Dr. Thai D. Nguyen received his PhD from UCSF (1984) under training of prominent molecular biologist John D. Baxter, and he was a visiting fellow at the Australian National University (ANU). Dr. Nguyen is among the first to promote biotechnologies in Vietnam in 1990s, and currently an enthusiastic advocate for innovative R&D, building capacity and international collaboration. He promoted the first Gene-Immunotherapy Conference Vietnam (GIC-VN) in 2013. At present, he is the Chief Scientific Advisor & International Relation of the University of Medicine & Pharmacy (UMP) at HCM City to help developing translational medicine.

Dr. Nguyen's scientific research and services were awarded by NEI (1998), the San Francisco City Hall (2006), Pride of Vietnamese American Publication-Cali., USA (2002) and various appreciation awards by laboratories and research institutes of Vietnam.



Le Van Thanh, M.D.

Director, General and Digestive Surgery Department
Ha Noi Oncology Hospital

Education:

1998: M.D., Ha Noi Medical University.

2007: M.S., Ha Noi Medical University.

Professional experience:

1998 – 2005: Physician in General Hospital of Agricultural

2006 - : Physician in Ha Noi Oncology Hospital.

2014 - : Director, General and Digestive Surgery Department, Ha Noi Oncology Hospital.

Field of Interests: Digestive oncology treatment



Tran Quyet Thang, M.D.

Director, Department of obstetrics and gynecology, Thanh Nhan Hospital

Education

1996-2003: Thai Nguyen Medical University

2003-2004: Ha Noi University facial teeth

2011-2013: Ha Noi Medical University, specialist level 1

2013-2015: Ha Noi Medical University, specialist level 2

Professional experience

2005-now: Thanh Nhan hospital

2013-now: Vice Director, Department of obstetrics and gynecology, Thanh Nhan Hospital

Field of Interests: obstetric endoscopic surgeon



Assoc. Prof. Huynh Quyet Thang, PhD.

Can Tho Oncology Hospital – Can Tho Cancer Society

Technical training process:

1990 – 1994: First degree specialization of general surgery

1991 – 1992: Attend a refresher course of thoracic surgery in France

1997 – 1998: Attend a refresher course of Hepatic surgery in Switzerland and France

1996 – 2002: Post graduate training and studying course for the degree of Doctor of Philosophy

Job titles

2007... : Director of Can Tho Oncology Hospital

2008... : Associate Professor, Chairman of Oncology Department of Can Tho Medicine and Pharmacy University.

Researcher of molecular biology of cancer

2010... Vice President of Viet Nam Cancer Society; President of Can Tho Cancer Society

2012... Working as a molecular oncologist



Do Manh Thang, Doctor

Head of Department of Neurosurgery,
VietTiep Hospital. Hai Phong. Viet Nam

Education

1990-1996: Student of Hai Phong Medical University

Professional experience:

1998-1999: Practise at Department of Neurosurgery, VietDuc Hospital, HaNoi

2002-2005: Agrege at Hanoi Medical University

2014 - : Reshearcher Spine program at Department of Orthopaedic Surgery, Tokyo dental College Ichikawa General Hospital

2012 – Now: Study Doctor Program at Hanoi Medical University

Field of Interests: cerebrovascular surgery, Spine surgery



Dr. Hoang Van Thuan

Éductions

2006-2012 : Étudiant à l'université de médecine de Thaibinh

2012-2014 : Master de Maladie Tropicale et Santé Internationale – Institut de la Francophonie pour la Médecine Tropicale – Vientiane, Laos

Expériences

2014-présent : Enseignant à l'Université de Médecine et de Pharmacie de Thaibinh

Médecin au centre hospitalier universitaire Thaibinh

2016-2017 : FFI – Service Maladies Infectieuses et Tropicales, Hôpital Bichat, Paris, France

2017 : Doctorat URMITE, Marseille France

Domaines d'intérêt : Maladies Infectieuses et Tropicales, clinique et biologique



Dr. Nguyen Thi Hoang Trang

Enseignante, Département de Gynécologie & Obstétrique

Faculté de Médecine et de Pharmacie de Haiphong

Éducation:

1996-2002: Étudiante, Faculté de Médecine et de Pharmacie de Haiphong

2007-2008: Faisant Fonction d'Interne, CHU Morvan, Brest, France

2009-2011: Master en Médecine, Faculté de Médecine de Hanoi

Depuis 2005: Enseignante, Département de Gynécologie & Obstétrique , Faculté de Médecine et de Pharmacie de Haiphong



Pham Van Trung, M.D.

Director, Department of Plastic - Aesthetic Surgery,

Viet-Tiep Hospital, Hai Phong

Education

1979-1985: M.D, Ha Noi Medical University

Professional experience:

1989-2000: M.D, Department of Burn - Plastic Surgery, Viet - Tiep Hospital Hai Phong

2001-2009: Vice Director, Department of Burn - Plastic Surgery, Viet - Tiep Hospital Hai Phong

2010-Present: Director-Doctor, Department of Plastic - Aesthetic Surgery, Viet - Tiep Hospital Hai Phong

Field of Interests: Burn – Plastic - Aesthetic Surgery



Phan Minh Trung .PhD

EDUCATIONAL BACKGROUND:

2011 (sep-dec) Trainning in Spine Surgery center, Yeouido St Mary Hosp, Catholic university, Seoul, Korea

2007 - now: PhD course in Hanoi Medical University, Hanoi Doctor of Neurosurgery

Employment record:

2003 to 2005: Neurosurgery Department, Vietduc hospital (HMU), Hanoi, Vietnam

2005 to 2007: Neurosurgery and Orthopedic Department, Thanh nhan hospital, Hanoi

2007 to 2012: Emergency Department, Thanhnhnan hospital, Hanoi

2012 to present: Neurosurgery Department, Thanhnhnan hospital, Hanoi



Vu Trung Truc, M.D.

Vice Director, Department of General Surgery, Thanh Nhan Hospital

Education

1997-2003: Hanoi Medical University

2005-2007: M.D., Vietnam Military Medical University

Professional experience:

2003-2007: Assistant doctor ,Department of Digestive Surgery, Saint Paul hospital

2009-now: Thanh Nhan hospital

2013 : Laparoscopic sigmoid colectomy at Thanh Nhan hospital

2015 : Laparoscopic subtotal gastrectomy for gastric cancer

2016 : Thoracoscopic-laparoscopic esophagectomy

Field of Interests: Laparoscopic lymphadenectomy



Dr. Vu Ngoc Truong

Chief, Department of Lung Diseases (non- Tuberculosis) Hai Phong Hospital of Tuberculosis and Lung Disease

Education

2005: General practitioner, Haiphong university of Medicine and Pharmacy

Professional experience

2011: Specialist I, Haiphong university of Medicine and Pharmacy

2017: Specialist II, Haiphong university of Medicine and Pharmacy

Field of Interests: Respiration Endoscopy, Lung Diseases.



Nguyen Thanh Vinh. MD

Director, Department of Oncology
Thanh Nhan hospital

Education

2000 – 2006: M.D. Hanoi medical university

Professional experience

2008 – 2010: Liver injury, Military medical university

2009: Basic endoscopic surgery, Viet Duc hospital

2017: Chemotherapy in Cancer, Bach Mai hospital

Board Certification: The royal college of surgery of Thai Lan



Vu Huu Vinh, M.D; Ph.D

A/Prof and Chief, Department of Thoracic Surgery
Choray Hospital, HCM city, Vietnam

Education:

1985 M.D, Hanoi Medical University

Professional experience

1985 -1989 Surgeon, Navy force Hospital

1989 - 1994 Viettiép General Hospital

1994 - 1995 Research fellow at Japanese International Hospital, Tokyo, Japan

1995 – 2001 PhD student, Post graduate course, Kyoto University Hospital

2001 – 2002 Viettiép general Hospital

2003 – present: Choray Hospital, Head of Thoracic surgery Department

Board Certification:

Board of Vietnamese Cardiothoracic Society

Board of Asian Cardiothoracic Society

Board of Asian – Pacific Cardiothoracic Society

Field of Interests:

Thoracic surgery: Lung and Mediastinum

Endoscopic surgery

Tracheal surgery

Chest wall surgery: Sternal tumor, Pectus excavatum repair

Esophageal surgery: cancer and benign tumors

Congenital tracheal and vascular malformation repair and reconstruction

CONFERENCE AGENDA ORAL

NOVEMBER 8th 2017 (WEDNESDAY)		
08:00 - 09:00	DELEGATES ARRIVAL AND REGISTRATION 2F, In front of Main conference Hall (Building A)	
09:00 - 10:00	OPENING CEREMONY Main conference Hall <i>Moderator: A/Prof. Pham Minh Khue; Dr. Bui Thi Bich Ngoc (HPUMP)</i>	
09:00 - 09:15	Opening performance	
09:15 - 09:25	Introduction	
09:25 - 09:30	<i>Welcome speech by Representative from Minister of Health</i>	
09:30 - 09:35	<i>Welcome speech by Prof. Pham Van Thuc (Haiphong University of Medicine and Pharmacy)</i>	
09:35 - 09:40	<i>Welcome speech by Prof. Yves Buisson (La Société de Pathologie Exotique, France)</i>	
09:40 - 09:45	<i>Welcome speech by Prof. Bui Dieu (Vietnam Oncology Society)</i>	
09:45 - 09:50	<i>Welcome speech by Prof. Yves Juillet (Académie Nationale de Médecine, France)</i>	
09:50 - 10:00	Group Photo	
10:00 - 10:15	MOU SIGNATURE 1. Haiphong University of Medicine and Pharmacy (Vietnam) - Vietnam Oncology Society - La Société de Pathologie Exotique (France) - Académie nationale de médecine (France) - La Fondation de l'Académie de Médecine (France) 2. Haiphong University of Medicine and Pharmacy Professor of Honor Title Award	
10:15 - 10:30	<i>Coffee Break</i>	
10:30 - 12:00	KEYNOTE LECTURE	
10:30 - 11:00	<i>Surgery to fight poverty</i> Prof. Claude Dumurgier	
11:00 - 11:30	<i>Control cancer in Việt Nam</i> Assoc.Prof. Tran Van Thuan	
11:30 - 12:00	<i>Recent advances in the diagnosis and treatment of cancer in Vietnam</i> Prof. Mai Trong Khoa	
12:00 - 12:30	<i>Preventing cervical cancer in South-East Asia</i> Dr Philippe Buchy	
12:30 - 13:30	Lunch break HPUMP Restaurant	POSTER Session In front of Main Conference Hall

13:30 - 15:00	HALL 1 Tropical diseases - Session 1 Surgery in tropical areas and Essential needs - Trauma and surgical emergencies	HALL 2 Oncology- Session 1 Treatment for breast cancer and gynecological	MAIN HALL Oncology - Session 2 Treatment for digestive cancer
	<i>Chairs: Prof. Tran Thiet Son,</i> <i>A/Prof. Nguyen Cong Binh,</i> <i>A/Prof. Dong Van He, Prof.</i> <i>Choua Ouchemi</i>	<i>Chairs: A/Prof. Tran Van</i> <i>Thuan, A/Prof. Nguyen Dinh</i> <i>Tung, Prof. Ya Juan Chen, A/</i> <i>Prof. Le Minh Quang</i>	<i>Chairs: Prof. Bernard</i> <i>Launois, A/Prof. Pham</i> <i>Nhu Hiep, Dr. Nguyen</i> <i>Dinh Song Huy</i>
13:30 - 13:40	Les activités médico-chirurgicales à l'hôpital régional de Bafoussam de 2015 à 2016 <i>Kaba Kourouma</i>	The expression of ER in breast cancer patient occurred thyroid cancer and simple thyroid cancer <i>Ya Juan Chen</i>	Evaluate the result of the endoscope and imprint cytology testing in gastric cancers in National Cancer Hospital <i>Bui Tien Dung</i>
13:40 - 13:50	Attitudes And Practices Among Community Residents In A Luoi District, Thua Thien Hue Province Towards Surgical Emergency <i>Tran Van Khoi</i>	Evaluate the efficacy of adjuvant regimen 3FEC-3T in stage II breast cancer <i>Nguyen Thị Khanh Ha</i>	Evaluate the results of chemoradiotherapy and postoperative support for rectal cancer in stage II-III at K Hospital from 2012 to 2016 <i>Le Thi Huyen Sam</i>
13:50 - 14:00	Traumatismes ouverts du thorax et/ou de l'abdomen à N'Djamena, Tchad <i>Choua Ouchemi</i>	A case report of male breast cancer <i>Nguyen Thanh Vinh</i>	Evaluate the outcome of treatment of patients with stage II and III Gastric cancer who underwent Surgery and Chemotherapy supplement EOX at Cancer Center - Viet Tiep hospital Hai Phong 2010-2015 <i>Nguyen Duc Hung</i>
14:00 - 14:10	Luxation négligée du coude <i>Duong Bunn</i>	Intraoperative radiation therapy (IORT) for breast cancer in Vietnam <i>Nguyen Dinh Tung</i>	Laparoscopic cystogastrostomy for the treatment of pancreatic pseudocysts: a case report <i>Vu Trung Truc</i>
14:10 - 14:20	Assessment of treatment result of using the pedicled fasciocutaneous flap to cover the tissue defects of wrist hand and fingers in emergency in Viet Tiep Haiphong Hospital <i>Nguyen Duc Tien</i>		Hepatectomy 300 Cases Of Hepatocellular Carcinomas And 5 Year Survival Follow Stages I,II, III <i>Nguyen Dai Binh</i>
14:20 - 14:30			Assessment of early outcome of ancreaticodenectomy in 10 case with tumor of head pancreas and valter peri balloon <i>Vu Ngoc Son</i>

14:30 - 15:00	Discussion		
15:00 - 15:30	Coffee Break		
15:30 - 17:00	HALL 1 Tropical diseases - Session 2 Surgery in tropical areas and Essential needs- Obstetrics and Gynecology	HALL 2 Oncology- Session 3 Treatment for Head, Face and Neck cancer	MAIN HALL Oncology- Session 4 Treatment for digestive cancer
	Chairs: Prof. Claude Dumurgier, A/Prof. Vu Ba Quyet, Dr Vu Van Tam	Chairs: Prof. Ha Van Quyet, Dr. Nguyen Hong Ha, A/Prof Le Van Quang, A/Prof. Tran Ngoc Luong	Chairs: Prof. Bernard Launois, A/Prof. Pham Van Duyet, Dr Pham Van Binh, A/Prof. Trieu Trieu Duong
15:30 - 15:40	Fistule obstétricale, nouvelle lèpre des pays pauvres Claude Dumurgier	Determination of HPV DNA in oral squamous cell carcinoma with brush cytology and reverse blotting hybridization Nguyen Duc Tuan	Laparoscopic surgery for colorectal cancer: Past- Present- Future Pham Van Binh
15:40 - 15:50	Recherche de dystocie des épaules des accouchements a la maternité Jean Verdier entre 2011-2017 Nguyen Hai Long	Diagnostic value of ultrasound Elastography in Thyroid cancer Nguyen Minh Hai	Assessing Genetic Mutations Of Some Cancers At Bach Mai Hospital Pham Cam Phuong
15:50 - 16:00	Prise en charge du placenta praevia a l'hôpital de gynécologie-obstétrique de Haiphong 2016 Nguyen Hai Long	First Results Surgical Of Thyroid Carcinoma With Harmoni Scalpel In Haiphong Viet-Czech Friendship Hospital Nguyen Hong Dao	Relationship Between The Differentiation Of Hepatocellular Carcinoma With A Number Of Paraclinical Indexes Nguyen Thuy Linh
16:00 - 16:10	Study of diagnosis and management of cesarean scar pregnancy at Haiphong obstetrics and gynecology hospital Nguyen Thi Hoang Trang	Overview Of Thyroidectomy At Ha Noi Oncology Hospital 2015-2016 Dam Trong Nghia	The Results Of Percutaneous Endoscopic Gastrostomy In Ten Cases Of Thanh Nhan Hospital Dao Quang Minh
16:10 - 16:20	Transfusion autologue différée chez les femmes enceintes programmées pour césarienne. Analyse préliminaire des facteurs d'économie Kaba Kourouma	Evaluate results after surgery and radiation therapy of parotid gland cancer at Hanoi Oncology Hospital, 2010- 2015 Vu Van Thach	Initial Findings Of Neo-Adjuvant Chemoradiotherapy Combined With Surgery In Treatment Of Stage II – III Rectal Cancer Vuong Nhat Phuong
16:20 - 16:30	The results of screening on Breast and Cervical cancer in Hai Phong for 5 years (2011- 2015) Nguyen Lam Hoa	Management Of Recurrent/ Persistent Cervical Lymph Nodes In Differentiated Thyroid Carcinoma (DTC) Tran Dang Ngoc Linh	

16:30 - 16:40	Results Of Surgery Treatment in Ovarial Germ Cell Tumors Malinge Tran Quang Hung	Application of Microsurgery in Head & Neck Cancer and Craniofacial Surgery at Viet – Duc University Hospital, Hanoi, Vietnam Nguyen Hong Ha	
16:40 - 17:00	Discussion		
17:30 - 19:00	Travel to dinner venue (bus leaves at 18:00)		
19:00 - 21:00	GALA DINNER (All registered and invited participants) Joined with awards event for contributors and sponsors CAT BI PLAZA at No. 01 Le Hong Phong Street, Ngo Quyen District, Haiphong		
NOVEMBER 9th 2017 (THURSDAY)			
08:30 - 09:00	DELEGATES ARRIVAL AND REGISTRATION 2F, In front of Main conference Hall (Building A)		
09:00 - 10:30	HALL 1 Tropical diseases- Session 3 Surgery for all: Surgical Training	HALL 2 Tropical diseases- Session 4 Tropical medicine in South East Asia	MAIN HALL Oncology- Session 5 Treatment for lung cancer-thorax
	Chairs: Prof. Ha Van Quyet, A/Prof. Dao Quang Minh, Prof. Le Ngoc Thanh,Dr. Nguyen Dinh Song Huy, Prof. François Lacaine	Chairs: Prof. Olivier Bouchaud, A/Prof. Nguyen Van Hung, Prof. Nguyen Truong Son, A/Prof. Nguyen Ngoc Sang	Chairs: A/Prof. Dinh Ngoc Sy, A/Prof. Do Kim Que, A/Prof. Nguyen Viet Nhung, Dr. Duong Chhay
09:00 - 09:10	Rôle des ONG dans l'accès à la chirurgie en zone tropicale Patrick Guyon	Formation de femmes en Asie du Sud-Est sur la prévention, le dépistage et la prise en charge de l'infection au VIH Jean Delmont	Clinical and paraclinical features; early results of Paclitaxel – carboplatin chemotherapy in treatment the stage IIIB – IV non small cell lung cancer at Thanh Nhan Hospital Nguyen Thanh Vinh
09:10 - 09:20	The First step evaluate result endoscopic demi-rigid in the diagnose disease in the Hai Phong tuberculosis and lung disease hospital Vu Ngoc Truong	Pneumocytose chez les patients non VIH Hoang Van Thuan	The Value Of Autofluorescence Bronchoscopy For The Detection Of Early Preinvasive Bronchial Lesions Vu Khac Dai, Nguyen Chi Lang
09:20 - 09:30	Robot-Assisted Surgery In Urooncology: Initial Application At Binh Dan Hospital Nguyen Phuc Cam Hoang	La maladie de Chagas est-elle réellement une menace pour le Vietnam? Jean-François Pays	Evaluating Results Of Treatment Non Small Cell Lung Cancer In Stage Iv Of Gemcitabine & Cisplatin Regimen At The National Lung Hospital Nguyen Thanh Duong

09:30 - 09:40	Liver Resectionfor Treatment Of Hepatocellular Carcinomaat Liver Tumor Department - Cho Ray Hospital 2010-2015 <i>Nguyen Dinh Song Huy</i>	Factors Assoc.d with Quality of life of patients with chronic hepatitis C in Viet Tiep Hospital, Viet Nam <i>Tran Xuan Duong</i>	Evaluate the effect of Gefitinib in treating the first step lung cancer non-cell small <i>Tran Thi Chung</i>
09:40 - 09:50			A Study Of The Application Of Bronchus Flourescence Bronchoscopy In Diagnosis Of Central Primary Lung Cancer <i>Nguyen Thi Oanh</i>
09:50 - 10:30	Discussion		
10:30 - 10:45	<i>Coffee Break</i>		
10:45 - 12:00	HALL 1 Tropical diseases- Session 5 Specific Aspects of Tropical Medicine	HALL 2 Oncology- Session 6 Treatment for urologic cancer and Treatment of hematopoietic system	MAIN HALL Oncology- Session 7 Epidemiology and Updates in diagnosis, Pain management and Palliative care of Cancer
	<i>Chairs: Prof. Jean Delmont, A/Prof. Tran Quang Phuc, A/ Prof. Duong Thi Huong, A/ Prop Vu Huu Vinh</i>	<i>Chairs: Prof. Nguyen Anh Tri, Dr. Pham Cam Phuong, Dr Pham Xuan Dung, A/Prof. Nguyen Dai Binh</i>	<i>Chairs: Prof. François Lacaine, Prof. Alain Serrié, Dr Bartscht Tobias, Dr. Dang Huy Quoc Thinh, A/Prof. Ta Van To</i>
10:45 - 10:55	Aspects particuliers de la pathologie cardio-vasculaire sous les tropiques <i>G.Cloatre</i>	Clinical epidemiological characteristic and utilize cytochemical staining method for diagnosing the types of acute leukemia in Viet Tiep friendship hospital from 2013 to 2016 <i>Pham Thi Loc</i>	Cancer In Sweden: To Give Hope To Patients With Cancer <i>Johansson Varner Rolf</i>
10:55 - 11:05	Réseau Francophone sur les Maladies Tropicales Négligées (RFMTNs) <i>Jacques Chandenier</i>	Loss of HLA type I expression in progressive stage cancer <i>Nguyen Hoang Kieu Anh</i>	The incidence and prevalence of gastric cancer in Vietnam as well as in the world 2000-2010 <i>Phan Van Cuong</i>
11:05 - 11:15	La résurgence du pian dans la Likoula <i>Patrick Guyon</i>	Establiment A Subcutaneous Tumor Model By HepG2 Cell Line In Mice To Study Anti-Tumor Effect Of Liposome Paclitaxel <i>Nguyen Ba Tho</i>	Modern Systemic Treatment for Palliative Cancer Patients <i>Bartscht Tobias</i>

11:15 - 11:25	Tests de diagnostic rapide et tests sur les lieux de soin (POC) en infectiologie tropicale Eric Pichard	Antitumor Activity and Mechanism of Action of Total Saponins from <i>Pairs Forrestii</i> Yi-ping Zhou	Chest cancers Duong Chhay
11:25 - 11:35	Tests Rapides d'Orientation du Diagnostic (TROD) d'infections à fortes prévalences en zone tropicale : TROD des méningites, du choléra, des colites hémorragiques et des dysenteries, de la typhoïde, de la filariose, et du paludisme Yves Germani		Results of cancer registry in Haiphong population from 2011 to 2016 Tran Duc Linh
11:35 - 11:45	Miyase de plaies au sud de la Guyane Ali Reza Ensaf		Hepatocellular Carcinoma (Hcc) At Liver Tumor Department, Cho Ray Hospital, Vietnam :Cancer Registry 2010-2016 Nguyen Dinh Song Huy
11:45 - 12:00	Discussion		
12:00 - 13:30	Lunch break HPUMP Restaurant	POSTER Session In front of Main Conference Hall	
13:30 - 15:00	HALL 1 Tropical diseases- Session 6 Surgery in tropical areas: specific characteristics and barriers - Materials and human resources	HALL 2 Tropical diseases- Session 7 Diagnosis, prevention and treatment in tropical medicine	MAIN HALL Oncology- Session 8 Immunotherapy In Cancer
	Chairs: A/Prof. Tran Binh Giang, A/Prof. Vu Huy Nung, Dr. Hoang Tuan Anh, Prof. Yves Buisson	Chairs: Jacques Chandener, A/Prof. Pham Van Han, A/Prof. Pham Minh Khue, Dr Tran Viet Tiep	Chairs: Prof. Pham Van Thuc, Prof. John Connolly, Prof Huynh Quyet Thang, Prof Trinh Tuan Dung, Prof. Pham Van Linh
13:30 - 13:40	Les pathologies chirurgicales tropicales négligées Patrick Guyon	Vaccination des voyageurs contre l'encéphalite japonaise Catherine Goujon	On the Brink of Immunotherapies: Current Progresses & Challenges on the CAR-T John Connolly
13:40 - 13:50	Le risque infectieux chirurgical dans les pays en développement Yves Buisson	Comparaison atovaquone-proguanil (AP) et artemether-lumefantrine (AL) dans le paludisme d'importation : étude randomisée multicentrique (MalaRia) Olivier Bouchaud	Vaccine Therapy In Hepatocellular Carcinoma Bui Chi Bao

13:50 - 14:00	Hand hygiene at the operating room: audit for continuing improvement Jérôme Robert	Quelle place pour la chimioprophylaxie (CP) du paludisme pour les voyageurs en Asie du Sud et du Sud Est ? : les nouvelles recommandations de la SPILF Olivier Bouchaud	Differential diagnosis of common nodular hepatocellular lesions Trinh Tuan Dung
14:00 - 14:10	Clinical, laboratory features and the early outcomes after radical total gastrectomy Le Van Thanh	Tuberculose et migrations en Europe Bernard Fabre-Teste	Principles Of Immunotherapy In Cancer Nguyen Duy Sinh
14:10 - 14:20	The Initial Results Of Minimally Invasive Thoracic Surgery Lobectomy In The Treatment Of Lung Cancer At Viet Tiep Hospital Nguyen The May	Evaluating The Early Effects Of Tru-Cut Biopsy Under Ct Guidance In Patients With Lung Tumour At National Lung Hospital Phuong Ngoc Anh	Cancer Immunotherapy Journey With Vietnam: Potentials & Opportunities Nguyen Duc Thai
14:20 - 14:30	The Situation Of People With Burn Scar And The Impact Of The Model Of Mobilizing The Community Resources In Surgery And Rehabilitation In Northern Mountainous Nguyen Hong Dao		Mycn Amplification In Neuroblastoma Truong Dinh Kieu Diem
14:30 - 14:40	Surgical approach to lung cancer Vu Huu Vinh		Immune Checkpoints And Immunotherapy In Cancer Huynh Quyet Thang
14:40 - 14:50			Study on immunotherapy in neuroendocrine tumors Chau Gia Cac
14:50 - 15:00	Discussion		
15:00 - 15:30	Coffee Break		
15:30 - 17:00	HALL 1 Tropical diseases - Session 8 Surgical specialties access	HALL 2 Tropical diseases- Session 9 Surgery access in other surgical majors	MAIN HALL Oncology- Session 9 Radiotherapy and Nuclear Cancer Treatment
	Chairs: Prof. Daniel Loisançe, A/Prof. Pham Van Lieu, A/Prof. Vu Van San, A/Prof. Bui Van Chien	Chairs: Prof. Michel Vitris, Prof. Jerome Robert, A/Prof. Nguyen Lam Hoa, A/Prof. Tran Thi Kiem	Chairs: A/Prof. Bui Dieu, Prof. Mai Trong Khoa, Prof. Dirk Rades, A/Prof. Tran Dang Khoa

15:30 - 15:40	Technical And Organizational Measures Contributing To Overall Strengthening And Development Of Surgical Specialties In Northern Coastal Area Of Vietnam Pham Van Linh	The Application Of Anterolateral Thigh Flap In Reconstruction Of Defects In The Head And Extremities After Skin Cancer Surgery Pham Van Trung	Radiotherapy for Metastatic Spinal Cord Compression Dirk Rades
15:40 - 15:50	Le cholangiocarcinome hilaire : une stratégie chirurgicale nationale Bernard Launois	Investigation on Percutaneous transthoracic needle biopsy under CT Scan guidance in causative diagnosis of lung tumor Nguyen Thanh Hoi	Modern treatment planning in radiation oncology Florian Cremers
15:50 - 16:00	Reviews of treatment result of simple goiter surgery by laparoscopic surgery Nguyen Dinh Thai	Surgical management of tracheal tumor Vu Huu Vinh	The outcomes from the treatment of 4100 patients with brain tumors and intracranial diseases with the rotating gamma knife (RGK) at The Nuclear Medicine and Oncology Center, Bach Mai Hospital Nguyen Quang Hung
16:00 - 16:10	Evaluation of the results of kyphoplasty in Thanh Nhan hospital Phan Minh Trung	Evaluate Result Of Laparoscopic Hysterectomy At Thanh Nhan Hospital Tran Quyet Thang	The Treatment Outcomes Of 60 Patients With Primary Liver Cancer By Selective Internal Radiation Therapy (SIRT) At Bach Mai Hospital Tran Hai Binh
16:10 - 16:20	Results of thyroid carcinoma surgeries by using ultrasonic surgical knives in Viet Tiep Friendship Hospital Vu Dong Hoang Hanh	Lung Resection By Robo-Assisted Thoracoscopic Surgery For Treating Pulmonary Tumor At Binh Dan Hospital – The First Cases In Vietnam Ho Khanh Duc	Application Of PET/CT Simulation For Radiation Therapy Planning At Bachmai Hospital Vu Huu Khiem
16:20 - 16:30	Surgical management and Evaluation of Prognostic Postoperative Visual Outcome of Suprasellar meningiomas Do Manh Thang	Robotic-Assisted Radical Prostatectomy, An Initial Report Vu Le Chuyen	Application Of PET/CT In Oral Maxillofacial Cancer Tran Cao Binh
16:30 - 17:00	CLOSING CEREMONY		
	<i>Closing remarks:</i> - Prof. Pham Van Thuc - President of HPUMP - Prof. Yves Buisson - President de la Société de Pathologie Exotique		

The background is a light blue gradient with several sets of thin, curved, concentric lines that create a sense of motion and depth. These lines are more prominent on the left and right sides, curving towards the center. At the bottom of the image, there is a solid, darker blue horizontal band.

KEYNOTE LECTURE

ACCESSIBILITY TO SURGERY IN TROPICAL AREAS

Claude DUMURGIER MGI

Mr President of the International Congress of Haiphong

Honorable Members of the University of Haiphong

Dear Colleagues of Vietnamese surgical Societies

Dear friends

Ladies and Gentlemen

First I would like to thank the Organizing Committee of the Congress, The Honorable Rector of the university of Haiphong, The Honorable President de la Société de pathologie exotique Pr Yves Buisson When I was asked by Professor Yves Buisson what I thought of the main item of the congress: Accessibility to surgery in tropical areas

I was immediately convinced, for surgery has been for four or five decades completely forgotten in global health plans ...but a recent and hopeful surge allows at last to give arguments that "SURGERY CAN FIGHT POVERTY"

This subject is a good introduction to the communications of the Congress because all surgical teams in all countries want to treat patients according to the same principles, with the same results

During medical studies, first consultations, surgeons have been aware of the heavy consequences of poverty upon the management of surgery

Especially in tropical areas or in poor countries

As young surgeons, older surgeons we know that congenital diseases, accidentology, war wounds... can be healed, cured in many cases or may be improved allowing patients to resume their social and professional life

but we know it's often impossible for financial reasons

We all know about a few cases with heavy consequences upon a family, a community, obliged to sell everything to pay hospital fees for surgical treatment

We know today that millions, even hundred of millions of people are bearing these heavy consequences on national economies, worsening growth domestic product (GDP)

May I remind some definitions :

Poverty Definition according to W.H.O

Surgery, surgical techniques

Why Surgery has been completely forgotten for decades ?

Since the first international meeting in Alma Ata in 1978, guidelines are clear: prevention, primary care, nearly doctors with barefoot...

No word about surgical techniques, about surgery, even essential surgery

That's the question ??

Surgery is well known in all the media (long reports of surgical successes in oncology, in transplantations, in cardio-thorax surgery, prothesis, robotic surgery...) but the cost are higher and higher.

To understand these choices, we must look back at the past, at the end of the XIX the century

- Before Independences, modern medicine began in Asia, later in Africa

May I give you an advice:

To read a book written by a young Canadian professor in social sciences Madame Monnais Rousselot "Medicine and colonization: an adventure in Indochina 1860-1939". She describes the first training schools for medicine :

In India: Bombay, Calcutta, Madras at the beginning of the XIX th century

In Indonesia: Medical school of Batavia in 1851

In Madagascar: in 1890 Medical school of Tananarive

Professionnal health school in Choquan in South Vietnam

Medical school, later the faculty of medicine in Hanoi in 1902

After a few decades some hospitals had a very good level in big towns as good as in western countries, whereas

the level stayed very low in the country, in remote provinces

- After the Independences in Africa (English, French, Portuguese...)

It's was different in Asia because the health systems, the human resources were much developed

From 1960: thousands of health workers lived in young nations to help to organize a health system, to train young doctors, nurses, midwives..hospitals and health centers were built, first laboratories ..

Two decades later, most of these health workers left, above all hospitals where a new generation of national doctors was appointed (the first objective of medical cooperation)

Also because of lack of money to carry on, because of the growing demography in Africa

A few foreign doctors stayed a few years more as advisers in ministries, in embassies, in IO or NGO

- In XXI th century

There is no longer bilateral cooperation. It's the era of multilateral cooperation mainly in public health to achieve global goals of the Millenium

There is also the emergence of AIDS and the first treatments available

From 2000 to 2015 MDG (millennium Development goals): 8 objectives

Three concerning Health:

MDG 4 infantile mortality

MDG 5 maternal mortality

MDG 6 Aids

- * 2015-2030 SDG Sustainable Development Goals: 17 objectives

Everything must be done to fight poverty.

By all means

Just one objective N° 3 is concerning Health "Welfare "

In France: the philosophy for health (Lancet May 2016): infectiology and UHC (universal health cover)

Always , NOo word about surgery but ...

In 2011 in Bangkok at last during a WHO meeting a declaration of the Director of the World Bank Dr Kim :
"Two billion of people have no access to essential surgery!"

Since 2011, a lot of studies has been done under the direction of Harvard University (Pr Farmer) with hundreds of contributors from all the world. More than 130 countries are concerned

Published in Lancet: Commissions of lancet for global surgery (August 2015)

Reports by 25 Commissioners after reports in more than 111 countries by hundreds of SAO providers. SAO providers, the actors of essential surgery

(Surgeons, Anesthesiologists, Obstetricians) and health economists, financial specialists, public health specialists, nurses, midwives, biomedical engineers, financial specialists Thousands of contributors

Two parts

I. Consequences of lack or insufficiency of surgery

MORTALITY(in 2010)

16-8 millions of death could have been prevented if these populations could be treated surgically (safe , affordable and timely surgery)

In 2010

Mortality AIDS (1-4) Tuberculosis(1-2) Malaria (1-2)

MORBIDITY

Thanks to an indicator DALY (Disability Adjusted Life Years) More than 80 million years lost (handicap...)= YDL + YLL

More important : financial consequences ++++

More than 100 million families are ruined (because of costs)

To scale up (2015-2030) in LMIC , 143 million surgical operations every year should be done to reduce drastically mortality and morbidity

Between 350 and 550 billions of USD to achieve - in fifteen years - good hospitals with a good level (equipment and human resources)

Whereas INACTION i.e.the lack of public support in developing countries will cost more than 12-3 thousand of billion USD in 130 countries (LMIC) between 2015-2030

I.e. more than 3% of GDP

Safe , Affordable , Timely Surgery can fight poverty is cost effective

It's not only a problem of solidarity , welfare , ethics but also an economic problem

II. PERSPECTIVES

Treat Train Equipment Incentives BILATERAL COOPERATION

Two examples in Lancet are carried on with USAID: Rwanda (172 million USD in seven years, 100 permanent health workers from professor to nurses from ten US and Israel universities),

Sierra Leone

In Cambodia with the Beat Richner Foundation: children in Cambodia

More than 35 million USD every year for five hospitals since 1992. No fees

All doctors, nurses...are national

Two foreigners (and some missions in modern surgery)

MULTILATERAL COOPERATION

Partnerships, Foundations, WHO

NGO

Other solutions

MERCY SHIPS

Financial aspects

Roadmap for High Income countries to achieve global surgery objectives

CONCLUSIONS

Professor Pierre Marion in 1982 at the French Academy of surgery made a visionary speech about "Surgery in Young Nations" (four years after the Alma Ata Conference), nearly thirty five years ago:

"It's shocking to speak only on preventive medicine without treating millions of patients (in 2017 hundreds of millions), shocking to apply guidelines for human beings used for animals: good water, vaccinations, good feeding.

All these aims are quite honorable but health development must be at the same time preventive and curative medicine, in order to offer a safe, affordable, timely surgery for all.

We are so attached to equality (Human rights) that we cannot admit for global medicine, for global surgery

A medicine for rich people

A medicine for poor people "

Thirty five years ago

Thank you!

CONGRES INTERNATIONAL D' HAIPHONG 8-10 novembre 2017

*Accès à la chirurgie en zone tropicale / Nouveautés en Oncologie Monsieur le Président du
Congrès International*

Mes chers Collègues du Vietnam , du Cambodge et d'autres pays Mes chers amis

Je tiens à adresser mes remerciements aux Organisateurs de ce Congrès International

à Monsieur le Recteur de l'Université d'Haiphong

aux Présidents des sociétés vietnamiennes de chirurgie , d'oncologie

à la Société de pathologie exotique

Ce n'est pas ma première participation à un congrès vietnamien puisque j'ai accompagné à plusieurs

reprises SE le Pr Heng Tay Kry , ancien directeur de l'Hôpital Calmette de Phnom Penh aux congrès de chirurgie du Vietnam : Saïgon Hanoi , Hué.. à la fin du XXème siècle .

Quand le Président de la Société de pathologie exotique le Pr Yves Buisson m'a demandé si il était judicieux de proposer comme sujet « l'accès de la chirurgie dans les pays tropicaux , plus généralement dans les pays pauvres« , j'ai été immédiatement convaincu , car nous vivons une période charnière :

En effet la chirurgie a été « la grande oubliée » des réunions consacrées à la santé mondiale (

globale) depuis trois ou quatre décennies

mais depuis deux ou trois ans une prise de conscience s'appuyant sur des travaux scientifiques , des chiffres permet d'affirmer que contrairement aux idées reçues

« La chirurgie sûre ,abordable et faite en temps utile peut contribuer aussi à la lutte contre la pauvreté »

Au cours des études médicales , lors de nos premières consultations nous avons constaté les lourdes conséquences de la pauvreté sur la prise en charge chirurgicale des patients(tes)

En particulier dans les pays en voie de développement, dans des pays parfois très pauvres.

Tout jeune chirurgien a été , est c, sera confronté à des pathologies graves mais curables

(malformations congénitales, maladies acquises , accidents de la circulation, violences)frappant les enfants , les femmes , les hommes , pour lesquelles un traitement approprié permettrait sinon la guérison dans tous les cas , au moins une amélioration, une réinsertion familiale , sociale et professionnelle ..

mais économiquement , financièrement on sait que c'est impossible :

Un homme artisan ou paysan, père de plusieurs enfants, victime d'une fracture ouverte dans un champ , d'un écrasement de la main dans une usine devient souvent un invalide, à la charge de sa famille , de sa communauté, faute d'un traitement approprié

Une jeune femme ne pouvant bénéficier d'une césarienne en temps utile (absence de soins obstétricaux d'urgence) à cause d'une grave dystocie va développer une fistule obstétricale la reléguant au statut de misérable

Un enfant va devenir insuffisant rénal à cause de valves uréthrales , au grand désespoir de sa famille
Ce ne sont que quelques exemples individuels

En 2017 dans le monde , ce sont des millions , des centaines de millions d'hommes et de femmes qui ne peuvent bénéficier d'une chirurgie sûre , abordable , pratiquée en temps utile .

L'insuffisance , l'absence de chirurgie a des conséquences désastreuses sur les individus , sur les communautés mais surtout sur les économies des Jeunes Nations , aggravant la pauvreté des pays et de leurs populations (PIB, GDP)

Pourquoi la chirurgie a - t-elle été la grande oubliée pendant quatre décennies des grands plans de Santé par les grandes organisations mondiales comme l'OMS, UNICEF.... ?

Pourquoi ce temps perdu ????

Chirurgie et Pauvreté peuvent paraître au premier abord comme des termes antinomiques

PAUVRETE :Selon la définition de l'OMS « Situation d'un pays qui ne dispose pas de ressources suffisantes pour permettre de satisfaire ses besoins fondamentaux et de se développer normalement «

Définition très générale

CHIRURGIE

Les thérapeutiques chirurgicales représentent environ 30% des pathologies, ce qu'on appelle le fardeau des maladies ,en santé publique (Global burden of diseases, GBD)

Les technologies chirurgicales évoluent rapidement aggravant le fossé entre les pays riches et les pays pauvres , tout en sachant que dans certains pauvres , on peut utiliser parfois les techniques les plus sophistiquées (structures hospitalières privées)

Mais ces techniques chirurgicales ont des COUTS ++++++

la chirurgie est à la fois fascinante et rhédbitoire

D'un côté ,la chirurgie moderne , les prouesses chirurgicales (greffes , réimplantation de membres , cœur artificiel) sont largement médiatisées , fascinent les journalistes , la Presse , les médias modernes , font rêver les populations

De l'autre côté , la chirurgie a mauvaise presse quand on envisage les politiques de développement à cause des COUTS des techniques , du manque de RESSOURCES HUMAINES....dans le Monde

On sait que la MONDIALISATION (GLOBALISATION) touche toutes les activités

humaines :politique , économie , finances ,communications, révolution numérique , transfert des technologies , collections de données

IHME(International Health Metrics and Evaluation)

Ainsi en est-il de la médecine , de la chirurgie , la santé publique qui vont se développer de manière très différente dans les pays développés et les pays en voie de développement

Dans le dernier quart du XXème siècle de grandes conférences mondiales sont organisées comme celle de l'OMS à Alma Ata en 1978 pour essayer de trouver des solutions pour les pays les plus pauvres , pour lesquels des recommandations sont faites :

Soins de santé primaires , agents de santé , prévention ...pour améliorer la santé dans ces pays
PAS UN MOT SUR LA CHIRURGIE !

Lors des conférences ultérieures , comme BAMAKO .. mêmes discours , mêmes recommandations
La CHIRURGIE est la grande oubliée des programmes de santé

Ces messages , ces recommandations vont progressivement influencer les décideurs des pays riches
qui doutent et se posent des questions sur

-La faisabilité

-La pérennité des techniques chirurgicales modernes dans ces pays souvent tropicaux

Et leur idéologie va évoluer vers deux médecines ; et surtout ils travaillent sur des modèles , des schémas ignorant de la place de la chirurgie

Un petit rappel historique est nécessaire :

Avant les indépendances :

A ce propos ,je me permets de vous conseiller la lecture d'un ouvrage d'une sociologue canadienne
Madame Monnaï - Rousselot intitulé

« Médecine et colonisation :l'aventure indochinoise 1860-1939 »

Création des premières Ecoles puis facultés de médecine

Ecoles britanniques aux Indes (Bombay , Calcutta , Madras)

Ecole de médecine de Batavia en 1851

Ecole de médecine de Tananarive (Madagascar) en 1890

Ecole professionnelle de Santé de Choquan en 1872

Ecole de médecine à Hanoï en 1902 devenue vingt ans plus tard faculté de médecine

Après les Indépendances

Je rappellerai surtout la coopération médicale dans les pays tropicaux africains (France , Portugal ,
Hollande , Grande Bretagne .) car les pays asiatiques étaient beaucoup plus avancés en particulier au
niveau des grandes villes

A la fin des années cinquante , ce sont des milliers d'assistants techniques dans des pays peu peuplés
la gratuité des soins ,

la formation des personnels de santé nationaux (facultés , écoles d'infirmières ..),
construction d'hôpitaux ...pour accompagner la mise en place des systèmes de santé , pour former
les étudiants nationaux dans les hôpitaux , création des premiers laboratoires

Deux décennies plus tard(années 80) :déflation brutale des coopérations médicales

Du fait de l'émergence des ressources humaines nationales mais aussi des réflexions des grandes
organisations onusiennes , les banques .. qui orientent leur appui aux ministères de la santé , aux
programmes nationaux , au renforcement des systèmes de santé , au développement des mutuelles ...,
les soins médicaux et chirurgicaux ++++sont laissés aux médecins nationaux , aux ONG

Après 2000 , il n'y a plus d'assistants techniques sur le terrain , plus de coopération bilatérale
institutionnelle , les derniers « coopérants » travaillant en santé publique (ministères , ambassades ...)

8) XXI ème siècle

Fin de la coopération présentielle bilatérale

Coopération multilatérale , internationale , globale

Début de grandes épidémies comme le SIDA

Les projets sont maintenant à l'échelle mondiale avec des OBJECTIFS chiffrés

2000-2015 : Les objectifs du Millénaire(OMD/MDG) au nombre de 8 .

3 intéressent la Santé dans des secteurs très importants mais laissant le reste des autres pathologies
aux responsables sanitaires des pays tropicaux

OMD 4 mortalité infantile UNICEF

OMD 5 Mortalité maternelle UNFPA/FNUAP

OMD 6 SIDA OUNUSIDA /UNSAID

2015-2030 SDG/ODD : les objectifs au nombre de 17 (lutte contre la pauvreté +++++)

Seul l'objectif N° 3 intéresse directement la Santé de manière très générale

« Donner aux individus les moyens de mener une vie saine , promouvoir le bien être ... »

9) France : Philosophy for health (Lancet May 2016)

Infectiologie , épidémies

CMU/UHC

Toujours, PAS UN MOT SUR LA CHIRURGIE , alors qu'elle représente un tiers du fardeau des maladies (30% du GBD)

10) 2010

A Bangkok, en 2011 lors d'une réunion OMS :

Annonce que deux milliards d'humains n'ont pas accès à la chirurgie essentielle et d'urgence !

Le regard va changer sur la place de la chirurgie grâce à des travaux très importants inspirés par le Pr Farmer (Harvard, chaire de Global Medicine) qui organise des groupes de travail dans plus de cent pays. Chiffres à l'appui , ces commissions montrent que :

Non seulement la chirurgie peut prendre en charge 30% des maladies dans le monde mais peut aussi contribuer à la lutte contre la PAUVRETE

A l'inverse l'absence ou l'insuffisance de la chirurgie sûre , abordable , en temps utile à un impact économique considérable dans les pays pauvres et moyennement pauvres (Low Middle income countries)

Ces travaux sont rapportés en mai 2015 à Londres à la Royal Society of medicine , en présence du Directeur de la Banque Mondiale le Dr Kim

25 COMMISSIONS

Des centaines de chirurgiens , anesthésistes , obstétriciens (SAO) mais surtout des médecins de santé publique , des économistes de la santé , financiers

Des milliers de contributeurs dans 111 puis 130 pays

11) QUELQUES CHIFFRES tirés des travaux des Commissions du Lancet

MORTALITE

En 2010 : 16,8 millions de décès auraient pu être évités , si les populations avaient pu bénéficier d'une chirurgie sûre (safe) abordable (affordable) et en temps utile (timely)

Pour mémoire en 2010

Mortalité SIDA(1,4) Tuberculose (1,2) et Paludisme(1,2)

MORBIDITE

Grâce à l'indicateur DALY (Disability Adjusted Life Years) on estime que 77 millions d'années sont perdues (invalidité , handicaps)

$DALY = YLD + 2YLL$

Years lived with disability + Years of life lost

12) CONSEQUENCES ECONOMIQUES

Appauvrissement de plus de 100 millions de famille (coûts des traitements de mauvaise qualité)

Pour mettre à niveau (2015-2030) il faudrait pratiquer dans les pays (LMIC) 143 millions

d'interventions supplémentaires par an ce qui entrainera une baisse drastique de la mortalité et de la morbidité

Estimation des coûts : entre 350 et 550 milliards USD pour la mise en place d' hôpitaux performants (infrastructures , ressources humaines , spécialistes , personnel infirmier et technique)

Alors que l'INACTION i.e. l'absence de l'aide publique aux pays en voie de développement entrainera une perte de 12.300 milliards USD dans les 111 pays (LMIC)

Et partant ,une perte de plus de 3% du PIB (Growth Domestic Product GDP)

LA CHIRURGIE SURE , ABORDABLE , A TEMPS PEUT LUTTER EFFICACEMENT CONTRE LA PAUVRETE

13) Exemples

- OMD 4 Pourquoi des efforts pour diminuer la mortalité maternelle si OMD 5 on ne peut pas traiter les malformations infantiles
- Accidentologie : 2015 1,5 million de morts, 90% dans les pays pauvres 50 à 70 millions de blessés, un bon tiers devenant Invalides
- Guerres , violences

14) PERSPECTIVES et SOLUTIONS , en fonction des pays , des systèmes de Santé treat , train , equipment , incentives ...

Coopération bilatérale : Ruanda , Sierra Leone USAID : expériences débutantes
Exemple de la Fondation Beat Richner au Cambodge pour les enfants (1992-...) plus de vingt ans
Un grand dessein : les enfants du Cambodge
Cinq hôpitaux pédiatriques (Phnom Penh Siem Reap)
Plus de 30 millionsUSD /an : soins gratuits , soins de qualité
Tous les médecins sont des Nationaux (en dehors de quelques missions de perfectionnement)
Deux expatriés : Pr Beat et son adjoint
Coopération multilatérale
Partenariat
ONG

15) Autre solution

Les Mercy ships : opérations chirurgicales gratuites

16) RECOMMANDATIONS DES COMMISSIONS DU LANCET :

les FINANCEMENTS +++++

Un exemple pratique dont on attend les résultats en 2020(RHR) 172 millions USD , durée 7 ans , plus de 100 AT , coopération présentielle , permanente , à tous les niveaux des professions de santé

17) Roadmap for High Income Countries

18) CONCLUSIONS

En 1984 , un médecin de santé publique, conseiller du Ministre (au Tchad)me répétait tous les jours :

« avec ma « babasse «- mon ordinateur je soigne 4 millions de Tchadiens (nes) , toi avec tes collègues chirurgiens 3000 ou 4000 »...
qu'entendait -il par soigner ???

La vérité est entre les deux comme le proposait le Pr Pierre Marion lors d'un discours visionnaire à l'académie nationale de chirurgie , quatre ans après la conférence d'Alma Ata

« Il me paraît choquant de mettre l'accent sur la seule prévention et laisser sans possibilité de traitement des millions de patients (dizaines de millions en 2017)

Choquant de prôner pour les humains une formule adaptée pour les animaux : boisson saine , alimentation suffisante ,vaccinations Sans NIER la nécessité des soins de santé primaires , il faut concevoir un développement rationnel de la santé : développement en même temps++++ des moyens de prévention et des moyens de traitement

Trop attaché à l'égalité des Soins pour admettre à l'échelle mondiale

Une médecine de riches

Une médecine de pauvres

Ainsi LES CONCLUSIONS de son discours en 1982 sur la chirurgie l'ordre de la croissance des Jeunes Nations - il y a trente cinq ans - aboutissaient aux conclusions de 2017

MERCI

EPIDEMIOLOGY AND RESULTS OF CANCER CONTROL IN VIETNAM 2007-2016

Tran Van Thuan, Tran Thi Thanh Huong, Nguyen Hoai Nga, Bui Dieu, Nguyen Ba Duc

VietNam National Cancer Hospital & National Cancer Institute

Background: Cancer is one of priority non-communicable diseases and increasing in Vietnam. The National Program on Cancer Control was approved by the Government in 2008, but the comprehensive evaluation have not yet implemented. **Objective:** To evaluate current situation and suggest solutions for improving cancer control in Vietnam. **Subjects & Method:** Reviews publications, reports, articles and analyzed concerning to awareness of community, cancer registration, screening and early detection; diagnosis & treatment, palliative care and cancer network development. Each component was evaluated on (1) current situation; (2) limitation; (3) suggest solution. **Results:** common cancers in male in Vietnam are lung cancer, liver cancer, stomach cancer, colorectal cancer and nasopharynx cancer while common cancers in females in Vietnam are breast, lung, liver, cervical and thyroid cancer. Cancer care network covers 54/63 Provinces with 8 Oncology Hospitals; 71 Departments/centre belong to General Hospitals. However, number of beds is response to 30% needs. The National Cancer Program got many achievements in improving awareness of people in community, capacity building for health care staffs, screening and early detection, some high technologies applied in diagnosis and treatment. However, funding was limited; screening & early detection were not paid by health insurance; high technology only applied at the centre hospitals, lacking of doctors and national guidance on screening; diagnosis and treatment.

Keywords: cancer control; national program; current situation and solutions

APPLICATION OF IONIZING RADIATION IN THE DIAGNOSIS AND TREATMENT OF CANCER

Prof. Mai Trong Khoa

Director of Bach Mai Hospital

ABTRACTS

Incidence and mortality rates of cancer are currently on the top of disease pattern and the number is increasing and increasing worldwide. The impact of screening program for early diagnosis has been proved their important roles in the war against cancer because it helps increase the cure rates, decrease the mortality and morbidity rates, and therefore, reduces the economic-social burden. Advances in diagnostic imaging techniques, especially the hybrid imaging (Xray and Nuclear Medicine) such as PET/CT, SPECT/CT, PET/MRI, is important in accurate staging and these help choose the optimized treatment options to prolong survival while improve the quality of life. The treatment outcomes of cancer has certain remarkable advances based on variety of researchs to modify, promote and strenthen the traditional treatments (surgery-chemotherapy-radiation) such as laparoscopic surgery, combined chemo-regimens, intensity modulated radiation therapy, volumetric modulated arc therapy, stereotactic radiation therapy, radiosurgery, PET/CT simulation, radioactive seeds implant, selective internal radiation therapy, intraoperative radiation therapy, ... as well as the emerge of new methods such as targeted therapy, immuno therapy, radioimmunotherapy, proton therapy and heavy ion. Treatment of cancer is now the “invidualized treatment” with the advances of biochemistry and histopathology. To achieve the most optimal outcomes, cancer should be approached by a mulitprofessional team including biochemistry, immunology, histopathology, surgical oncology, medical oncology and radiation oncology.

ACCÈS À LA CHIRURGIE EN ZONES TROPICALES ET ACTUALITÉS EN ONCOLOGIE, 8-10 NOVEMBRE 2017,

Haïphong, Vietnam

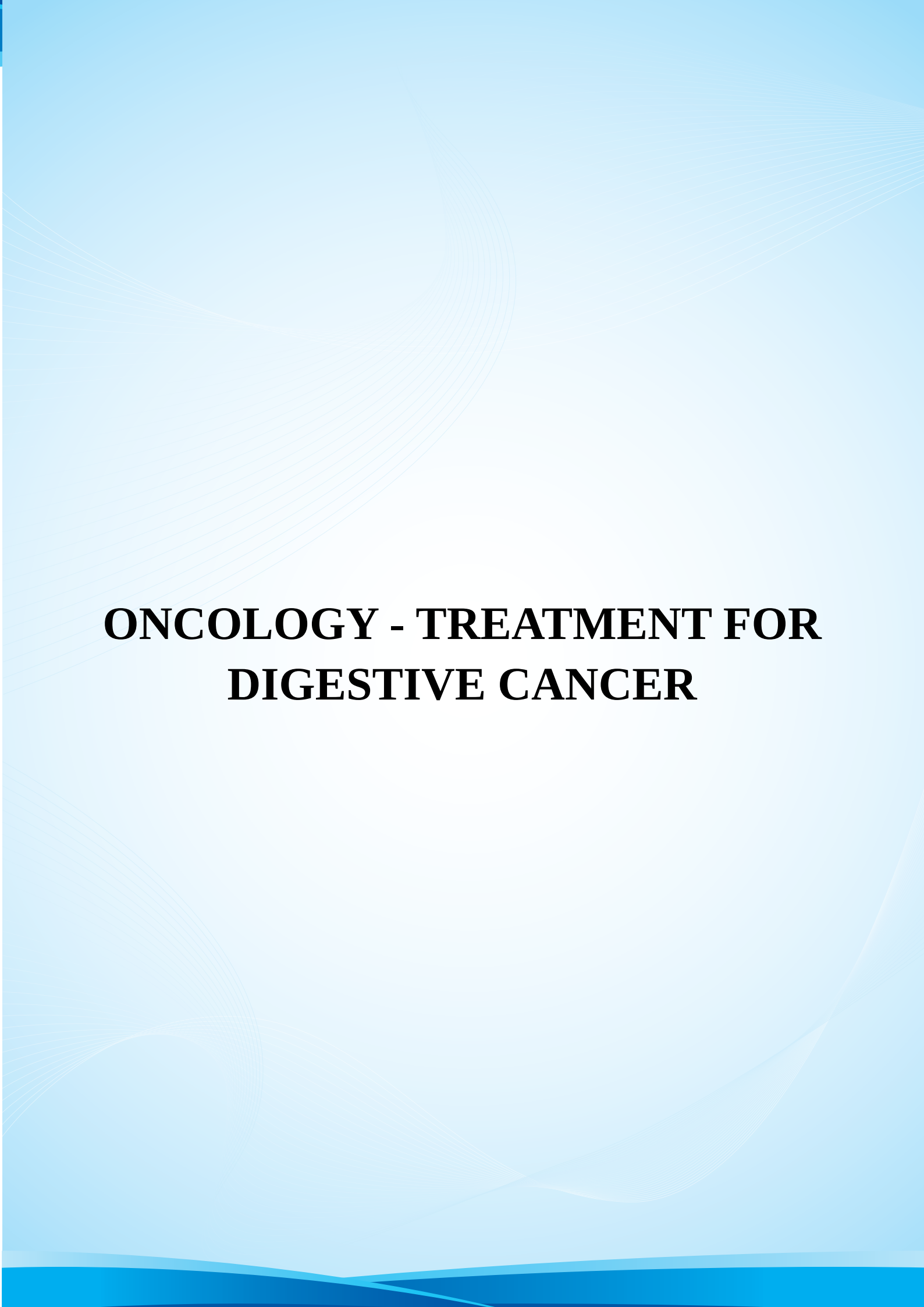
Place de la vaccination anti-HPV parmi les stratégies de prévention du cancer du col utérin dans les pays d'Asie du Sud-Est.

Role of anti-HPV vaccination in the strategies of cervical cancer prevention in Southeast Asian countries.

Dr Philippe Buchy (MD, PhD), Director of Scientific Affairs and Public Health, GSK Vaccines R&D, Asia-Pacific region. Philippe.x.buchy@gsk.com

La découverte, en 1983, par Harald zur Hausen, lauréat du prix Nobel de médecine, du rôle des infections chroniques par certains papillomavirus humains (HPV) dans la genèse de la quasi totalité des cancers du col de l'utérus, a totalement révolutionné la stratégie de prévention de ces cancers. Les HPVs sont responsables de 568,400 cas annuels de cancers chez la femme, dont 314,000 cas en Asie-Océanie. Le taux de mortalité par cancer du col de l'utérus varie d'un facteur pouvant aller jusqu'à 18 entre les pays, de <2 décès pour 100,000 femmes dans les pays industrialisés à 28 pour 100 000 dans certains pays en développement. La vaccination anti-HPV est la pierre angulaire de la prévention primaire de ces cancers. Le 1er vaccin commercialisé est un vaccin quadrivalent adjuvanté avec des sels d'aluminium. Puis le vaccin bivalent contenant les genotypes HPV-16 et HPV-18 adjuvanté avec le système AS04 a été mis sur le marché. Depuis quelques années, un vaccin nonavalent adjuvanté à l'aluminium est disponible dans certains pays. Ces vaccins sont tous destinés à être administrés si possible avant le début de l'activité sexuelle, c'est-à-dire avant la première exposition aux HPVs. De nombreux pays ont inclus ces vaccins dans leurs programmes élargis de vaccination et ont démontré leur efficacité à prévenir la survenue de cancers du col. Le Comité consultatif mondial pour la sécurité des vaccins de l'OMS (GACVS) examine régulièrement les informations disponibles sur l'innocuité des vaccins anti-HPV et conclut que les données disponibles ne suscitent pas d'inquiétudes quant à la sécurité de ces vaccins.

The report in 1983 by Nobel Price winner Harald zur Hausen that persistent cervical infections by certain human papillomavirus (HPV) genotypes virtually cause all cervical cancer has revolutionized cervical cancer prevention strategies. HPVs cause approximately 568,400 cases of cancer in women worldwide including 314,000 cases in Asia/Oceania. Mortality rates vary 18-fold between countries, ranging from <2 per 100 000 women in industrialized countries to 28 per 100 000 in some developing countries. Vaccines contribute to primary prevention. First on the market was the quadrivalent vaccine adjuvanted with aluminium salts and then came the HPV-16 and -18 vaccine with an AS04 adjuvant system. More recently, a nine-valent aluminium-adjuvanted vaccine has been licensed in a number of countries. All of these vaccines are intended to be administered if possible before the onset of sexual activity, i.e. before first exposure to HPV infection. They have already been adopted by the National Immunization Program in many countries and proven their efficacy to prevent cervical cancer in vaccinated women. The WHO Global Advisory Committee for Vaccine Safety (GACVS) regularly reviews the evidence on the safety of HPV vaccines and concludes that the available evidence does not suggest any safety concern regarding the use of HPV vaccines.

The background is a light blue gradient with several thin, white, flowing lines that create a sense of movement and depth. These lines are more concentrated in the upper and lower portions of the page, leaving the center relatively clear for the text.

ONCOLOGY - TREATMENT FOR DIGESTIVE CANCER

EVALUATE THE RESULT OF THE ENDOSCOPE AND IMPRINT CYTOLOGY TESTING IN GASTRIC CANCERS IN NATIONAL CANCER HOSPITAL

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*** National Cancer Hospital*

**** Center for Oncology and Nuclear Medicine, Bach Mai Hospital*

ABSTRACT

Objective: Describe a variety of clinical features, endoscopy, testing imprint cytologies and histopathology results in diagnosing Gastric cancer.

Subjects and Methods: Clinical Prospective description study in 205 patients from Aug 2015 to Aug 2016.

Result: 138 patients had histopathology diagnosed Gastric cancer and 67 patients were diagnosed benign ulcers; The proportion of male/female in cancer diagnosed group was 2/1; the average age was 59.3 (about 26-92); 90.6% of them had gastric ulcers history, 98.5% patients had symptoms of epigastric pain. The most popular injured position was antral consisting of 83%; major biopsy position was in ulcers' shore consisting of 71.7%, accurate diagnosis proportion of endoscope was 86.9% compared to histopathologic biopsy. 94.8% cancer cells had single bare nuclei. Imprint cytology had sensitivity of 98.6%, accuracy of 99.02% compared to histopathologic biopsy. False negative rate was 1.4%; 94.9% patients were gastric carcinoma; 5.1% of maglinant non-hogdkin lymphoma.

Conclusion: Endoscope and imprint cytology testing play an important part in gastric cancer's initial screening diagnosis, especially in health care centers where pathology has not been in operation. Combining endoscope, imprint cytology and histopathology helps increase diagnosis valuation.

Keywords: Endoscope, Gastric cancer, Imprint Cytology, Histopathology Biopsy.

EVALUATE THE RESULTS OF CHEMORADIO THERAPY AND POSTOPERATIVE SUPPORT FOR RECTAL CANCER IN STAGE II-III AT K HOSPITAL FROM 2012 TO 2016

Le Thi Huyen Sam

Hai Phong University of medicine and pharmacy

ABSTRACT

Purpose: In this study, we evaluated the effective of the adjuvant chemoradiotherapy on stage II-III rectal cancer treated at K hospital.

Material/Methods: Between 2012 and 2016, 36 patients with stage II-III rectal cancer in K hospital were retrospectively evaluated the effective of the postoperative chemoradiation. Survival data and factors affecting survival were analyzed.

Results: Overall survival and disease-free survival at 3 years were 72.2% and 67.6%. There were statistical differences in OS at 3 years between these groups for T-stage, lympho nodes status, TNM stage and preoperative CEA. The OS at 3 years for patients with stage T2-3 tumors and T4 were 77.9% and 71.1%; for stage N0; N1; N2 lymph nodes were 84%; 74.1 and 62.8%, respectively; for II and III stage were 68.6% and 84%. The 3 years OS with preoperative CEA ≤ 5 ng / ml and CEA > 5 ng / ml were 81.4% and 69.2%. There were no statistical differences in OS at 3 years between these groups for age, gender, tumor site.

Conclusion: Postoperative chemoradiotherapy is effective for stage II-III rectal cancer improves overall survival, local control rate with acceptable toxicity.

EVALUATE THE OUTCOME OF TREATMENT OF PATIENTS WITH STAGE II AND III GASTRIC CANCER WHO UNDERWENT SURGERY AND CHEMOTHERAPY SUPPLEMENT EOX AT CANCER CENTER - VIET TIEP HOSPITAL HAI PHONG 2010-2015

Nguyen Duc Hung, Nguyen Lam Hoa, Tran Duc Linh

Viet Tiep Hospital, Hai Phong

SUMMARY

Objective: To evaluate some clinical and laboratory of Gastric adenoma-Carcinoma patients stage II, III are thorough operated and neo-adjuvant chemotherapy EOX at Cancer Center –Viet Tiep Hospital Hai Phong.

Subject and method: The subjects of the study included 66 patients with stage II, III gastric cancer who underwent radical surgery and chemotherapy according to the EOX regimen. Assessment of clinical and subclinical toxicity.

Result: Group of patients with the highest age is from 50 to 70 years old, male / female ratio is 2.54/1. The most common symptom is epigastric pain (90.9%), HP infection (24.2%), gastric ulcer - duodenal 21.2% and 12.2% have family members with stomach cancer. The 1, 3, 5-year survival rates were 90.9%, 75.7%, and 22.7%, respectively. Mean duration of disease-free survival was 31.9 ± 1.2 months. The median overall survival was 34.3 ± 1.1 months. Toxicity most affected is anorexia 63.3%, Leucopenia (31.3%) and especially granulocytes (54.1%). Hair loss 87.7%. Other vices generally have little effect on treatment.

Conclusion: The EOX regimen is a safe, readily tolerant, and adjuvant-based regimen for adjuvant treatment of post-operative Gastric cancer patients, and is widely available in oncology settings.

Keyword: Gastric cancer, EOX.

LAPAROSCOPIC CYSTOGASTROSTOMY FOR THE TREATMENT OF PANCREATIC PSEUDOCYSTS: A CASE REPORT

Dao Quang Minh, Vu Trung Truc and al

Department of General Surgery, Thanh Nhan Hospital

ABSTRACT

Laparoscopic cystogastrostomy is an established procedure for the drainage of pancreatic pseudocysts. Cysts are mainly present in the lesser sac (retro-gastric), which is completely amenable to cystogastrostomy. We discuss the huge pancreatic pseudocyst of 15cm×10cm in a patient 44 year of age with cirrhosis, alcoholism and acute pancreatitis.

HEPATECTOMY 300 CASES OF HEPATOCELLULAR CARCINOMAS AND 5 YEAR SURVIVAL FOLOW STAGES I,II,III

Nguyen Dai Binh

Vice Director, Abdominal surgery II, National cancer hospital

ABSTRACT

Background/objectives: study on 300 cases of hepatocellular carconmas (HCC) with liver cirrhosis Child-Pugh A and B, staging I,II,III who underwent a curative surgery by hepatectomy associated ethanol injection directly into the cut area from 6/2008 to 6/2017.

Methods: Management of postoperative complications, folow up, outcomes overal 5 year survival by method Kaplan-Meier. A decriptive cross- sectionnal prospective study.

Results and conclusions: The authors remark the postoperative mortality was 0.3%, the postoperative complications rate 4,7%. The overall 5 year survival rate (Kaplan – Meier) was 56,4%. The 5 year survival rate in patients with stage I was 83,1% meanwhile in patients with stage II was 62,4% and in patients with stage III was 36% , respectively (p <0.05).

ASSESSMENT OF EARLY OUTCOME OF PANCREATICOENECTOMY IN 10 CASE WITH TUMOR OF HEAD PANCREAS AND VALTER PERI BALLOON

Pham Van Thuong, Vu Ngoc Son

ABSTRACT

Purpose: The objective of this study was to describe some clinical and subclinical characteristics and to assess early result of treatment of the pancreaticodenectomy in 10 cases.

Materials and Methods: Retrospective study of 10 cases of pancreatic adenocarcinoma and around valter balloon was operated DPC at Gastroenterology Department, in Viet Tiep Hospital from March 2013 to August 2016.

Results: Rate male/female = 4/6; minimum age 24, maximum age 71. Anapathology postoperative includes: 7/10 cases have malignant sign, most of them are adenocarcinoma of Valter balloon, 1 case carcinoma of head pancreas, 2 cases carcinoma of lower common bile duct. Early result postoperative: One case had surgical site infection, one case bleeding through abdominal drainage, no terrible complication postoperative, no death.

**TROPICAL DISEASES - SURGERY
IN TROPICAL AREAS AND
ESSENTIAL NEEDS - TRAUMA
AND SURGICAL EMERGENCIES**

LES ACTIVITES MEDICO-CHIRURGICALES A L'HOPITAL REGIONAL DE BAFOUSSAM DE 2015 À 2016

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RÉSUMÉ

Ce travail fait le point de deux années d'activités (2015-2016) de L'Hôpital Régional de Bafoussam (HRB), au Cameroun qui est un hôpital de 3ème catégorie, crée en 1953

Consultations: En 2016, 43 111 nouvelles consultations et 20091 anciennes ont été enregistrées. On constate une légère baisse des consultations entre 2015 et 2016 ; les plus grands écarts étant constatés au CTA (HIV/SIDA) (-41,9%) , en CPN (-27,3%) et en pédiatrie (-13,7%).

Hospitalisations: L'analyse des hospitalisations montre une baisse en Médecine A (-5,1%) , Diabétologie (-2,6%) et Pédiatrie (-11,1%). Malgré un faible taux d'hospitalisation en Diabétologie, la DMS reste l'une des plus élevée soit 10 jours après la chirurgie où elle est de 16 jours en 2016 sans différence significative avec 2015. Les traumatismes de toutes natures restent les principales causes de mise en observations aux urgences (44,3%) à l'HRB en 2016.

Explorations paracliniques (imagerie et laboratoire): L'endoscopie digestive, représente 80,25% des demandes de fibroscopies. On enregistre quelques cas d'Anuscopies, de coloscopies et de Recto-sigmoscopies. . La radiographie est de loin l'acte d'imagerie le plus demandé (49%) suivie de l'échographie avec 34,34% sur un total 14767 actes endoscopiques. . En 2016, 2443 donneurs de sang ont été testés pour VIH (1,71% VIH+) , AgHBs (4,22% Hbs+), AchHCV (0,90% HCV+), VDRL/TPHA (0,86% positifs). Globalement, on constate une baisse d'activités de laboratoire ; mais alors une baisse très significative des examens d'hématologie (-129,1%) entre 2015 et 2016.

Actes chirurgicaux: Par ailleurs, on note globalement une augmentation de l'activité chirurgicale (+6,7%) de 2015-2016 ; la forte baisse des interventions maxillo-faciales (-31,5%) est essentiellement liée à l'affectation en cour d'année du personnel. Les actes Kinési thérapeutiques sont dominés par les interventions en rhumatologie (34,3%). Cependant on constate une baisse significative des interventions orthopédiques (-55,6%) au cours de la même période.

Fréquence des Décès: On note en valeur absolue une augmentation du nombre de décès (747 en 2015 et 880 en 2016). La fréquence moyenne est de 21,55% . Seuls les services de réanimation et de diabétologie ont véritablement vu leurs taux de décès baisser au cours des 3 dernières années, ainsi que le service de chirurgie dans une certaine mesure.

Situation des mort-nés: Des efforts considérables ont été faits pour diminuer le nombre de mort-nés qui est passé de 3,5% en 2015 à 2,8% en 2016.

Dans le cadre de la disponibilité des médicaments et dispositifs médicaux, des efforts ont été réalisés en 2016. Contre 12 produits ayant connu des ruptures en 2015, on en a eu que 4 en 2016 (Acide folique+sulfate de fer, Insuline humaine, paracétamol 120 mg sirop, condom féminin)

Conclusion: En 2016, l'hôpital a fait des avancées sur le plan de la qualité et sécurité des soins. Les grandes priorités de 2017 porteront essentiellement sur la démarche qualité et la sécurité des soins ainsi que la réduction de la mortalité intra hospitalière.

ATTITUDES AND PRACTICES AMONG COMMUNITY RESIDENTS IN A LUOI DISTRICT, THUA THIEN HUE PROVINCE TOWARDS SURGICAL EMERGENCY

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ABSTRACT

Background: According to the World Health Organization (WHO), Injuries accounted for fifth of the top 20 causes of death in Viet Nam (2010). The limitation in surgical emergency accessibility was considered to be the main reasons which resulted in the unfortunate consequence.

Objects: To understand the knowledge, approach attitudes and practices of residents in Nham commune, A Luoi district in surgical emergency cases. To determine the associated factors related to the attitudes and management of the residents.

Methods: A sectional cross study was conducted among 118 people whose age is from 16 - 60 were living in Nham commune, A Luoi district adjacent to the Vietnam – Laos border. All participants were interviewed directly with a questionnaire on knowledge, attitudes and managements towards surgical emergency cases.

Results: 47.5% of participants was in low level of alert and 50.8% was in higher level of alert regarding surgical emergency cases. The majority of respondents selected transporting to hospital immediately after an accident happened, in those with thoracic trauma (78%). However, this aid was not common in cases with thigh injuries (49.2%). Level of alert was related to genders and the knowledge of surgical emergency ($p < 0.05$). Basing on the multiple linear regression analysis there were relationships between the approach attitudes, study level and knowledge of first aid and surgical emergency of participants.

Conclusion: Knowledge, approach attitudes and practices of Nham commune residents in area of surgical emergency were marginally low which caused limitations in surgical emergency accessibility.

Key words: surgical emergency; First-Aid; Injuries; Accident.

MANAGEMENT OF PENETRATING ABDOMINAL AND THORACIC WOUNDS IN N'DJAMENA. A HEALTH AND ECONOMIC CHALLENGE

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ABSTRACT

Introduction

Open trauma to the chest and / or abdomen is a public health problem in N'Djamena. The purpose of this study was to determine the socio-health and economic impact of trauma.

Patients and Methods

This was a prospective analytical study from 1/01/2015 to 12/31/2016 including patients operated for open trauma of the thorax and / or abdomen. The studied parameters were anthropometric and clinical. The follow-up was done in consultation and by scheduled telephone appointments.

Results

Of 1128 surgical emergencies, open traumas of the thorax and / or abdomen were 305 (27%). There were 285 men and 20 women (sex ratio 14.1) with a mean age of 28.4 years $\pm$ 8.31 years. The main causes of trauma were brawls (68.4%) and assaults (24.6%). White arms accounted for 89.5% of injuries and motorcycle taxi drivers accounted for 56%. The injuries were: abdominal in 189 cases (61.9%), thoracic in 100 wounded (32.4%) or thoraco-abdominal in 17 (5.7%). The visceral lesions involved the small intestine, colon and pleu-

ra. Their treatment included intestinal sutures, and the placement of chest drains. Immediate complications (19.7%) were dominated by haemorrhagic shock and respiratory distress. Hospital mortality of 5.3%. Late complications (8.5%) were: pleural encystages, incisional hernias and intestinal obstruction. The injury caused by the trauma involved 48 former patients (15.8%) resigning from work. The estimated cost of immediate care was € 748.5.

Conclusion

Open thoracic and / or abdominal trauma remain common in N'Djamena. Medium-term monitoring has regained a high health and socio-economic cost.

Keywords: Open Trauma - Thorax- Abdomen - White Weapons - Chad

PRISE EN CHARGE DES PLAIES PENETRANTES ABDOMINALES ET THORACIQUES A N'DJAMENA. UN DEFI SANITAIRE ET ECONOMIQUE

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RÉSUMÉ

Introduction: Les traumatismes ouverts du thorax et/ ou de l'abdomen sont un problème de santé publique à N'Djamena. Le but de cette étude était le suivi des opérés afin de déterminer l'impact socio-sanitaire et économique des traumatismes.

MALADES ET METHODES: Il s'agissait d'une étude prospective analytique allant du 1^{er}/01/2015 au 31/12/2016 incluant des patients opérés pour un traumatisme ouvert du thorax et/ou de l'abdomen. Les variables étudiées étaient anthropométriques et cliniques. Le suivi se faisait en consultation et par des rendez-vous téléphoniques programmés.

Résultats: Sur 1128 urgences chirurgicales, les traumatismes ouverts du thorax et/ou de l'abdomen étaient 305 (27%). Il s'agissait de 285 hommes et 20 femmes (sexe ratio de 14,1) d'âge moyen de 28,4 ans $\pm$ 8,31 ans. Les causes principales de traumatismes étaient les rixes (68,4%) et les agressions (24,6%). Les armes blanches procuraient 89,5% des blessures et les conducteurs de moto taxi constituaient 56% des victimes. Les blessures étaient : abdominales dans 189 cas (61,9%), thoraciques chez 100 blessés (32,4%) ou thoraco-abdominales chez 17 (5,7%). Les lésions viscérales concernaient le grêle, le colon et la plèvre. Leur traitement comportait des sutures intestinales, et la pose de drains thoraciques. Les complications immédiates (19,7%) étaient dominées par le choc hémorragique et la détresse respiratoire. Mortalité hospitalière de 5,3%. Les complications tardives (8,5%) étaient : des enkystements pleuraux, des éviscérations et des occlusions intestinales. Le préjudice provoqué par le traumatisme portait 48 anciens opérés (15,8%) à démissionner de leur travail. Le coût estimatif de la prise en charge immédiate était de 748,5 €.

Conclusion: Les traumatismes thoraciques et/ou abdominaux ouverts restent fréquents à N'Djaména. Le suivi à moyen terme a retrouvé un cout sanitaire et socio-économique élevé.

Mots clés: Traumatismes ouverts - Thorax- Abdomen – Armes blanches - Tchad

LUXATION NEGLIGEE DU COUDE

DUONG BUNN and Colls

Hôpital PREAH KOSSAMAK

ABSTRACT

Introduction: Les pluparts de luxation négligée du coude sont observés dans les pays en développement. Il n'y a pas de traitement universel standard au besoin du patient. À l'hôpital PREAH KOSSAMAK, nous utilisons la technique de réduction ouverte et un fixateur externe articulé qui permet au patient de mobiliser immédiatement après la chirurgie. Nous faisons une étude rétrospective sur 15 patients opérés à l'hôpital Preah Kossamak durant de 10 ans.

Materials and methods

Du Janvier 2007 au Janvier 2017, 15 patients sont opérés à l'hôpital Preah Kossamak pour leur luxation négligée du coude.

L'âge de 14 à 67 ans

L'âge moyen 34 ans

Sexe 8 femmes

7 hommes

Délai de la luxation est de 2 mois à 2 ans.

5 patients causes par chute de la hauteur, 5 patients causes par accident de travail et 5 par accident de la voie publique.

Nous utilisons fixateurs externes articulés pour que les patients peuvent mobiliser le plus tôt possible.

Résultats

Au 6^{em} mois :

Extension actif 0° à -30°

Flexion actif 110° à 130°

Pas de douleur

Conclusion

Luxation négligée est un problème difficile pour les chirurgiens dans les pays en voie de développement. Le mouvement précoce est le meilleur moyen pour récupérer la fonction du coude. Notre fixateur externe articulé est un moyen de contention qui permet une mobilisation précoce

Mots clés: le coude, luxation négligée, fixateur externe articulé.

ASSESSMENT OF TREATMENT RESULT OF THE SOFT TISSUE DEFECT BY USING THE NEGATIVE PRESSURE WOUND THERAPY

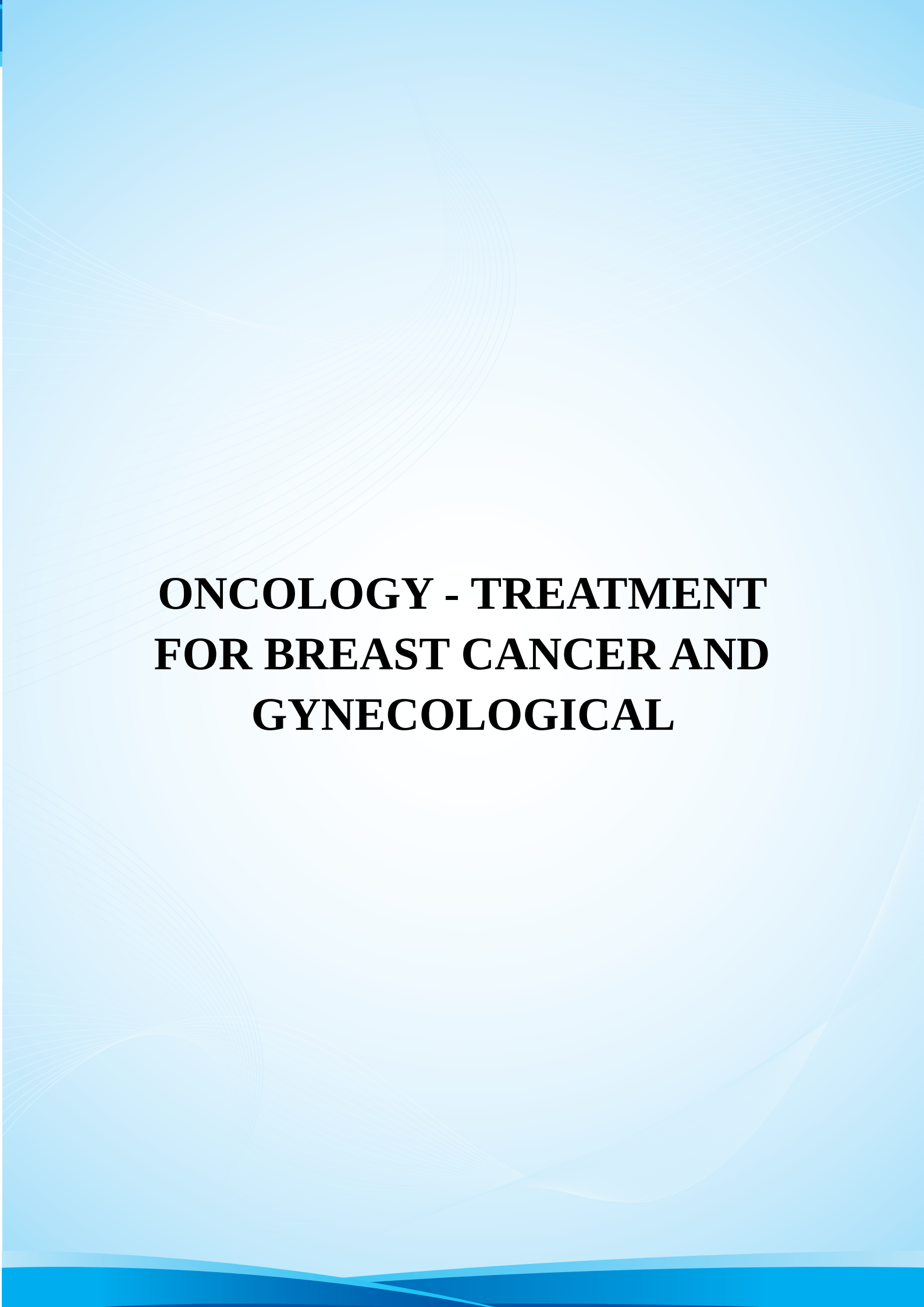
Nguyen Duc Tien

Hai Phong university of medical and pharmacy

ABSTRACT

From 1/2013 to 12/2015 at Viet Tiep Hai Phong hospital, we have used pedicled fasciocutaneous flap for 41 patients with 48 soft tissue defects of wrist and finger in emergency. Hence, in our research, there are 91,4% flap completely live only 4,3% less than 1/3 flap necrosis area, 42/44 flap wound healing first degree. Time of healing were 10 days in minimum, 20 days in maximum and 12 days in average. 92,4% patients have good functional physical recovery. We have found that performing operation cover the soft tissue defects in emergency not only helped to cover the revealed tendons, ligaments and bones but also contributed quickly to the wound clearance and increased supply source. It also promoted a advantageous healing process and functional recovery of wrist and fingers in shortens time and diminished the hospital expenses.

Keywords: Soft tissue defect, Pedicled fasciocutaneous flap, wrist hand and fingers.

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ONCOLOGY - TREATMENT FOR BREAST CANCER AND GYNECOLOGICAL

THE EXPRESSION OF ER IN BREAST CANCER PATIENT OCCURRED THYROID CANCER AND SIMPLE THYROID CANCER

Ya Juan Chen

Kunming Medical University

SUMMARY

Objective: In recent years the primary cancer cases is increasing year by year, especially in the most common cases of breast cancer and thyroid cancer, This paper reports the ER expression in 21 cases of breast cancer and recurrent thyroid cancer, and discusses in combination with the literature. To investigate the expression of ER in breast cancer patient occurred thyroid cancer and simple thyroid cancer.

Methods: Analyze retrospectively the clinic features and histological types and use IHC to test the expression of ER of 21 breast cancer occurred thyroid cancer patients and 21 simple thyroid cancer patients admitted from Jan. 2010 to Aug. 2014 in the third affiliated hospital of kunming medical university. And we do statistical analysis for the IHC results.

Results: The 21 breast cancer occurred thyroid cancer patients were female. the average age Was 48.2 years old. and 21 simple thyroid cancer patients also were female, the average age was 45.5 years old. In 21 breast cancer occurred thyroid cancer patients, the breast cancer histological types are invasive ductal cancer(19), mucinous carcinoma(1), invasive lobular carcinoma(1), the thyroid cancer histological type is papillary thyroid carcinoma. The histological type of 21 simple thyroid cancer patients is also papillary thyroid carcinoma. Among 21 breast cancer occurred thyroid cancer patients, 16 breast cancer patients ER(+), 5ER(-), 4 thyroid cancer ER(+), 17 thyroid cancer ER(-), 4 thyroid cancer ER(+)patients came from breast cancer ER(+) patients, 21 simple thyroid cancer ER(-). The difference between the expression of ER in the tumors of thyroid and breast has statistical significance($P < 0.01$). The difference between the expression of ER in the tumors of breast cancer occurred thyroid cancer and simple thyroid cancer has no statistical significance($P > 0.01$).

Conclusion: Breast cancer and thyroid cancer are hormone dependent. For patients of breast cancer, thyroid cancer should be exclude and vice versa, It is helpful for early detection and early treatment. The hormonal dependent thyroid cancer patient may get endocrine therapy. It maybe accumulate data for evidence based guideline development.

Key words: Breast cancer: Thyroid cancer: Estrogen receptor: Multiple primary carcinoma

EVALUATE THE EFFICACY OF ADJUVANT REGIMEN 3FEC – 3T IN STAGE II BREAST CANCER

Le Thu Ha, Nguyen Khanh Ha

Department of medical oncology Ha Noi Oncology Hospital

ABSTRACT

Background: Adjuvant chemotherapy plays a very important role to reduce recurrence rates and prolong survival in breast cancer treatment. The efficacy of 3FEC – 3T regimen in the adjuvant treatment has been proven through some trials in the world. In Ha Noi Oncology Hospital, we have carried out 3FEC – 3T in breast cancer patients with stage II after mastectomy since 2010.

Objectives: This study is aim to evaluate the efficacy and the toxicity of 3FEC – 3T regimen in breast cancer patients with stage II after mastectomy.

Subjects and methods: prospective combined retrospective descriptive study. Sixty five stage II breast cancer patients were treated by radical modified mastectomy and six cycles three cycles of FEC: 5- Fluorouracil 500 mg/m², IV, D1, Epirubicin 100mg/m², IV, D1 and Cyclophosphamid 500mg/m², IV, D1; followed by three cycles of docetaxel 100mg/m², IV, D1; given every twenty - one days. Primary endpoint is 3-year and 5-year disease-free survival (DFS) and other is toxicity of regimen.

Results: Median follow- up was 42,75 months. Three-year and five-year DFS rates were 78,8%; 75,6% respectively. Three-year and five-year overall survival rates were 96,8%; 94,2% respectively. According to Hormone receptor (HR), DFS of HR (+) and (-) group are 83,8 % and 67,7%, p= 0,012. According to lymph nodes, DFS of positive and negative lymph nodes are 64,7% and 84,7%, p=0,029. Assessment the toxicity of 3FEC-3T, the incidence of grade 3 to 4 neutropenia are 9,2% and 0,8%. Rate of low hemoglobin level is majority at grade 1. None of patients have toxicity on cardiac system.

Conclusion: Sequential adjuvant chemotherapy with FEC followed by docetaxel significantly improves disease-free and overall survival in stage II breast cancer patients and has a favorable safety profile.

A CASE REPORT OF MALE BREAST CANCER

Nguyen Thanh Vinh

ABTRACTS

Background

Male breast cancer(MBC) is rare, accounting for less than one percent of cancer incidence and mortality in this sex group. There is a trend to MBC increasing in the world. MBC often is diagnosed at advanced stages. We report a case of 74 year old man with breast cancer, and histopathological revealed an infiltrating ductal carcinoma.

Case Report

A 74-year- old man presented to Thanh nhan hospital hanoi with a left breast lump. The mass was litle pain, located at close to nipple of the left breast, 4.5 cm in diameter, firm to hard in consistency and under the skin. There was no nipple discharge, but positive axillary lymph nodes. Fine-needle aspiration cytology was consistent with carcinoma. Preoperative chest x-ray showed no evidence of a lung nodule and ultrasound of the hepatobiliary system showed no liver metastasis. He underwent left mastectomy with axillary clearance. Histopathological examination revealed infiltrating ductal carcinoma, with free surgical margin, ER/PR positive, and 5 positive axillary nodes.

Conclusion

Breast cancer has similar prognostic factors in males and females, among which axillary adenopathy is the most important one. Infiltrating ductal carcinoma is the most frequent histological type. The established standard of care is modified radical mastectomy followed by tamoxifen for endocrine-responsive positive disease, and/or radiotherapy, chemotherapy. Screening for male breast carcinoma is not practical due to the small percentage of involved patients. However, due to lack of self-awareness, these patients usually presented late with delayed diagnosis, and larger tumor size at presentation resulting in a higher morbidity and mortality.

INTRAOPERATIVE RADIATION THERAPY (IORT) FOR BREAST CANCER IN VIETNAM

Nguyen Dinh Tung

Hue Central Hospital, Vietnam

ABSTRACT

Background: A total of 47 patients of breast cancer with stage I & II were collected from Hue Central Hospital from December 2012 to January 2016. Intraoperative radiation therapy (IORT) and oncoplastic surgery for breast cancer treatment was performed the first time in Vietnam.

Aim: To access the effectiveness of IORT for breast conserving therapy and the combination between this procedures with oncoplastic surgery in the field of oncology as well as aesthetics.

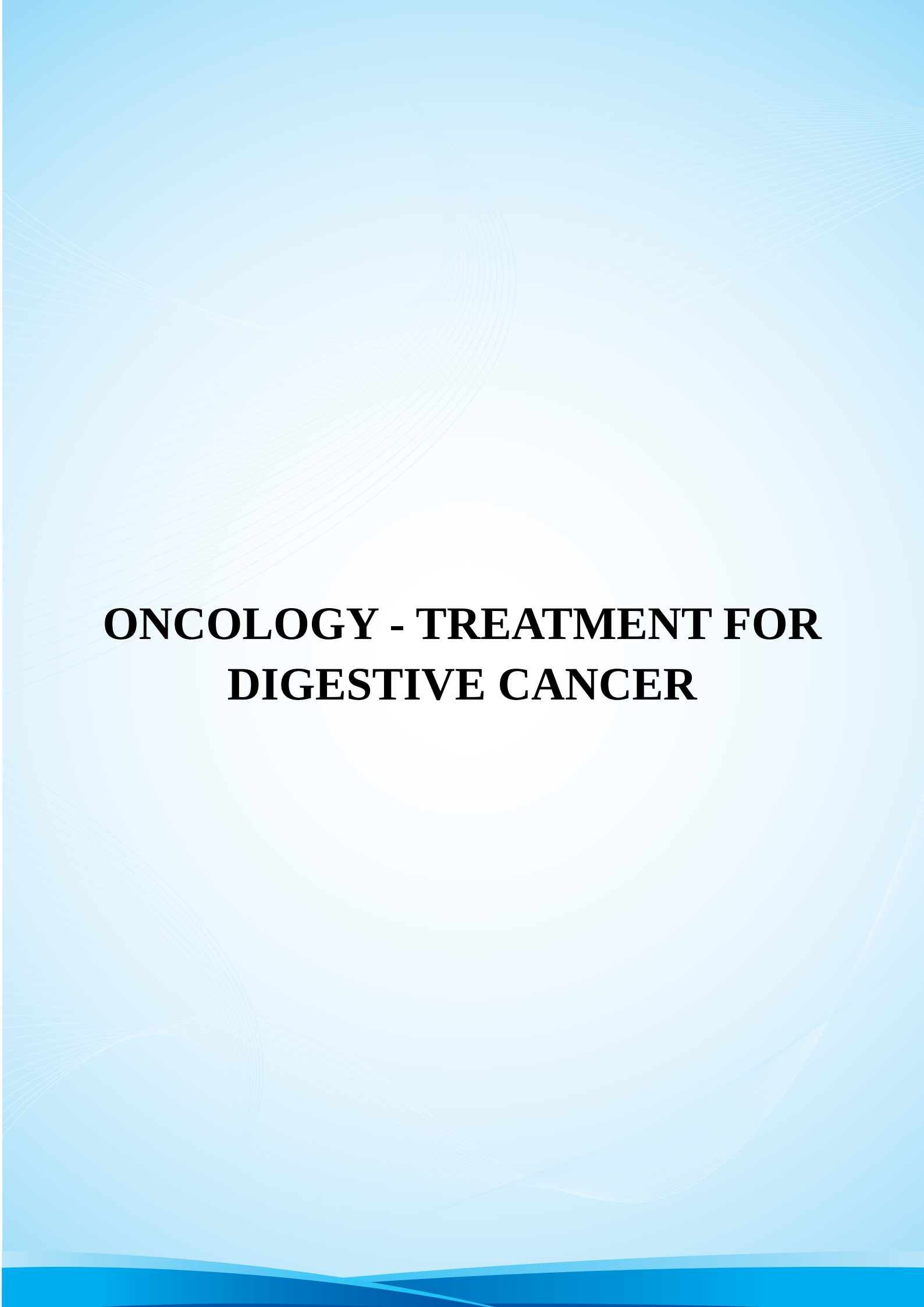
Methods: Intraoperative radiotherapy using the Intrabeam system was delivered to the tumor bed immediately after surgical excision during the anesthesia. The radiation dose received was to 20Gy at the surface of the applicator.

Oncoplastic breast surgery was performed after completion radiotherapy. Unfavorable prognostic patients will receive the planned external beam radiotherapy (typically 45-50Gy in 5 weeks) to the whole breast. For nipple sparing mastectomy, using dose 8Gy under the nipple areola and breast reconstruction immediately.

Results: 47 cases selected for IORT, mean age 51.26. Tumor size ranges from 10 to 30mm, 29 cases(61.7%) from 20-25mm. Receptor status in 38 (80.9%) ER +ve/PR +ve, 32 (68.1%) Her2 -ve. IORT in 39 (82.9%) single dose, 8 (17.1%) IORT cases required whole breast radiation therapy. Applicator size from 2.5- 5.0cm, 20cases(42.6%) using applicator 4cm, time of intraoperative radiation depends on dose delivered, maximum is 42 min. Wide local excision 23(48%), donut 5(10.6%), breast reduction 5(10.6%), lateral mammaplasty 8(17.0%), nipple sparing mastectomy 6(12.8%)

Short term complications are 7 cases of cellulitis (14.9%), skin necrosis 1(2.1%) Longest follow-up to date is 36 months, 01 patient occurred local recurrence. The aesthetic result of research has shown over 85 % with excellent and good score.

Conclusions: IORT as a boost for breast conserving therapy and using single dose for selected patients. Combination between IORT and oncoplastic surgery give a chance to improve the quality of life for breast cancer patient.

The background is a light blue gradient with several thin, white, flowing lines that create a sense of movement and depth. These lines are more concentrated in the upper and lower portions of the image, leaving the center relatively clear for the text.

ONCOLOGY - TREATMENT FOR DIGESTIVE CANCER

LAPAROSCOPIC SURGERY FOR COLORECTAL CANCER PAST - PRESENT - FUTURE

Pham Van Binh, Pham Tuan Anh

National Cancer Hospital

SUMMARY

Laparoscopic surgery has a long history based on the achievement of scientific technology manufacturing laparoscopic instruments and wishes to apply minimally invasive surgery for cancer patients. Laparoscopic surgery of colorectal cancer has been applied for more than 2 decades showing equivalent results with open surgery in terms of oncology and surgical superior aspects such as reduction of postoperative pain, faster recovery, shorter hospital stay ... Now there are 4 development trends of laparoscopic surgery for colorectal cancer are conventional laparoscopic surgery, single port laparoscopic, natural orifice transluminal endoscopic surgery (NOTES) and robotic surgery. Robotic surgery, development trend in the future is promising a lot.

ASSESSING GENETIC MUTATIONS OF SOME CANCERS AT BACH MAI HOSPITAL

Pham Cam Phuong

Bach Mai hospital

ABSTRACT

Objectives: To determine the mutation of genes in patients with non-small cell lung cancer, colorectal cancer, thyroid cancer and to evaluate relation of different variables to its frequency.

Subjects and methods: 1082 patients with non-small cell lung cancer, colorectal cancer and thyroid cancer were identified their gene mutations by using the StripAssay® (ViennaLab), analyzing the relating factors to genetic mutation.

Results: The mutation rate of *EGFR* was 40.9%, *KRAS* was 38.7%, was 11.3%, *BRAF* was 75.8%. The status of *EGFR*, *KRAS*, *NRAS* and *BRAF* gene mutations were not depend on clinical, subclinical factors.

Conclusion: The results of genetic mutation analysis in cancer patients at Bach Mai Hospital are similar to many other studies in Vietnam and in the world.

Keywords: *EGFR*, *KRAS*, *NRAS*, *BRAF* mutation, non-small cell lung cancer, colorectal cancer, thyroid cancer

RELATIONSHIP BETWEEN THE DIFFERENTIATION OF HEPATOCELLULAR CARCINOMA WITH A NUMBER OF PARACLINICAL INDEXES

Nguyen Manh Hung, Nguyen Thuy Linh

Department of Pathology - Forensic Medicine, Military Hospital 103

ABSTRACT

Background: The Differentiation of Hepatocellular carcinoma is an independent prognostic factor that correlates with the invasion and metastasis of the tumor. As for the relationship with the differentiation and paraclinical indexes were less interested researchers.

Method: A cross-sectional descriptive study of 53 patients diagnosed with hepatocellular carcinoma at 103 Hospital on biopsy specimens and cell blocks.

Results: Average age: 59.3 ± 10.9 ; The male / female ratio is 4.3 / 1. The proportion of patients with hepatocellular carcinoma is 60.4% infected with the hepatitis B virus. The mean tumor size is 6.4 ± 3.2 cm. According to Barcenola (2005) 49.1% the intermediate stage; with AJCC (2010) IIIA stage occupy 47.2%. In

this research, 50.9% well differentiated, 34% moderately differentiated and 15.1% poorly differentiated. The lower the differentiation of HCC, the higher the rate of patients with AFP > 200ng / ml and the higher proportion of patients with GOT/GPT <1. Total bilirubin increased (> 17 μ mol / l) and albumin decreased (<40g / l) in groups of well, moderately and poorly differentiated hepatoblastoma patients are not statistically significant difference ($p > 0.05$).

Conclusion: Differentiation of HCC was concerned with AFP and GOT / GPT levels, and was not related to total bilirubin and albumin.

THE RESULTS OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY IN TEN CASES OF THANH NHAN HOSPITAL

Dao Quang Minh, Vu Trung Truc

Thanh Nhan hospital

ABSTRACT

Objectives: Percutaneous endoscopic gastrostomy (PEG) is a minimally invasive approach, reducing complications and penetration. Research to announce the results of PEG in General Surgery of Department of Thanh Nhan hospital.

Methods: Describe the case, collect the patients in General Surgery of Department of Thanh Nhan hospital.

Results: 10 patients, age (32-82 years), gender: Male/Female=07/03. 01 case of nasopharyngeal abcess, 01 case of esophageal fistula, 03 cases of laryngopharyngeal cancer, 02 cases of esophageal cancer 1/3 between, 03 cases of esophageal cancer 1/3 below, Average time of performing PEG 19.7 min $\pm$ 7.6, eat after 24 hours, hospital stay 2.7 days, less pain, early discharge

Conclusions: PEG is minimally invasive, minimizing complication and levels of entry, early eat after 24 hours, less pain and early discharge.

INITIAL FINDINGS OF NEO-ADJUVANT CHEMORADIOOTHERAPY COMBINED WITH SURGERY IN TREATMENT OF STAGE II – III RECTAL CANCER

Vuong Nhat Phuong

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ABSTRACT

Introduction: Neo-adjuvant Chemoradiotherapy has become the standard treatment for locally advanced rectal cancer. This therapy not only can reduce tumor size and local recurrence but also increase radical tumor resection and sphincter reservation with mild side effects.

Method: The study was done at Cancer Hospital of HCMC and based on stage II-III middle and low third rectal cancer patients, divided into two study groups: Clinical research and Historical control. Clinical research (CR) of 119 patients followed Neo-adjuvant Chemoradiotherapy combined with surgery treatment. Historical control (HC) of 104 patients followed Surgery combined with Post-operation Chemoradiotherapy treatment. The first endpoint was One month after operation. The second endpoint is Two years after operation.

Result: Radical tumor resection rates of the two CR and HC groups are 96,8% and 77,9% ($P < 0.001$, Fisher's exact). Sphincter reservation rates are respectively 73.9% and 55.8% ($P < 0.001$, Fisher's exact). With the low third rectal cancer patients, sphincter reservation rates are 56.9% and 29.8% ($P < 0.001$, Fisher's exact) respectively. There are no significant differences in blood loss, operation time, complication, mortality between two groups.

Conclusion: Neo-adjuvant Chemoradiotherapy combined with surgery in treatment of middle and low third rectal cancer stage II-III has increased radical tumor resection and sphincter reservation at the similar level of operation risk.

**TROPICAL DISEASES -
SURGERY IN TROPICAL
AREAS AND ESSENTIAL
NEEDS - OBSTETRICS AND
GYNECOLOGY**

FORMATION DE FEMMES EN ASIE DU SUD-EST SUR LA PREVENTION, LE DEPISTAGE ET LA PRISE EN CHARGE DE L'INFECTION AU VIH

Alessandroni Pierre ¹, Andrei Robert ¹, Blanc Dominique ¹, Delmont Jean ¹, Gasiglia Caroline ¹, Hai Vinh Vu ², Heng Mao ³, Heng Tola, Khampho Chaleunvong, Mekhalfa Dalila ¹, Marcaggi Sylvie ¹, Pimontipa Malahom, Plotton Jean-Régis ¹, The Ngo Anh ², Vilayphone Thammabanvong

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4. Cambodian Women for Peace and Development, Phnom Penh – Cambodia
5. Hôpital de Savannakhet, Province de Champassak – Laos
6. Bureau de la Santé, Ubon – Thaïlande
7. Hôpital de Savannakhet – Laos

RÉSUMÉ

Le nombre d'infections causées par le virus de l'immunodéficience humaine (VIH) en Asie du Sud-Est, bien qu'en diminution, reste préoccupant. Les femmes et les jeunes filles sont les plus vulnérables car elles identifient mal les situations à risque, connaissent peu les moyens préventifs, sont peu enclines au dépistage et accèdent tardivement aux établissements de soins.

A la demande de plusieurs Unions de Femmes et Départements municipaux de Santé du Vietnam, du Cambodge, du Laos et de la Thaïlande, l'Association Asie Horizon 2020 a réalisé en partenariat, dans plusieurs villes de ces pays, des programmes de formation, d'éducation et de sensibilisation, intitulés « Etre séronégative et le rester » en 2012 et « Etre séropositive et vivre avec » en 2014 pour amener les femmes et les jeunes filles à utiliser leurs connaissances et leurs potentialités dans leur lutte contre le VIH/sida.

Au total 250 personnes féminines issues des secteurs médicaux et sociaux ont suivi les séminaires pour former à leur tour plusieurs milliers de femmes des secteurs associatifs.

Le gain des connaissances acquises et les qualités des séminaires ont été évalués.

En 2018, il est prévu de reproduire les formations dans des villes provinciales et d'évaluer leur impact dans les populations suburbaines et rurales des provinces sélectionnées.

Mots clés: formation – femmes – VIH – Asie du Sud-Est.

RESEARCH ABOUT SHOULDER DYSTOCIA IN JEAN VERDIER HOSPITAL

Carbillon Lionel, Nguyen Hai Long

SUMMARY

Objective: To verify that gestational age, birth weight, and maternal diabetes are the risk factors for shoulder dystocia.

Population: all single fetus vaginal deliveries with cephalic presentation at Jean Verdier maternity between 01/04/2011 and 15/06/2017. n = 11402.

Method: The deliveries were diverted into two groups: group (A) comprised cases (shoulder dystocia) and group (B) comprised controls (without shoulder labor). The figures were analyzed by the application SPSS 16.0 to estimate the frequencies, the average values, the value of p (test χ^2), the relative risk, independent-samples T test to compare two average values, the curve of ROC.

Main Results: The mean term of pregnancy in group (A) is 40.28 ± 1.02 SA and 39.63 ± 1.71 SA in groups (B). 28.8% of group (A) was triggered and 19.4% in group (B). The instrumental delivery is 22.9% in group (A) and 11.6% in group (B), the spatula rate is 22.9% and 11.6%, the cupping rate is 5.4% and 4.7%, forceps rate is 6.8% and 3.3% alternatively. The trigger rate in group A is 28.8% and 19.4% in group B. Labor

time is 6.47 ± 3.89 (group A) and 5.31 ± 3.57 (group B). The weight of the group (A) is 3907.78 ± 399.72 and 3281.46 ± 493.65 (group B). The weight over 4000g is 40.5% in group (A) and 6.1% in group B. The weight over 4500g is 7.3% in group (A) and 0.4% in group (B). Obstetrical complications are 6.8% in group (A) and 0.1% of group (B). Fracture of the clavicle in group (A) is 5.9% and 0.1% in group (B). 2 cases of brachial plexus only in group (A).

Conclusion: the risk factors are: Diabetes especially type II diabetes, maternal obesity, the term more than 40SA, the long work. The induction of childbirth decreases the dystocia of the shoulders.

Keywords: shoulder dystocia, macrosomia, induction, maternal diabetes.

STUDY OF PLACENTA PREVIA AT HAIPHONG HOSPITAL OF OBSTETRICS 2016

Nguyen Van Hoc, Nguyen Hai Long, Le Thi Nga

ABSTRACT

Study participants: Pregnant women with gestational age greater than 28 weeks, pregnancy termination at the Hai Phong Obstetrics Hospital from 01-01-2016 to 31-12-2016.

Study Method: descriptive retrospective, data collection from medical records, data processing using SPSS 16.0 software.

Objectives of the study: Classification of placenta previa and evaluation of treatment outcomes.

Research variables: percentage of placenta previa, classification of placenta previa by initiation, caesarean section rate, caesarean section indication, surgical hemostasis, transfusion rate, preterm birth, infant Apgar score.

The main results: placenta previa rate is 0.9%, central placenta previa 59.5%, caesarean section rate 100%, 40.5% for emergency caesarean section, hemostasis hysterectomy 22.6%, blood transfusion rate 24.1%, premature birth rate 17.2%, Apgar score <7 is 6.9%.

STUDY OF DIAGNOSIS AND MANAGEMENT OF CESAREAN SCAR PREGNANCY AT HAI PHONG OBSTETRICS AND GYNECOLOGY HOSPITAL

Nguyen Thi Hoang Trang

Hai Phong University of Medicine and Pharmacy

ABSTRACT

Background: To determine the rate and describe the methods of diagnosis, management and some factors related to the outcomes of cesarean scar pregnancy (CSP).

Subjects and methods: retrospective descriptive and longitudinal follow-up study of 45 patients at Hai Phong Obstetric and Gynecology hospital from 1st January 2013 to 30th September 2016.

Results: CSP/ Caesarean section was 0.15 %, CSP/ Pregnancy ectopic was 1.08% . The mean of gestation age at time of CSP diagnosis was 5.9 ± 1.5 weeks (minimum was 4 weeks, maximum was 9 weeks). The primary management methods include: suction (60%), suction + balloon (31%), suction + MTX (8.9%). The successful rate was 100% at gestational age of less than 6 weeks, 92% at 6-8 weeks of gestational age, 77% over 8 weeks of gestational age. Doppler ultrasonography with multiple angiographic angiograms in incision area increased the risk of failure ($p < 0.05$) by 7.2 times.

Conclusions: CSP at gestational age of less than 8 weeks could be managed by suctioning and ballooning when bleeding occurs; CPS at Gestational age of over 8 weeks should be managed by many

different management strategies. It is recommended that pregnant women with history of cesarean section should consult the obstetricians early especially when abnormal signs presented; When patients diagnosed with CSP at primary medical stations, they must be transferred to obstetric hospitals to prevent severe complications.

Key words: cesarean scar pregnancy

TRANSFUSION AUTOLOGUE DIFFÉRÉE CHEZ LES FEMMES ENCEINTES PROGRAMMÉES POUR CÉSARIENNE. ANALYSE PRÉLIMINAIRE DES FACTEURS D'ÉCONOMIE

K Kourouma

RÉSUMÉ

Cette étude, ayant pour cadre le service de Gynéco-obstétrique du CHU Ignace Deen avec la collaboration du Centre de Transfusion Sanguine du même CHU, rapporte une étude prospective préliminaire de 25 Transfusions Autologues Différées (TAD) effectuée chez les femmes enceintes programmées pour césarienne. Elle s'étend sur une période de 10 mois (août 1993 à mai 1994). L'âge des patientes varie de 14 à 43 ans avec une moyenne de 25,35 ans.

La pathologie la plus fréquente pour l'indication de la TAD au cours de la césarienne était l'utérus bi-cicatriciel (28 % des cas). Toute participation au protocole nécessitait une prescription de la transfusion autologue signée par le médecin et le consentement éclairé des patientes. Ont été inclus dans l'étude, les patientes ayant un bon état général, patientes conscientes avec conjonctives et téguments normo-colorés et ayant un taux d'Hb ≥ 11 g %. Toutes les patientes ont donné une unité de sang 7 jours avant l'intervention. La décision d'inscrire une patiente sur le programme de TAD se faisait en 2 étapes : déterminer arbitrairement la perte sanguine prévisible pour le type d'opération prévue et l'état clinique et biologique de la patiente. Le taux d'hémoglobine des patientes avant le don autologue variait de 11 à 14,5 g/dl avec une moyenne de 11,6 g/dl. Les prélèvements ont été réalisés sous surveillance en milieu hospitalier. Les fonctions vitales incluant la surveillance fœtale ont été contrôlées avant, pendant et après le prélèvement. Le sang a été collecté en poche CPD adénine, étiqueté avec le nom de la patiente, le service, le numéro de don, la date de prélèvement, la date d'expiration. Toutes les unités autologues collectées ont porté la mention : «réservé à la transfusion autologue différée» et stockées dans la banque de sang à $4 \pm 2^\circ\text{C}$. Au cours de la période, la TAD occupe 16,45 % des cas de transfusions contre 83,55 % pour la transfusion homologue.

L'indication de la TAD chez la femme enceinte est discutée et il serait contraire à toute bonne pratique médicale que le bénéfice attendu des techniques autologues ne soient pas pris en compte quand on aborde l'indication.

EVALUATE THE RESULTS OF BREAST AND CERVICAL CANCER SCREENING IN HAI PHONG WITHIN THE 5- YEAR PERIOD FROM 2011 TO 2015

Nguyen Lam Hoa

Head of Oncology Department of Hai Phong University of Medicine and Pharmacy

Dr. Lecture of Oncology Department of HPUMP

ABSTRACT

The breast cancer and cervical cancer was the most prevalent ones of Vietnamese women. In Hai Phong, according to cancer records in 2011, the rate of breast cancer was 23.1/100,000 population and the figure for cervical cancer was 9.5/100,000 population.

In the 5-year period from 2011 to 2015, Hai Phong city organized screening to early detect breast cancer for 4875 women of age 35-55 and cervical cancer for 4315 women every year in 46 communes and wards of 7 districts in Hai Phong.

We, within 5 years, found that there were 8 breast cancer cases (about 1.6 women per year, accounting for 0.032%), and 24 cervical cancer cases (about 4.8 women per year, making up 0.118%); and we also found just one vulvar cancer case and a endometrial cancer case (accounting for 0.02%) in 2013 and 2014.

This working is very important and necessary to prevent and early detect cancer in Hai Phong city and our country.

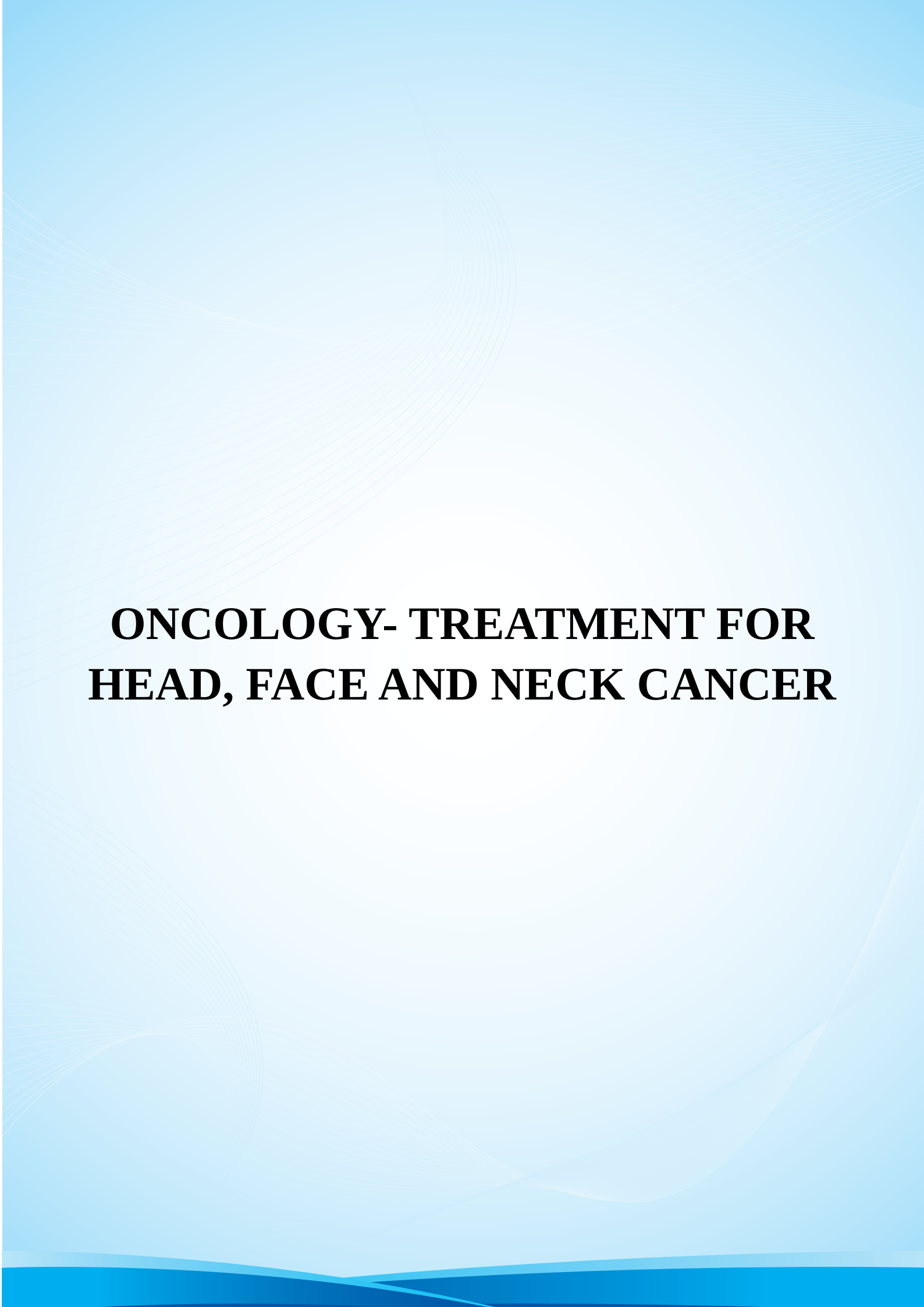
RESULTS OF SURGERY TREATMENT IN OVARIAL GERM CELL TUMORS MALINGE

Tran Quang Hung

Viet Tiep Friendship Hospital

ABSTRACT

Ovarial germ cell tumors malinge is one part of ovarian cancer, OGCTs are rare tumors, accounting for 2% to 3% of all ovarian cancers and develop usually in young women. Fertility-sparing surgical procedures enable young women with OGCT to preserve their reproductive potential. In Vietnam, some studies evaluate the results of treatment of this disease group but not much. We conducted this study to provide additional insights into the disease.

The background is a light blue gradient with several thin, white, curved lines that flow from the top left towards the bottom right, creating a sense of movement and depth. The lines are more concentrated in the upper half of the image.

ONCOLOGY- TREATMENT FOR HEAD, FACE AND NECK CANCER

DETERMINATION OF HPV DNA IN ORAL SQUAMOUS CELL CARCINOMA WITH BRUSH CYTOLOGY AND REVERSE BLOTTING HYBRIDIZATION

Nguyen Duc Tuan

Oral Maxillofacial Surgery, Odonto maxillo facial hospital

ABSTRACT

Objectives: To compare the HPV prevalence and its types in oral squamous cell carcinoma (OSCC) and in healthy oral mucosa, and to investigate the association between HPV infection and clinico-pathological features of OSCC.

Methods: A case-control study was carried out on 122 OSCCs and 63 healthy oral mucosa cases at the Oncology Hospital – Ho Chi Minh city, using brush cytology specimens and performing reverse blotting hybridization to detect 19 high-risk and 23 low-risk HPVs.

Results: HPV prevalence was 23.8% in OSCC cases, significantly higher than that of 9.5% in the control group ($p < 0.05$). The patients with HPV infection were 2.6 times more at risk of oral cancer than non-infected patients. A total of 7 HPV types was detected, including 5 high-risk HPVs (-16, -35, -51, -53, -58) and 2 low-risk HPVs (-43, -84). Most of detected HPV types were high-risk ones (93.1% in the OSCC cases, 83.3% in the control group), among them HPV-16 was most common (79.3% in the OSCC cases, 50% in the control group). No significant association was found between HPV infection and age, gender, cancer site, tumor size, clinical stages and histopathological grading of OSCC ($p > 0.05$).

Conclusion: HPV infection, especially HPV-16, may play an important role in oral carcinogenesis in Vietnam.

DIAGNOSTIC VALUE OF ULTRASOUND ELASTOGRAPHY IN THYROID CANCER

Hoang Dinh Anh, Pham Thi Dieu Huong, Nguyen Minh Hai, Nguyen Thi Ha, Nguyen Thi Ly, Nguyen Vu Thang

Department of Functional Diagnostics, Military Hospital 103

SUMMARY

Objective: Describe some clinical features of thyroid nodules, B-mode ultrasound, Doppler and strain elastography (SE) in order to differentiate benign from malignant tumors.

Subjects and Methods: 72 patients with thyroid nodules were performed clinical examination, 2D ultrasound, Doppler and SE for qualitative assessment of the stiffness of thyroid tumors according to Asteria scores (2008) from ES1-ES4, semi-quantitative calculating elasticity of the tumors (E2) and normal parenchyma (E1), strain ratio: $SR = E2/E1$, comparing with FNA results.

Results: The study group has mean age: $47,31 \pm 12,91$, most of them were female. B-mode ultrasound: suspicious features of malignance: ill-defined margin (50%); taller-than-wide (11,1%); micro-calcification (13,9%). Ultrasound elastography: 45,8% patients were classified as ES3 (hard) and ES4 (very hard); strain ratio $SR: 2,51 \pm 1,18$. A comparison of these results with post-operative biopsy was showed that the highest sensitivity and specificity were obtained with $SR \geq 2,5$.

Conclusion: Qualitative assessment of the elasticity of lesions using color map in combination with calculating mean strain ratio of the whole lesion ($SR \geq 2,5$) would help to evaluate more exactly the stiffness of lesions on Elastography to assess thyroid cancer.

Keywords: Ultrasound elastography, Thyroid tumor

FIRST RESULTS SURGICAL OF THYROID CARCINOMA WITH HARMONI SCALPEL IN HAIPHONG VIET-CZECH FRIENDSHIP HOSPITAL

Nguyen Hong Dao

Haiphong Viet-Czech Friendship Hospital

SUMMARY

From 4/2016 to 8/2017 at surgical Falcuty 11(*), Haiphong Viet-Czech Friendship Hospital, thyroid carcinoma surgeries using ultrasonic surgical knives were carried out on 31 patients, including 3 male patients, 28 female patients, (average age is $43,4 \pm 14,2$ (16-73 years old). The average surgical time is $72,16 \pm 10,87$ minutes (47-110 minutes). There are no case of postoperative bleeding, 3 case of postoperative tetani, 1 cases of temporary hoarseness. During the time the technique implemented, we found that thyroid surgery using ultrasonic knives not only shortened the time of the surgery, good hemostatic ability but also minimized the risk of damage online parathyroid, recurrent laryngeal nerve and the adjacent organs when carrying out 1 whole lobe, whole thyroid removal surgery with thyroid carcinoma.

*surgical Falcuty 11: *Burn - plastic - Thyroid surgery department.*

OVERVIEW OF THYROIDECTOMY AT HA NOI ONCOLOGY HOSPITAL 2015-2016

Dam Trong Nghia

Head of clinical department

Head and neck surgery

Hanoi oncology hospital

ABSTRACT

5360 patients had operated goiter in Hanoi Oncology Hospital (1/2015 12/2016), including 949 cancer patients (17,7%).

Method: cross-sectional study.

Results: We found: most common age are 45-55 years. Female/male ~ 6,06/1. Most multinodular goiter cases had received subtotal or total thyroidectomy. There 71,28% cases had positive immediate biopsy during surgery. Ultrasonic knife had used 42.83%. Postoperative bleeding complications: 0.47%. Hoarseness: 3.59%. 25/5360 prolonged hoarseness. Hypocalcaemia: 5.13%. Seroma: 1%. The rate of hoarseness and hypocalcaemia with ultrasonic knife were higher than electric knife, however the rate of bleeding, infection encountered less. Not recorded any deaths.

Conclusion: There is a small percentage of potential cancer in group single and multinodular goiter need immediate biopsy during surgery. Thyroidectomy to extensively remove goiter is safe and reasonable. Postoperative complications are rare.

EVALUATE RESULTS AFTER SURGERY AND RADIATION THERAPY OF PAROTID GLAND CANCER AT HANOI ONCOLOGY HOSPITAL 2010- 2015

Vu Van Thach

Head of Medical Examination Ha Noi Oncology Hospital

ABSTRACT

Objectives: Evaluate results after surgery and radiation therapy of parotid gland cancer at Hanoi Oncology Hospital, 2010- 2015.

Methods and subjects: Retrospective described method was used. 54 patients were diagnosed with parotid gland cancer, treated by surgery and radiation therapy at the Hanoi Oncology Hospital from 2010 to 2015.

Results:

Some clinical, paraclinical characteristics:

- Tumor characteristics: Side tumor P (53.7%) was greater than that of T (46.3%), The density is mainly stiff (96.3%), unknown boundary (40.7%), limited mobility (66.7%), skin infiltration (22.2%).
- Nodal clinical characteristics: low lymph node metastasis ratio (22.2%).
- Ultrasonic features: tumors are usually shallow (61.1%), most of them are 1 tumor (90.7%), Most of the heterogeneous tumors (70.4%), unknown boundaries (74.1%), invasive organization Around (66.7%). - - The results of laboratory tests match the pathology achieved (70.5%). - The most common ear canal cancer disease is mesangular carcinoma Epidermal (34.2%).

Treatment Results:

Most cases were treated as total parotidectomy and facial nerve (number VII) preservation. Additionally, 70,4 % and 66.7% cases were removed whole tumor and lymph nodes, respectively. Complications internal and postoperative were recorded with facial nerve (VII) paralysis (37.1 %), Frey syndrome (22.2%). The rate of recurrence in general (24.07%). Rate of distant metastasis (16.7%). The overall survival and survival without disease after 5 years were (45.0%) and (41.8%).

Conclusions: Results of the parotid gland cancer treatment at Hanoi Oncology Hospital have been recently improved with various advanced techniques and therapies. There were some treatment complications but the rate was considered to be acceptable.

MANAGEMENT OF RECURRENT/ PERSISTENT CERVICAL LYMPH NODES IN DIFFERENTIATED THYROID CARCINOMA (DTC)

Tran Dang Ngoc Linh¹, Doan Van Lam², Vo Khac Nam³

1. 1. Department of Cancer - University of Medicine and Pharmacy
2. Department of Nuclear Medicine - Ho Chi Minh City Cancer Hospital
3. 2. Department of Cancer - University of Medicine and Pharmacy
4. 3. Department of Nuclear Medicine - Ho Chi Minh City Cancer Hospital

ABSTRACT

Aim: to evaluate treatments response of recurrent/ persistent cervical lymph nodes in DTC.

Material and Method: Reviepatients with recurrent/ persistent cervical lymph nodes in DTC treated at HCM city Oncology Hospital from 01/2013 to 01/2016.

Results: 145 patients with recurrent/persistent cervical lymph nodes in DTC were treated by surgery ± I-131. Mean age is 40 (±12) years old. Female/Male = 2,7/1. 96,6% of these cases, recurrent/persistent cervical lymph nodes are detected by ultrasound. Serum stimulated Tg is > 2ng/ml in 90,1% of these cases with normal anti-Tg level and in 55,9% of these cases with high ati-Tg level.

All patients were re-operated (30,3% lymph nodes excision and 69,7% lymph nodes dissection). 89,7% of the patients were treated by I-131 (33% with high dose), median dose of I-131 was 60mCi.

Complete biochemistry responses (Tg < 2ng/ml) after surgery and after I-131 therapy are 19,8% and 26,1%

respectively. After surgery, serum Tg decreases 66 %, from 43 ng/ml to 14,6 ng/ ml and further decreases to 6,1ng/ml after I-131 treatment. The lower serum Tg level at recurrent/persistent, the higher rate of complete biochemistry response after treatment. Structural complete response rate is 97,9%.

Re-operative complication rate is 20,7%. Permanent hypothyroidism and vocal fold paralysis rates are 0,7% and 1,4% respectively.

Conclusion: Surgery $\pm$ I-131 substantially reduces stimulated serum Tg level but complete response rate after treatment is only 26,1%.

APPLICATION OF MICROSURGERY IN HEAD & NECK CANCER AND CRANIOFACIAL SURGERY AT VIET – DUC UNIVERSITY HOSPITAL, HANOI, VIETNAM

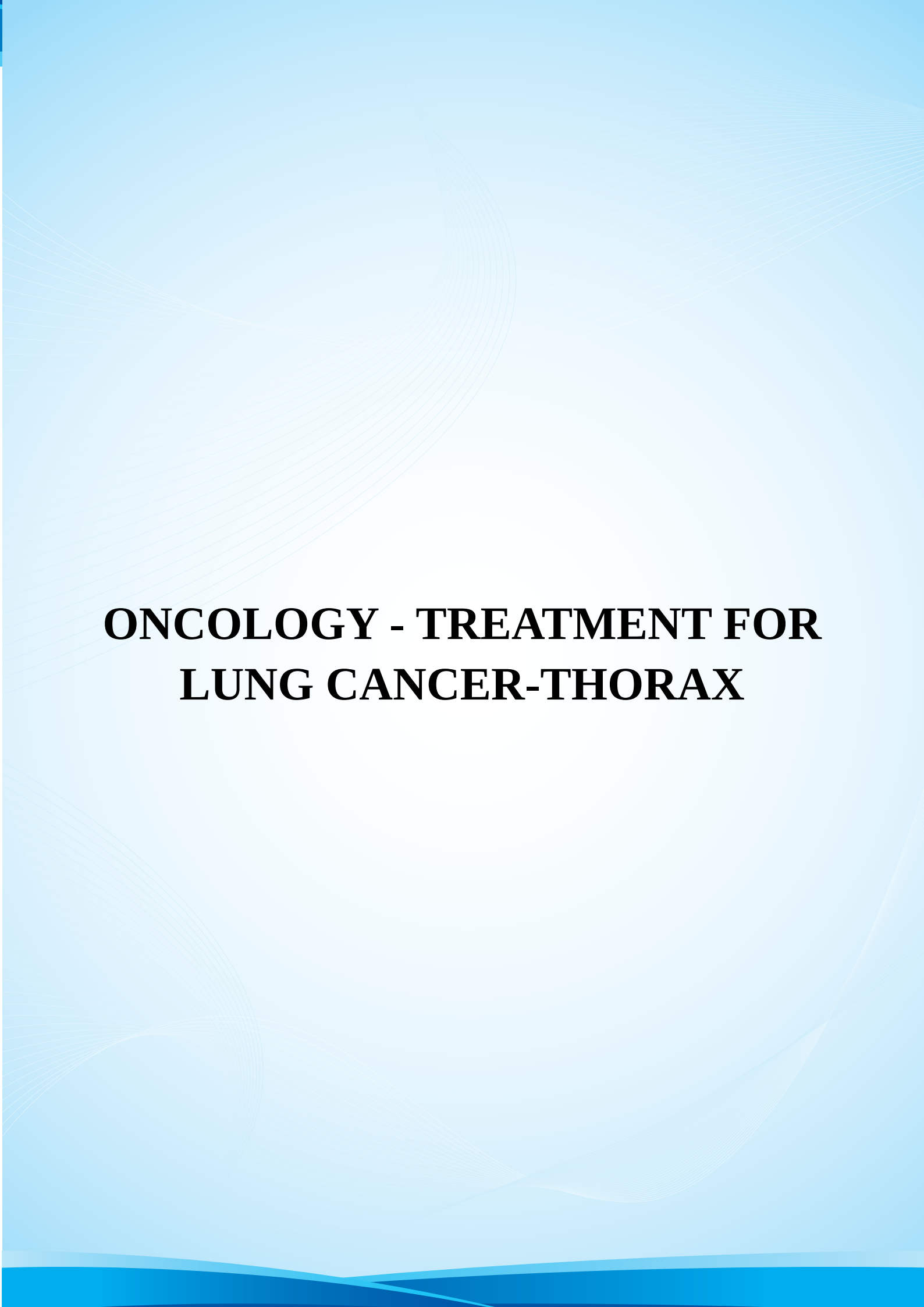
Nguyen Hong Ha

Department of Maxillofacial – Plastic – Aesthetic Surgery.

Viet – Duc University Hospital, Hanoi, Vietnam

ABSTRACT:

Since several decades microsurgery have developed very fast and has been applied in all different subspecialty of surgery. In craniofacial surgery, microsurgical technic can help for reconstruct of complex defect after remove of malignant tumor and restore the function and aesthetic aspect of the face. It can help also for replant of avulsion facial parts in emergency (scalp, nose, lip ear avulsions ...) , repair facial nerve palsy and consequence of trauma, burn... To achieve the best result, all this complex pathology need to be solve by multiple disciplinary approach including: Oncology, Neurosurgery, ENT, Plastic and Maxillofacial surgery ... We would like to present our result of application microsurgical technic in craniofacial surgery at Viet-Duc University hospital, Hanoi, Vietnam.

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ONCOLOGY - TREATMENT FOR LUNG CANCER-THORAX

CLINICAL AND PARACLINICAL FEATURES; EARLY RESULTS OF PACLITAXEL – CARBOPLATIN CHEMOTHERAPY IN TREATMENT THE STAGE IIIB – IV NON SMALL CELL LUNG CANCER

Nguyen Thanh Vinh

THANH NHAN HOSPITAL

ABSTRACT

Aim: to describe a variety of clinical features, paraclinical and early results of Paclitaxel – carboplatin chemotherapy in treatment the stage IIIB – IV non small cell lung cancer at Thanh Nhan Hospital.

Methods: retrospective description study a total of thirty nine patients diagnosed stage IIIB – IV, non small cell lung cancer treated with Paclitaxel – carboplatin.

Result: The proportion of male/female was: 6.8/1, the average age was 57, 33.3% patients with stage IV. No patients had a complete response, partial response rate reached 46%, acceptable toxicity with all patients.

Conclusion: Paclitaxel – carboplatin chemotherapy is an effective and very safe for patients with stage IIB – IV NSCLC

Key words: non small cell lung cancer

THE VALUE OF AUTOFLUORESCENCE BRONCHOSCOPY FOR THE DETECTION OF EARLY PREINVASIVE BRONCHIAL LESIONS

Vu Khac Dai, Nguyen Chi Lang, Nguyen Le Nhat Minh

National Lung Hospital

SUMMARY

Aims: to assess the value of autofluorescence bronchoscopy (AFB) for the detection of early preinvasive bronchial lesions.

Methods: prospective study in 608 patients. Using Light Imaging Fluorescence Endoscopy - LIFE model D- Light C of Karl stort Co.

Results: A total of 608 patients (453 males and 155 females; mean age 55,4 years). There are 34 (5,6%) patients with lesions of chest X-ray findings. The pathological features: inflammation: 292 (48,1%), hyperplasia: 88 (14,5%), mild dysplasia: 21, moderate dysplasia: 11, severe dysplasia: 4. The sensitivity, specificity, positive predictive values and negative predictive values of AFB were 73,3%, 92,2%, 19,3% and 99,3% respectively.

Conclusions: The result showed that AFB has a great value in early detecting preneoplastic bronchial lesions.

EVALUATING RESULTS OF TREATMENT NON SMALL CELL LUNG CANCER IN STAGE IV OF GEMCITABINE & CISPLATIN REGIMEN AT THE NATIONAL LUNG HOSPITAL

Nguyen Thanh Duong

Oncology Department, National Lung Hospital

ABSTRACT

Target: To evaluate the effectiveness of Gemcitabine & cisplatin regimen in stage IV non-small cell lung cancer treatment in Nation Lung Hospital in period from 1/2013 to 6/2016.

Subjects and methods: cohort study a total of 73 patients

Results:

High frequency seen in 60-69 age group (38.4%) and the 50-59 age group (37%).

No patients had a complete response, most patients with progress disease accounted for (31 cases = 42.0%), partial response has 24 cases, accounting for 33.0%.

The medium overall survival time was 11.5 months (95% CI, 10.31 to 12.75 months). One year survival: 41.7%.

Toxicity mainly expressed at levels I and II in which neutropenia was 26%, 75.4% anemia, thrombocytopenia 6.8%. Liver effects of 17.8%, 1.4% renal. All effects are mild and easy to adjust.

EVALUATE THE EFFECT OF GEFITINIB IN TREATING THE FIRST STEP LUNG CANCER NON-CELL SMALL

Tran Thi Chung, Nguyen Thi Oanh

Department of Oncology - Lung Central Hospital

SUMMARY

Objectives: (1) Evaluate complete response rate of Gefitinib in treating first line advanced NSCLC patients with positive EGFR. (2) Evaluate PFS, OS and some common side effects of TKIs in treating this group of patients

Patients and Methods: Retrospective study, with 33 NSCLC patients stage IIIB/IV, EGFR positive were treated first line with Gefitinib at National Lung Hospital from 2012 to present.

Results: The median age is 61,3, female, never smokers, the main histology type is adenocarcinoma (90,9%), exon 19 deletion is predominant mutation (54,5%). The most common side effect was skin rash (70.65%), mainly grade 1-2. Overall response rate was 81,8% with peak at the sixth month, 3 cases had complete response (9,1%). Median PFS and OS were 11,9 and 15,5 months, respectively.

Conclusions: Gefitinib show benefit in treating first line advanced NSCLC patients, EGFR positive. Side effects were not significant, improved quality of life, prolonged PFS and OS.

Key words: Iressa, advanced NSCLC, EGFR mutation

A STUDY OF THE APPLICATION OF BRONCHUS FLOURESCENCE BRONCHOSCOPY IN DIAGNOSIS OF CENTRAL PRIMARY LUNG CANCER

Nguyen Chi Lang, Nguyen Thi Oanh

ABSTRACT

Purposes: Describe some clinical and paraclinical characteristic of patients with central primary lung cancer; and Evaluating lesions of central primary lung cancer via fluorescent bronchoscopy.

Subjects and Method: Descriptive cross-sectional study in 40 patients met criterias as: (1) having lesions inside central bronchus via the bronchoscopy by white light; (2) histopathological results through biopsy is lung cancer; (3) the lesion position detection via autofluorescence bronchoscopy is farther than the one via the bronchoscopy by white light.

Results: Percentage of males and females is 77,57% and 37,7%, respectively. Patients over 40 years of age accounted for 97,5%. Smoking prevalence is 80%. The main reason for hospitalization is chronic cough (52.5%). 35% of patients had wheezing sound. The patients with primary tumors at right lung is 55% and upper lobe of the right lung is 52.5%. The histopathological result of adenocarcinoma and squamous cell carcinoma is 50% and 20%, respectively. Images of white light bronchoscopy included: infiltration (60%), tumour inside bronchial tube (25%), compression (15%). Based on histopathological results of 40 far lesions of central bronchial cancer detected by flourecence bronchoscopy, there are 20 cases (25%) of cancer and 9 cases (25%) of changes in T which make the rate of phase II and IIIa being decreased while rate of phase IIb increased.

Conclusion: Flourecence bronchoscopy is considered more effectively than white light bronchoscopy, which can detect the far invasions on the bronchial epidermal surface of central primary lung cancer.

**TROPICAL DISEASES - SURGERY
FOR ALL: SURGICAL TRAINING**

QUEL DOIT ÊTRE LE RÔLE DES ONG DANS L'ACCÈS À LA CHIRURGIE EN ZONE TROPICALE ?

Patrick Guyon

ABSTRACT

Définies comme "toute pathologie ne mettant pas le pronostic vital en jeu dans l'immédiat et qui ne bénéficie pas d'une prise en charge chirurgicale par manque de moyens, de compétences ou d'intérêt", les pathologies chirurgicales tropicales négligées affectent surtout une population jeune et pauvre.

Elles sont source de stigmatisation et de marginalisation soit du fait du handicap temporaire ou permanent qu'elles engendrent soit du fait de l'exclusion sociale dont elles résultent.

En termes de santé publique, elles entraînent une diminution de la production économique en raison de l'épuisement de l'offre de travail et du capital action, notamment dans les pays à revenu faible et intermédiaire où elles peuvent entraîner une réduction de 2% de croissance du PIB.

Par ailleurs, elles sont une entrave à l'amélioration du bien-être. En utilisant l'indice VVS (valeur de vie statistique), la mortalité et la morbidité dues aux affections nécessitant une prise en charge chirurgicale ont été responsables de perte de bien être chiffrée à 400 milliards de dollars en 2010. Les traumatismes représentent l'étiologie la plus fréquente avec, en premier lieu, l'accidentologie routière responsable d'environ 25 millions de blessés dont une part importante conservera un handicap (pseudarthroses, ankyloses, amputations, paralysies ...). Il faut citer également les accidents du travail et les brûlures, notamment domestiques.

Les malformations congénitales, notamment orthopédiques, ont un impact socio-économique majeur.

Certaines de ces affections sont des complications chirurgicales des maladies tropicales négligées (NTD) : les filarioses lymphatiques, qui entraînent des difformités chez 40 millions d'individus, le handicap chez les lépreux, les complications urologiques des schistosomias, l'ulcère de Buruli, etc.

Cette liste est loin d'être exhaustive. Il faut citer également les ostéomyélites chroniques, le noma et les fistules obstétricales qui affecteraient deux millions de jeunes femmes dans le monde.

La chirurgie est donc un outil puissant du développement économique et de la lutte contre la pauvreté. Elle demeure une composante indispensable indissociable des soins de santé.

THE FIRST STEP EVALUATE RESULT ENDOSCOPIC DEMI-RIGID IN THE DIAGNOSE DISEASE IN THE HAI PHONG TUBERCULOSIS AND LUNG DISEASE HOSPITAL

Vu Ngoc Truong

Hai Phong tuberculosis and lung disease hospital

ABSTRACT

The study was conducted in 28 cases by soft ductal laparoscopy at Tuberculosis and Lung disease Hospital from 3/2017 to 8/2017. The method of descriptive cross - sectional study shows: Average Age 46,7 ± 17,82, Gender: Male 82,14%, Female 17,86%. Common clinical symptoms: dry cough 89,29%, chest pain 96,43%, breathlessness 96,43%, triple reduction syndrome 100%, cough phlegm 17,86%. The position of pleural effusion: right 16/28 (57,14%), left 12/28 (42,86%). The color of pleural fluid: Lemon yellow 67,86%, dark gold 25%, pink 7,14%. The Average of protein pleural fluid: 57,6%. The result of Diagnose: Tuberculosis of the lungs 71,43%, cancer 10,71%, inflammation 17,86%

Image of lesions through laparoscopy: 85% of fibroinfected lesions, 75% of adhesions, 60% of lung pleurisy, 55% of congestion; group of lesions of 100% incised, 100% inflamed; group of 100% fibrin wall damage, 100% pleiotropic. Stroke or pain at open position 39.29%; pneumothorax - subcutaneous 10.71%; 3.58% fever.

ROBOT-ASSISTED SURGERY IN UROONCOLOGY: INITIAL APPLICATION AT BINH DAN HOSPITAL

Nguyen Phuc Cam Hoang, Tran Vinh Hung**, Vu Le Chuyen*, Nguyen Van An*, Do Vu Phuong*, Nguyen Ngoc Chau*, Do Anh Toan*, Le Trong Khoi*, Pham Huu Doan*, Do Lenh Hung**

**Department of Urology, Binh Dan hospital, Ho Chi Minh city, Viet Nam*

***Department of General Surgery, Pham Ngoc Thach University, Ho Chi Minh city, Viet Nam*

ABSTRACT

Objectives: Just recently, the robot-assisted surgery has been applied in Urology for the first time in Viet Nam. This paper reports the first 35 cases of robotic radical ablation for urooncological patients using the Robot da Vinci Si™ system performed at the Department of Urology of Binh Dan hospital.

Materials and Methods: From November 2016 to April 2017, thirty-five robot-assisted radical ablative procedures for urooncological patients, both upper tract and lower tract, were performed using the da Vinci Si™ robotic system. The perioperative outcomes were assessed and reported.

Results: In 22 cases of robot-assisted prostatectomy: mean age: 66.9 (range: 49–75), operative time: 297 minutes (range: 105–480), pelvic lymphadenectomy: 4/10 cases, neurovascular bundles sparing: 2/10 cases, EBL: 355 mL (range: 100 – 1000), postop hospital stay: 6.3 days (range: 2 – 11); In 2 cases of right robot-assisted adrenalectomy (myelolipoma and Schwannoma): mean age: 37.5 (range: 26–49), operative time: 97.5 minutes (range: 45–150), EBL: 75 mL (range: 50–100), postop hospital stay: 8 days (range: 4–12); In 2 cases of robot-assisted partial nephrectomy (AML and RCC tumors): mean age: 34 (range: 32–36), operative time: 210 minutes (range: 165 – 255), EBL: 50 mL, warm ischemia time: 15 minutes (range: 10–20), postop hospital stay: 5.5 days (range: 5–6); In 3 case of robot-assisted nephroureterectomy for upper tract TCC tumor: age: 54, operative time: 240 minutes, EBL: 800 mL, postop hospital stay: 6 days; In 1 case of robot-assisted radical cystectomy and orthotopic cystoplasty for muscle-invasive tumor: age: 45, operative time: 660 minutes, EBL: 500 mL, postop hospital stay: 15 days; One conversion to open surgery in robot-assisted radical nephrectomy for right kidney upper pole RCC tumor due to profuse tumoral perirenal invasion and adhesions.

Conclusions: Robot-assisted surgery, with many advantages over standard laparoscopic surgery thanks to technological innovations (3D-HD monitor and optical system, robotic arms with wrists, the comfortable console table....) has helped the urologist to perform the sophisticated procedures with shorter learning curves. Our initial series of 35 robot-assisted urooncological procedures has achieved encouraging outcomes. More cases are to be performed in the future.

Keywords: Robot-assisted procedures, Radical prostatectomy, Radical cystectomy, Partial nephrectomy, Radical nephrectomy, Adrenalectomy

LIVER RESECTION FOR TREATMENT OF HEPATOCELLULAR CARCINOMA AT LIVER TUMOR DEPARTMENT - CHO RAY HOSPITAL 2010-2015

Nguyen Dinh Song Huy et al.

Cho Ray Hospital

ABSTRACT

Background: Hepatocellular Carcinoma (HCC) is one of the most popular cancers in Vietnam. Liver resection is curative treatment for this disease.

Objectives: to recognize number of liver resection for treatment of HCC, number of each kind of liver resection, number of liver resection combining with other treatment (RFA, MWA, TACE), morbidity, mortality, and rate of patients who are still in follow up.

Material and Methods: A retro-observational study of all liver resection for treatment of HCC at Liver Tumor Department of ChoRay Hospital from 2010 to 2015.

Results: 2582 sessions of liver resection are performed for 2480 HCC patients, including 97 patients with 02 sessions, 01 patients with 03 sessions. There are 529 right hepatectomies, 324 left hepatectomies, 1376 segmentectomies, 273 wedge resections (tumorectomies), and 80 explorations.

1071 patients (43.18%) only treated by liver resection, 699 patients (28.18%) treated by liver resection following by other treatment (RFA, MWA, TACE), 320 patients (12.9%) treated by other treatment before liver resection, và 390 patients (15.72%) treated by other treatment before liver resection, and continued treating by other treatment.

Complication rate is 1.43% (37 patients), including 0.19% (05 patients) need to repair the abdominal incision, 0.58% (15 patients) have bile leakage, controlled successfully by local drainage, 0.75% (20 patients) have postoperative bleeding, treated successfully by TAE, only 01 patients changed to subphrenic abscess and needed to be drained by operation.

Death rate is 2.05% (53 patients), the causes are liver failure (0.7%), pneumonia (0.73%), renal failure (0.31%), brain infarction (0.17%), myocardial infarction (0.17%), GI bleeding due to aneurism (0.03%) and septic shock due to urinary infection (0.03%).

1253 (50.52%) patients are still in follow up until June 2016.

Conclusion: Liver resection is curative treatment for HCC. Morbidity and mortality of liver resection at Liver Tumor Department of ChoRay Hospital are relatively low. Rate of patients who are still in follow up after 05 years is relatively high.

Key words: Hepatocellular Carcinoma (HCC), RFA, MWA, TACE, liver resection.

**TROPICAL DISEASES -
TROPICAL MEDICINE IN SOUTH
EAST ASIA**

FORMATION DE FEMMES EN ASIE DU SUD-EST SUR LA PRÉVENTION, LE DÉPISTAGE ET LA PRISE EN CHARGE DE L'INFECTION AU VIH

Jean Delmont

Le nombre d'infections causées par le virus de l'immunodéficience humaine (VIH) en Asie du Sud-Est, bien qu'en diminution, reste préoccupant. Les femmes et les jeunes filles sont les plus vulnérables car elles identifient mal les situations à risque, connaissent peu les moyens préventifs, sont peu enclines au dépistage et accèdent tardivement aux établissements de soins.

A la demande de plusieurs Unions de Femmes et Départements de Santé du Vietnam, du Cambodge, du Laos et de la Thaïlande, l'Association Asie Horizon 2020 a réalisé en partenariat, dans plusieurs villes de ces pays, des programmes de formation, d'éducation et de sensibilisation, intitulés « Etre séronégative et le rester » en 2012 et « Etre séropositive et vivre avec » en 2014 pour amener les femmes et les jeunes filles à utiliser leurs connaissances et leurs potentialités dans leur lutte contre le VIH/sida.

Au total 250 personnes féminines issues des secteurs médicaux et sociaux ont suivi les séminaires pour former à leur tour plusieurs milliers de femmes des secteurs associatifs.

Le gain des connaissances acquises et les qualités des séminaires ont été évalués.

En 2018, il est prévu de reproduire les formations dans des villes provinciales et d'évaluer leur impact dans les populations suburbaines et rurales des provinces sélectionnées.

PNEUMOCYTOSE CHEZ LES PATIENTS NON VIH

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ABSTRACT

La pneumocystose est une cause majeure de mortalité et de morbidité chez les individus immunodéprimés non VIH (transplantation, chimiothérapie, hémopathie maligne, corticothérapie ou autre traitement immuno-suppresseur).

Les manifestations cliniques, biologiques et radiologiques ainsi que le pronostic sont différents en comparant les patients vivant ou non avec le VIH.

Chez les patients non infectés par le VIH, les signes cliniques surviennent et s'aggravent plus rapidement, le diagnostic est plus difficile car le lavage broncho-alvéolaire est plus pauvre en kystes. La PCR ne permet pas formellement de différencier colonisation et infection. Le dosage plasmatique de l'antigène circulant β (1,3) - D-glucane est sensible mais peu spécifique pour le diagnostic de certitude.

La mortalité est plus élevée chez les sujets non VIH (de 30% à 60% contre 10% chez les patients vivant avec le VIH).

Les patients présentent très souvent une pancytopenie mais le phénotypage des lymphocytes est rarement réalisé.

La prise en charge de la pneumocystose chez les patients non VIH suit celle des patients VIH/sida.

Il est nécessaire de cibler des sujets plus à risque qui bénéficieront d'un traitement préventif très efficace par triméthoprime-sulfaméthoxazole.

LA MALADIE DE CHAGAS EST-ELLE REELLEMENT UNE MENACE POUR LE VIETNAM ?

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RÉSUMÉ

La maladie de Chagas reste la maladie emblématique de tout le sous-continent latino-américain à l'exception des Grandes et Petites Antilles. Malgré une distribution géographique qui tend aujourd'hui à se mondialiser, peu d'affections parasitaires, dans le domaine de la chorologie médicale, illustrent mieux qu'elle la notion contestée de « nidalité naturelle » des maladies transmis-sibles proposée par Pavlosky .

Parmi les quelques 150 espèces appartenant à la sous-famille des Triatominae vecteurs réels ou potentiels de *Trypanosoma cruzi* (*T.cruzi cruzi*), 95 % sont américaines. Les 5 % restantes, asiatiques, n'ont jamais été retrouvées porteuses de l'agent de la maladie de Chagas à l'exception de *Triatoma rubrofasciata*, seule espèce cosmopolite et vecteur reconnu de la maladie en Amérique, notamment au Brésil

Signalé en 1970 par Kalshoven comme présent au Vietnam, *Triatoma rubrofasciata* a proliféré depuis et gagné l'intérieur des terres à partir de ses premiers gîtes côtiers. L'espèce colonise aujourd'hui toutes les grandes villes du pays et 21 de ses provinces. Les contacts insectes-hommes sont également de plus en plus fréquents à l'origine de piqures accompagnées de manifestations allergiques pouvant aller jusqu'au choc anaphylactique. Cependant, aucun de ces insectes n'a été trouvé jusqu'à présent porteur de *T. cruzi*, ce qui témoigne de l'absence, tout au moins apparente, du parasite dans le pays.

Actuellement, le risque d'introduction de *Trypanosoma cruzi* au Vietnam, condition nécessaire mais insuffisante à celle de la maladie de Chagas, peut donc être considéré comme faible à très faible sans être nul . Cette introduction pourrait se faire soit par importation d'animaux infectés en provenance d'Amérique (150 espèces sont réservoir sauvage et domestique), soit par celle de vecteurs infectés par l'intermédiaire d'emballages, marchandises, conteneurs de la même provenance, soit enfin par la présence sur le sol vietnamien d'individus infectés en phase chronique avérée ou indéterminée. Cette dernière, totalement asymptomatique, est de loin la plus fréquente et, dans les deux tiers des cas, dure toute la vie du patient qui ignore souvent son état. Si *T. cruzi* devait être accidentellement introduit au Vietnam de l'une ou l'autre de ces manières et que *Triatoma rubrofasciata* soit amené à en assurer la transmission, il y aurait un fort risque pour que les premiers cas ne soient pas détectés avant longtemps compte tenu de l'habituelle bénignité et de l'atypie des symptômes de la phase aiguë qui, même dans les pays d'endémie où la maladie est bien connue, passe très souvent inaperçue chez l'adulte. L'histoire de la découverte de la maladie de Chagas porte témoignage de cette problématique. Il en irait de même, à plus forte raison, pour la constitution à bas bruit, d'un réservoir animal.

Le Vietnam est un partenaire commercial de choix pour l'Amérique latine où 6 à 8 millions d'individus restent encore porteurs du parasite malgré les progrès récemment accomplis en matière de lutte anti-vectorielle. Il est donc indispensable que la maladie de Chagas soit suffisamment connue des praticiens vietnamiens pour qu'ils puissent jouer efficacement dans tout le pays leur rôle de sentinelle.

Mots-clés: Maladie de Chagas, *Trypanosoma cruzi* , Vietnam, Triatominae, *Triatoma rubrofasciata*

FACTORS ASSOCIATED WITH THE QUALITY OF LIFE OF PATIENTS WITH CHRONIC HEPATITIS C IN VIET TIEP HOSPITAL, HAI PHONG CITY, VIET NAM

Tran Xuan Duong

Viet Tiep Hospital

ABSTRACT

Problem: improving the quality of life (QoL) of patients with chronic hepatitis C is a fundamental objective of healthcare. Nothing is known about this topic in Viet Nam.

Objective: The aim of this research is to evaluate the QoL of patients with chronic hepatitis C, and some of its determinants.

Material and Methods: A cross-sectional study was conducted on a sample of 128 HCV patients. Two questionnaires were used to measure QoL: SF-36 and the Chronic Liver Disease Questionnaire (CLDQ). Multiple regressions were performed to identify potential determinants of the QoL.

Results: Liver condition, gender, age, and a diagnosis done more than 3 years earlier were found to negatively affect QoL. In contrast, having enough financial resources, having a higher level of education, being aware of the possible outcomes of the disease, being treated for hepatitis and receiving new generation drugs positively affect QoL.

Conclusion: improving QoL of patients with chronic hepatitis C is feasible. Making patients more knowledgeable about hepatitis C and prioritizing access to new generation anti-HCV drugs are key means for this improvement.

Keywords: quality of life, hepatitis C virus, SF-36, Chronic Liver Disease Questionnaire (CLDQ), Viet Nam.

**ONCOLOGY - EPIDEMIOLOGY
AND UPDATES IN DIAGNOSIS,
PAIN MANAGEMENT AND
PALLIATIVE CARE OF CANCER**

CANCER IN SWEDEN: TO GIVE HOPE TO PATIENTS WITH CANCER

Rolf Varner Johansson

Primary Health Care Norrbotten Ojebyns Halsocentral

ABTRACTS

As a young inexperienced surgeon in 1972 I was forced (my boss and a relative) to lie about the diagnose to a rather young patient with cancer. This was bad. The patient asked me many times "why does it take such a time to recover". I had no answer.

I learned that to lie for my patient is not a good method to build up the relationship patient – doctor. I decided that if my patient asks me about the diagnose I will tell the truth. Which I have since. Information is essential. The patient has the right to be informed. Many things to take care of.

How can I give hope when I inform about this terrible diagnose? There are a few important facts.

In Sweden today about six of ten patients with cancer will die of something else. The number of new cases increases every year (older population, earlier diagnose, sharper criteria, information etc). The cancer incidence has doubled since 1970. The 10-year survival (picture) for both men and women was 65% a few years ago.

I have a plan for my patient. Before information to my patient contact with my referral hospital that has continuous cooperation with the regional oncology centre. Within a few days my patient is taken care of at this hospital. Expanded examinations. Treatment with a combination of surgery, cytostatics or radiation. Radiation takes place at the oncology regional centre, where, if needed, a team of doctors of different specialities will take part. High quality of treatment.

To reduce doctors delay is initiated a process, SVF (standardised care process). Early warning symptoms and signs are listed, what clinics and responsible doctors to contact. Short waiting times at all levels. High quality and early detection. Correct diagnose is essential for correct treatment.

People today are very aware of the risk of cancer. Early contact with the health care. In 2015 in Sweden (10 million people) we had 61 000 new cancer cases. We estimate that every third person will have a diagnose of .cancer during life. Skin cancer increases because of increased visits in sunny countries. Lung cancer for men goes down; reduced smoking. Death rate is still 80%.

The patient who became my friend has an aggressive prostate cancer since 2009. He was treated with radiation once and with all possible cytostatics. He lost his hair two times. There is no more treatment for him, He is full of metastases.

He and his treatment doctor have a breakpoint talk. He can not be cured. The strategy of treatment changes to palliative treatment at his home hospital.

All hospitals in Sweden have a palliative unit or department. Also patients with other types of diseases are treated here as nearly 80% of dying patients need some kind of palliative care.

Patients and relatives are carefully informed. All kinds of symptoms such as anxiety, pain, nausea, dyspnea, obstipation etc are taken care of. An individual care plan is made. Name of treatment doctor and nurse, A phone number to call when needed. Straight to a hospital bed when needed. The aim is that patient and relatives must feel safe.

The continuous fight against cancer also includes prevention and research. A new research development is radionuclide therapy (RNT).

THE INCIDENCE AND PREVALENCE OF GASTRIC CANCER IN VIETNAM AS WELL AS IN THE WORLD 2000-2010

Phan Van Cuong, Tran Van Thuan

SUMMARY

Objective: To describe the incidence and prevalence of gastric cancer in Vietnam as well as in the world 2000-2010.

Methodology: Document review method was used. Documents included materials, researches and scientific articles of gastric cancer. Keywords used in this article were *gastric cancer, prevalence and incidence*). Number of documents found was 64, in which 29 documents were analyzed.

Result: Gastric cancer is still a great burden of disease in the world, especially in developing countries in Asia and Vietnam as well. The gastric cancer rate is differed between countries and areas.

Conclusion and recommendation: the economic development together with the effective prevention and treatment methods, the trend of gastric cancer is reducing recently. In order to reduce gastric cancer morbidity and moratlity, it is necessary to increase screening, early diagnosis and treatment activities.

MODERN SYSTEMIC TREATMENT FOR PALLIATIVE CANCER PATIENTS

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ABSTRACT

Main messages: Modern treatments are already available also for palliative cancer patients. Further research is required to identify the appropriate treatment for individual patients in terms of benefits, side effects and costs.

Background/Objectives: Chemotherapy in a palliative situation often represents a challenge for the treating physicians, because the goals of treatment differ considerably from those of curative treatment.

Methods and Results: When cure of cancer is the major goal, overall survival and progression free survival are the most important endpoints. Furthermore, late treatment-related morbidity must be taken into account, since many patients with a favorable survival prognosis may live long enough to be at risk of developing late toxicities. However, in patients with a limited survival prognosis, whose situation is considered palliative, other goals and strategies become more important. In the patients, the treatment mainly focuses on symptom control and the patients' quality of life. It should be able to relieve stressful symptoms without causing significant side effects. Modern systemic treatments offer new possibilities for medical oncologists to achieve these goals. Nowadays, oncologists have the option to use small molecules or immune-modulating therapies that are associated with different and often less side effects compared to those caused by regular chemotherapy regimens. During recent years, these novel treatment approaches have become available for a considerable number of patients in a palliative situation including elderly cancer patients with significant co-morbidities. The latter group of patients is constantly growing, because cancer is mainly a disease of elderly people and the risk of developing cancer increases with age. In palliative cancer patients, who often have a very limited life span, long-term infusion treatment can be avoided, since several systemic agents can be administered orally or as short infusions. It is important to avoid that patients with a very limited remaining life span do spend an unnecessarily long time with receiving anti-cancer treatment. Moreover, since nowadays cost-effectiveness of cancer treatment has become more important, one has to consider both the potential benefits and the costs of modern anti-cancer treatment. A mutation analysis can be helpful to predict the effectiveness of a specific treatment. However, no reliable markers are available so far to further guide the treatment. It is important to identify surrogate markers, particularly for expensive treatments, that allow predict the success of tumor and symptom control.

Conclusions: Although modern treatments are already available also for palliative cancer patients, further research is required to be able to identify the appropriate anti-cancer treatment for an individual patient in terms of benefits, potential side effects and costs.

CHEST CANCERS

Duong Chhay

Surgery, Calmette hospital

RÉSUMÉ

Au Cambodge, à l'heure actuelle le cancer broncho-pulmonaire est moins fréquent que les autres pathologies thoraciques (traumatisme thoracique et autres patho.thorax).

Nous étudions de façon rétrospective sur une période de 3 ans (2010 à 2012), il y a 92 patients ont été hospitalisés et opérés au service de chirurgie de l'hôpital Calmette.

Il est beaucoup fréquent chez l'homme que la femme, l'âge prédilection se situe entre 50 à 91 dans 81,5% des cas. Le cancer de stade I à IIIa (curable) était seulement 14,1% contre 85,9% des cas de patients qui étaient au stade plus de IIIa. La survie à 5 ans du groupe de cancer stade I à IIIa est de 38 % contre 9% pour le groupe de cancer plus de stade IIIa.

Le retard de diagnostic du cancer, le pronostic reste encore lourd aux patients, malgré radio-chimiothérapie associée.

Programme national d'éducation sanitaire sur les causes de cancers broncho-pulmonaires doit s'intensifier et globalement diffuser aux peuples.

RESULTS OF CANCER REGISTRY IN HẢI PHÒNG POPULATION FROM 2011 TO 2016

Nguyen Lam Hoa, Tran Duc Linh, Pham Thu Xanh,

Do Phuong Chung, Nguyen Thi Hoi, Pham Hong Phuong and al

SUMMARY

Cancer registry is the unique data source of the cancer burden of a community in order to establish the cancer control and prevention programme. The aim of this report is to analyse an overall picture of the cancer situation in Haiphong from 2011 to 2016.

A total of 9976 new cancers were registered during the period of 2011 to 2016 in Haiphong comprising 5120 males (51,33%) and 4856 females (48,67%).

The crude rate for males was 112,6 per 100.000 population and the age standardised incidence rate was 124,3 per 100.000 population. These rates for females were 80,3 per 100.000 population and 81,9 per 100.000 population, respectively.

The most frequent cancers in men were cancer of the lung, stomach, liver, colo-rectum, tongue, nasopharynx, oesophagus and lymphoma. The most frequent cancers in women were cancer of the breast, lung, colo-rectum, stomach, cervix uteri, thyroid, ovary, liver and nasopharynx.

HEPATOCELLULAR CARCINOMA (HCC) AT LIVER TUMOR DEPARTMENT, CHO RAY HOSPITAL, VIETNAM: CANCER REGISTRY 2010-2016

Nguyen Dinh Song Huy, Nguy Nhu Trinh

Cho Ray Hospital

ABSTRACT

Background: Hepatocellular carcinoma (HCC) resulting from chronic hepatitis remains a serious public health problem in Vietnam, comprising the 5th most common cancer in the world, and in Vietnam, the second most common oncologic cause of mortality.

Methods: Data was obtained from 2010 to 2016 from patients referred from the Middle and the South of Vietnam to Cho Ray Hospital, the largest oncology specialty referral center in Southern Vietnam, located in Ho Chi Minh City. Demographic information (including age, gender, geographic distribution), cancer stage, tumor biomarkers levels (serum alpha-fetoprotein [AFP]), serological testing for chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infections were recorded.

Results: Data from 24,091 HCC patients were extracted, comprising 81.76% male. Male/female ratio is 4.48/1. Most patients were older than 40 years old, mainly from 50 to 70 years old. This patient sample derived from numerous provinces throughout Southern Vietnam (48.2 millions people), however a plurality of cases were from Mekong River Delta (40.40%) (9734 patients/17.5 millions people/13 provinces), then from SouthEast region (17.47%) (4210 patients/7 millions people/5 provinces), Middle-South region (15.98%) (3850 patients/7 millions people/8 provinces), and HoChiMinh City (15.90%) (3830 patients/8 millions people). HBV infection was found in 62.28% of cases, HCV infection was found in 26.07% of cases, while HBV and HCV co-infection was found in 2.68% of cases. 8.97% patients have no virus infection.

Over this 7-year period, the number of HCC cases has increased, with a large proportion of cases (9827 patients / 40.79%) presenting initially in an far advanced stage, and not amendable to locoregional or surgical therapy. These patients did not receive any alternative therapy, except best supportive care.

AFP level > 200ng/ml in 54.33% patients, and > 400ng/ml in 48.71% patients. 23.21% HCC patients have AFP level < 20ng/ml.

Conclusion: At this large tertiary referral center, HCC is found to contribute significant health care burden, and the number of cases has increased from 2010 to 2016. HBV and HCV infections are present in the majority of cases, and likely explain this high incidence of HCC. Public health interventions to identify and treat individuals with chronic viral hepatitis will likely result in significant impact on the development of HCC, and individuals with known hepatitis or cirrhosis would likely benefit from close surveillance by ultrasonography and biomarkers (serum AFP, AFP-L3 glycoform and protein induced by vitamin K absence/antagonist-II [PIVKA-II] also known as des-carboxyprothrombin [DCP]) every 3-6 months to allow for early HCC detection and thus treatment.

Key words: Hepatocellular Carcinoma (HCC), HBV, HCV, AFP

**TROPICAL DISEASES - SPECIFIC
ASPECTS OF TROPICAL
MEDICINE**

ASPECTS PARTICULIERS DE LA PATHOLOGIE CARDIO-VASCULAIRE SOUS LES TROPIQUES / PECULIARITIES OF CARDIO VASCULAR PATHOLOGY IN TROPICAL AREA

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En français:

RÉSUMÉ

L'auteur rapporte son expérience de 30 années d'exercice de la cardiologie sous les tropiques, en Afrique, Polynésie, Amérique du sud et Asie. 2 sortes de pathologie cardiovasculaire sont observées : pathologie ubiquitaire avec des aspects particuliers comme l'hypertension artérielle plus fréquente, plus grave dans la race noire et les coronaropathies qui deviennent plus fréquentes sous les tropiques avec la sédentarisation et les nouvelles habitudes alimentaires –

Pathologie spécifique des tropiques myocardites aiguës plus fréquentes qu'elles soient virales, bactériennes, parasitaires, médicamenteuses ou carencielles, cardiomyopathies dilatées chroniques, myocardiopathies rhumatismales, péricardites tuberculeuses.

La pathologie vasculaire est également fréquente dans certaines zones géographiques, maladie de Behcet, de Buerger, de Takayasu, lymphangites filariennes.

En anglais

SUMMARY

The author reports his 30 years' experience of tropical cardiology exercise in Africa, Polynesia, South America and Asia.

2 kinds of cardiovascular pathology are observed .

Ubiquitar pathology with particular aspect as African hypertension, more frequent, more serious and coronaropathies increasing in tropical area

Specific tropical cardiopathies as acute myocarditis related to virus, bacteria, parasit, drug or by deficiency , chronic dilated Myocardiopathies, peripartum cardiopathies ,rhumatimal cardiopathies and tubercular pericarditis.

Vascular pathology is also frequent in some tropical area, Behcet disease, Buerger disease, Takayasu disease, and filarial lymphangitis.

RESEAU FRANCOPHONE SUR LES MALADIES TROPICALES NÉGLIGÉES (RFMTNs)

J. Chandenier, J. Jannin, P. Solano, I. Quick, P. Debre

Malgré la transition épidémiologique qui conduit actuellement à l'augmentation, « au Sud », des pathologies dites « du Nord » (diabète, hypertension, cardiopathies, ...), les pathologies infectieuses restent encore très présentes autour de l'équateur. Si les 3 plus connues d'entre elles, paludisme, VIH, et tuberculose bénéficient depuis le milieu du 20^{ème} siècle d'une attention soutenue de la communauté internationale, visant à leur élimination pour 2030, beaucoup d'autres maladies transmissibles n'ont pas eu cette chance. Pour la plupart d'entre elles, il s'agit de pathologies gravissimes, pour lesquelles des moyens de lutte sont disponibles et permettraient théoriquement leur élimination, mais dont la caractéristique majeure est de toucher avant tout les populations les plus vulnérables et de sévir principalement dans des zones géographiques économiquement défavorisées et/ou reculées. Regroupées au début du 21^{ème} siècle sous le terme de « Maladies tropicales négligées » (MTNs), elles bénéficient depuis 2005 d'un Département spécifique à l'OMS. Suite à cette reconnaissance, de réels progrès ont été accomplis et plusieurs pathologies sont en net recul. Ceci a conduit la publication par l'OMS, en 2012, d'une feuille de route pour l'élimination des MTNs à échéance de 2020. Cette feuille de route a été adoptée par l'ensemble des pays en 2013, lors de l'assemblée mondiale de la Santé.

L'engagement technique et financier de nombreux partenaires publics et privée a été acté par la déclaration de Londres.

La création du réseau francophone trouve son origine dans la requête formulée par les membres du G7 lors des réunions de Berlin et réaffirmée à Shima au Japon en 2016 de renforcer la lutte contre les Maladies Tropicales Négligées. Y ont été mis en avant le besoin d'expression de la vision francophone, en particulier pour atteindre les Objectifs du Développement Durable (ODD), et s'inscrire dans la feuille de route « globale » de l'OMS 2020 sur les MTNs faisant suite à la déclaration de Londres.

La mise en œuvre du réseau francophone a été confiée à l'ITMO I3M d'AVIESAN en septembre 2015, et celui-ci a été officiellement créé en avril 2016 à Montpellier à l'occasion d'une réunion réunissant quasiment toutes les structures françaises concernées par la lutte contre les MTNs. Plusieurs représentants francophones de la santé « au Sud » ont également participé à ce lancement. Si le but déclaré du réseau francophone MTNs est de participer activement à l'élimination progressive de toutes ces affections, la construction de ce groupe vise avant tout à fédérer les forces francophones afin de leur donner plus de visibilité et d'efficacité dans les stratégies mises en place. Plus de 220 personnes et/ou institutions du Nord et du Sud ayant une expertise sur le sujet ont à ce jour rejoint le réseau.

Cette présentation sera l'occasion de détailler les éléments de cette mobilisation francophone, qui doit se poursuivre, et qui vise à participer de façon efficace à la lutte contre ces affections qui touchent encore 1,6 milliard de personnes en 2017.

Mots clés: Maladies tropicales négligées, réseau francophone

LA RÉSURGENCE DU PIAN DANS LA LIKOULA

Patrick Guyon

RÉSUMÉ

Après un bref rappel sur la naissance de l'humanitaire moderne (Solferino, Dunand, CICR, Oxfam, Care, MSF) l'évolution du rôle des ONG sera évoqué .

Initialement les ONG s'inscrivent toujours dans le cadre de l'urgence (guerres,séismes...) et pallient à l'absence ou à la destruction des structures chirurgicale , processus purement substitutif mais nécessaire. Le rôle des chirurgiens locaux n'est pas évoqué soit du fait de leur inexistence, de leur disparition ou du peu de crédit qu'on leur porte .

Progressivement, les missions des ONG ne se limitent plus à l'urgence mais également au développement avec une limite floue les séparant.

Les missions se multiplient du fait de la prolifération des ONG c'est l'époque des marathons, voire des safaris chirurgicaux, durant laquelle l'intérêt est porté à la prouesse chirurgicale (nombre de cas opérés, taille de la pièce opératoire), les résultats à distance restant méconnus. Ces missions uniquement de substitution, voire de remplacement, nuisent aux systèmes de santé souvent fragiles et n'ont d'intérêt que pour le malade quand elles sont faites à bon escient.

De nos jours, en dehors des urgences où les systèmes de santé sont dépassés et le recours aux ONG nécessaire, mais en privilégiant l'emploi des chirurgiens du Sud, le rôle des ONG dans l'accès à la chirurgie reste fondamental, mais il doit être axé sur la formation, idéalement la formation des formateurs.

Cette formation doit être adaptée aux pathologies présentes dans ces régions, adaptée au plateau technique offert. L'idéal est donc que cette formation se déroule dans le milieu où évoluera le chirurgien. Ces formations doivent toujours se faire en accord et en concertation avec les écoles de médecine et/ou les universités locales en faisant participer au cursus les enseignants des différentes filières.

De nombreuses questions restent cependant en suspens: qui doit être formé (infirmiers spécialisés, médecins généralistes) ? Comment choisir les formateurs ? Comment intégrer la formation continue? Comment apprécier la qualité de la formation?

RESURGENCE DU PIAN DANS LA LIKOUALA YAWS RESURGENCE IN LIKOUALA REGION

Patrick Guyon

RESUME

La Likouala, département du nord de la république du Congo, est habitée par une population autochtone, semi-nomade de la forêt équatoriale.

Le pian appartenant aux NTD (neglected tropical diseases) atteint surtout les enfants de 0 à 15 ans vivant dans de mauvaises conditions d'hygiène. Essentiellement cutanées, il peut se compliquer en l'absence de traitement (azithromycine per os en mono dose) d'ostéite et de déformations, source de handicap. Le pian est surtout un bon indicateur médical de pauvreté et de défaut de couverture sanitaire.

Mots clés: pian, Likouala, autochtone, indicateur médical de pauvreté

SUMMARY

A semi-nomad indigenous population inhabits Likouala, located in the north of Congo republic.

The yaws belongs to NTD (neglected tropical diseases) ; it hits mainly 0 to 15 year old children, living in bad hygienic conditions. Mostly cutaneous, it can be complicated in absence of treatment (azithromycine per os, one single dose) by chronic bone infections and disabilities. Yaws is also a good poverty medical indicator and an indicator of lack of sanitary coverage

Key words: Likouala, yaws, indigenous, poverty medical indicator

RAPID DIAGNOSIS TESTS AND POINT OF CARE TESTS IN TROPICAL INFECTIOLOGY

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ABTRACTS

Answering initially criteria of speed and simplicity, the rapid diagnostic tests (RDTs) saw their scope overtaking that of peripheral health centers, urgency and epidemic disease survey. The term POCT (point of care testing) tends to supplant that of the RDT in the medical literature as in tropical diseases programs with the progressive introduction of tests, always fast, but more complex as shown by the evolution of the chromatography (strips) towards the molecular techniques (Xpert). The criterion of speed is not only performed by the immunological techniques : ultrasound, cytology or biochemical rapid tests also allow to shorten and to simplify the stage of the complementary investigations for the diagnosis of tropical infections. An evolution of the scope of the RDT/POC applies to several domains : of the use in the center of peripheral health up to teaching hospitals, of the epidemiological information (dengue, bilharziasis) up to the mass treatment campaign (bilharziasis), of biological substrata accessible at every level of care (urine, saliva) to those collected via a rarely available instrumentation in peripheral health centers (cerebro-spinal fluid, biopsies), by the concept « test and treat » (malaria, bilharziasis) in that to make more complex examinations of confirmation (HIV-AIDS, trypanosomiasis, visceral leishmaniasis), of the individual (autotests) to the community (screening units). As for essential drugs, these tests have to answer precise criteria : control of quality and stability, moderate cost, integration in care algorithms adapted to the levels where they are used (improvement of the fevers and low respiratory infections syndromic approach by multi-parameter tests), adaptation to the epidemiological context (choice of the sensitivity and specificity of the RDTs according to the local malaria transmission), evaluation of the cost-effectiveness ratio, training of the users ... For the clinician, a good use of these rapid tests reduced the proportion of presumptive treatments but they are only tools participating in the classic anatomoclinical approach based on medical history and examination of the patient.

TESTS DE DIAGNOSTIC RAPIDE ET TESTS SUR LES LIEUX DE SOIN EN INFECTIOLOGIE TROPICALE

Eric Pichard

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RÉSUMÉ

Répondant initialement à des critères de rapidité et de simplicité, les tests de diagnostic rapides (TDR) ont vu leur champ d'application dépasser celui des centres de santé périphérique, de l'urgence et du dépistage collectif de maladies épidémiques. Le terme POC (point of care/test sur les lieux de soin, au chevet du patient) tend à supplanter celui de TDR dans la littérature médicale comme dans les programmes de prise en charge des infections tropicales avec l'introduction progressive de tests toujours rapides mais plus complexes comme en témoigne l'évolution de la chromatographie (bandelettes) vers les techniques moléculaires (Xpert). Le critère de rapidité n'est pas uniquement rempli par les techniques immunologiques : l'échographie, la cytologie ou les TDR de biochimie permettent aussi de raccourcir et de simplifier l'étape des « examens complémentaires » pour le diagnostic des infections tropicales. La graduation du champ d'application des TDR/POC s'applique à plusieurs domaines : de l'utilisation au centre de santé périphérique jusqu'au CHU, de l'information épidémiologique (dengue, bilharzioses) au traitement de masse (bilharzioses), des substrats biologiques accessibles à tous les niveaux de prise en charge (urines, salive...) à ceux recueillis via une instrumentation rarement disponible en périphérie (liquide céphalorachidien, biopsies...), du concept « tester et traiter » (paludisme, bilharzioses) à celui de tester pour orienter vers des examens de confirmation plus complexes (VIH-SIDA, trypanosomoses, leishmaniose viscérale), de l'individu (autotests) à la collectivité (centres de dépistage). Comme pour les médicaments essentiels, ces tests doivent répondre à des critères précis : contrôle de qualité et de stabilité, faible coût, intégration à des algorithmes de prise en charge adaptés aux niveaux où il sont utilisés (amélioration de l'approche syndromique des fièvres et des infections respiratoires basses, par les tests multiparamétriques), adaptation au contexte épidémiologique (choix de la sensibilité et de la spécificité du test selon la stabilité locale du paludisme), évaluation du rapport coût/efficacité, formation des utilisateurs... Pour le clinicien, une bonne utilisation de ces tests rapides réduit la proportion de traitements présomptifs mais ils ne sont que des outils participant à la démarche anatomoclinique classique basée sur l'interrogatoire et l'examen des patients.

RAPID DIAGNOSTIC TESTS FOR PREVALENT TROPICAL INFECTIOUS DISEASES: MENINGITIS, CHOLERA, HEMORRHAGIC COLITIS, DYSENTERY, TYPHOID, FILARIOSIS, PALUDISM. (AN INTERNATIONAL PARTNERSHIP BETWEEN A START UP FROM INSTITUT PASTEUR, ACADEMIC LABORATORIES AND HOSPITALS)

Cyrille Haddad¹, Evelyne Bégaud¹, Mook Yun Yuh¹, Eng Lim Law¹, Yves Germani¹

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ABSTRACTS

BioSpeedia (Institut Pasteur spin off) develops, manufactures and commercializes new robust, rapid and easy to use immunochromatographic Rapid Diagnostic Test (RDT) at point of care (PoC) for prevalent tropical infectious diseases, by collaborating with Institut Pasteur, hospitals, universities and industry:

- Two new robust, easy to use RDT at PoC, for meningitis caused by *Streptococcus pneumoniae* (Se=93%, Sp=96% on urine / Se, Sp are 100 % on CSF by using culture and agglutination as gold standard, and are 91 and 96 % with PCR as gold standard, respectively), and *Neisseria meningitidis*

(Se=92%, Sp=91% by on CSF by using PCR as gold standard. Se and Sp are 100% by using culture and agglutination as gold standard). Both RDT are implemented in the African Meningitis Belt under the umbrella of WHO.

- An indirect solid-phase immunochromatographic assay to detect the presence of specific antibodies against a recombinant antigen of *Brugia malayi* and *B. timori* (Se=96.6%, Sp=100% according clinical validations done under the umbrella of Swiss Tropical Institute, NIH (USA) and Centre of Disease Control (USA)).
- A RDT designed for the qualitative detection and differentiation of *Plasmodium falciparum* and/or *P. vivax*, *P. ovale* and *P. malariae* antigen in whole blood (Se and Sp around 95 - 99% according to clinical validations in progress).

RDT are in development using R&D works published by Institut Pasteur:

- Multiplex RDT for bacillary dysentery for *S. dysenteriae* 1, *S. sonnei*, *S. flexneri* 2a - 1b - 3a, the most prevalent serogroups in tropical countries (selected for a vaccine candidate). A RDT targeting a virulence factor involved in the cell invasion process will detect all virulent *Shigella* strains (Se and Sp around 96-99% according a first clinical validation in the emergency room of the Pediatrics Hospital of Santiago del Chile).
- A RDT for amoebiasis will use a patented protein of *Entamoeba histolytica*.
- A multiplex RDT for Shiga like toxins is in development for the diagnosis of *Enterohaemorrhagique Escherichia coli*.
- For *cholera*, a new concept of RDT is in development.

Clinical validations with encouraging results are in progress for:

- the **dengue** rapid NS1 test (Se = 80%, Sp=96%), and the IgM/IgG dengue indirect test (Se=90%, Sp=84%),
- the typhoid rapid test (Se and Sp from 80 to 100%) designed for the qualitative detection and differentiation of specific IgM and IgG antibodies against specific *Salmonella typhi* OMP antigen in human serum or plasma. It is intended to be used as in vitro diagnostic of typhoid fever.

BioSpeedia is based inside Institut Pasteur campus and welcomes PhD students involved in several R&D collaboration projects for developing new RDT. BioSpeedia is looking for new collaborating projects.

Key words : Rapid Diagnostic Test, Point of Care, Infectious Diseases.

UNE PRÉSENTATION DES DERNIERS TROD BIOSPEEDIA : MÉNINGITES À MÉNINGOCOQUES, PNEUMOPATHIES ET MÉNINGITES À PNEUMOCOQUES, DENGUE (UN PROJET POSSIBLE AVEC NOUMÉA), TYPHOÏDE, FILARIOSE, SERAIT ELLE ENVISAGEABLE

Yves Germani

RÉSUMÉ

Tests Rapides d'Orientation du Diagnostic (TROD) d'infections à fortes prévalences en zone tropicale : TROD des méningites, du choléra, des colites hémorragiques et des dysenteries, de la typhoïde, de la filariose, et du paludisme.

(Partenariat international entre une start up de l'Institut Pasteur, des laboratoires académiques et des hôpitaux)

Cyrille Haddar¹, Evelyne Bégaud¹, Mook Yun Yuh¹, Eng Lim Law¹, Yves Germani¹

^{1/} BioSpeedia, Institut Pasteur, 25 rue du Dr Roux, 75015 Paris BioSpeedia est une spin off de l'Institut Pasteur installée sur le campus pasteurien. Sur la base d'une licence de l'Institut Pasteur, l'entreprise développe, produit et commercialise des Tests Rapides d'Orientation du Diagnostic (TROD) pour permettre le diagnostic de ces maladies, en une seule étape, directement sur le prélèvement pathologique. Le TROD BioSpeedia est réalisable en tout lieu, sans infrastructure ou technicité particulière. Il s'agit de tests immunochromatographiques qui permettent après migration de l'échantillon sur une membrane de nitrocellulose, la mise en évidence

d'un antigène microbien par une réaction immunologique antigène-anticorps, l'anticorps étant marqué à l'or colloïdal.

Des TROD de pathogènes dont la prévalence est élevée en zone tropicale ont été mis au point dans le cadre de partenariats industriels ou en collaboration avec des équipes de l'Institut Pasteur, d'hôpitaux et d'universités :

TROD multiplex pour les méningites à pneumocoques (Se=93%, Sp=96% sur l'urine / Se et Sp de 100 % sur le LCR contre les méthodes classiques par culture et agglutination, et respectivement entre 91 et 96 % contre la PCR en référence) ou à méningocoques (Se=92%, Sp=91% sur LCR contre la PCR, et de 100% contre le diagnostic de référence par culture), sérologie de la filariose (contre un antigène recombinant de *Brugia malayi* & *Brugia timori*) (Se=96.6%, Sp=100% selon des études indépendantes confiées au Swiss Tropical Institute, au NIH et au Centre of Disease Control (USA)), et le paludisme (validation partielle en cours / Se et Sp entre 95 et 99%). Ces tests seront déployés par l'OMS dans deux pays africains de la zone méningitique.

D'autres sont en cours de développement sur la base de travaux publiés par l'Institut Pasteur:

TROD multiplex pour les dysenteries bacillaires et l'amibiase. Le TROD des dysenteries bacillaires cible les sérogroupes du vaccin Shigelles en cours de développement contre *S. dysenteriae* 1, *S. sonnei*, *S. flexneri* 2a - 1b - 3a. En plus du diagnostic des sérogroupes, un diagnostic générique des Shigelles est inclus en ciblant un facteur obligatoire à l'invasion cellulaire (Se et Sp entre 96 et 99 % selon une évaluation partielle dans le Service des Urgences Pédiatriques de l'hôpital de Santiago du Chili). Le diagnostic de l'amibiase utilise une cible moléculaire spécifique d'*Entamoeba histolytica* brevetée par l'Institut Pasteur.

TROD multiplex des colites hémorragiques à *Escherichia coli* ciblant les toxines de la famille Shiga.

TROD choléra (développement d'un nouveau concept en cours).

Des validations cliniques très encourageantes sont en cours pour la dengue : un diagnostic direct de NS1 (Se = 80%, Sp=96%) et sérologique IgM/IgG (Se=90%, Sp=84%), et pour la typhoïde : diagnostic sérologique précoce ciblant un antigène de la membrane externe de *Salmonella typhi* (Se et Sp entre 80 et 100% selon la validation clinique partielle en cours).

BioSpeedia accueille des doctorants dans le cadre de collaborations hospitalo-universitaires et souhaite intensifier ses collaborations (intégrant des PhD étrangers dans le cadre des contrats de R&D avec l'Institut Pasteur par exemple) dans les pays de la zone tropicale dans le but d'adapter aux mieux les tests aux conditions de travail dans cette zone, d'accélérer leur développement et de les valider en conditions de terrain.

LES MYIASES EN GUYANE, TRAITEMENT ET PREVENTION

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Une grande partie de la Guyane, département français d'outre-mer est recouverte par la grande forêt amazonienne. Elle est composée d'une mosaïque de communautés vivant essentiellement dans cette forêt tropicale qui est favorable à l'implantation et à la pérennité des écosystèmes parasitaires et des agents infectieux. Dans cette région tropicale se trouve une grande diversité d'insectes dont les diptères, avec un écosystème favorable pour être infesté par des myiases, infections provoquées par les larves de diptères, chez l'homme et l'animal. En Guyane, la majorité des myiases concerne les animaux, leur cycle s'effectuant chez l'animal, alors que l'évolution chez l'homme est plus limitée. Dans des centres de santé isolés de Guyane, entre 2010 à 2016, nous avons pu observer que parmi les myiases humaines : les myiases cutanées furunculuses et les myiases des plaies étaient les plus fréquentes. Par exemple 10 cas par ans ont été diagnostiqués dans le centre de santé de Trois-Sauts et deux fois plus chez les enfants que chez les adultes. Les myiases des plaies sont dues souvent à *Cochliomyia hominivorax* ou *Lucilie bouchère* de la famille des Calliphoridae dites aussi « Mouches à viande » qui dans des mauvaises conditions d'hygiène sont attirées par les plaies non protégées et pondent des centaines d'œufs. Il existe aussi la possibilité du transport des œufs de cette mouche sur la peau de l'hôte par une piqûre de moustique. Ils éclosent en 12 à 24 heures en donnant des larves qui vivent dans les plaies et entraînent des

ulcérations profondes avec inflammations. Les larves sortent des plaies après une évolution en trois stades larvaires et se laissent tomber sur le sol. En Guyane les larves de *Dermatobia hominis* ou «vers macaques» sont responsables des myiases cutanées qui évoluent en une semaine, étant surtout localisées dans le dos et sur les membres inférieurs, en formant des tuméfactions furonculeuses douloureuses, avec des adénopathies satellites. Le traitement des myiases des plaies est basé sur l'application locale d'une suspension d'ivermectine à 10% suivie d'une extraction des larves. En ce qui concerne les vers macaques, une application de vaseline et une pression bilatérale sur le furoncle sont efficaces. L'injection intra-lésionnelle de lidocaïne et l'utilisation d'une solution d'ivermectine à 1% améliore l'extraction des larves. Dans cette région humide, après extraction des larves, un traitement antibiotique oral et un vaccin antitétanique sont prescrits. Le respect des règles d'hygiène environnementale et individuelle, le pansement et le traitement des plaies et autres infections cutanées comme l'impétigo, protéger la peau des piqûres de moustiques peuvent diminuer fortement l'incidence des myiases.

**ONCOLOGY - TREATMENT
FOR UROLOGIC CANCER
AND TREATMENT OF
HEMATOPOIETIC SYSTEM**

CLINICAL EPIDEMIOLOGICAL CHARACTERISTIC AND UTILIZE CYTOCHEMICAL STAINING METHOD FOR DIAGNOSING THE TYPES OF ACUTE LEUKEMIA IN VIET TIEP FRIENDSHIP HOSPITAL FROM 2013 TO 2016

Pham Thi Loc

Viet Tiep Friendship Hospital

ABSTRACT

Acute leukemia is a group of malignant conditions of hematopoietic system with two common types, namely acute myelogenous leukemia and acute lymphoblastic leukemia. The treatment is very difficult and proportion of failure is too high. The accurate typing of the disease can improve survival proportion. Therefore, using cytochemical staining methods is real necessity.

Materials and methods: Descriptive study using both retrospective and prospective processes.

Results: on 102 patients, there are 15 patients in 2013, 22 patients in 2014, 41 patients in 2015 and 26 patients in a half of the year 2016. Mean age is 58.5 years old. Anemia rate: 92.8%. Infection: 45.4%, Bleeding: 48.5%. Mean Hb: 83.4 ± 19.0 g/l, WBC of blood and WBC of bone also highly increase: 62.5 ± 89.4 G/l and 218.9 ± 177.4 , respectively. Blood blast rate, bone blast rate rise dramatically: $54.3 \pm 25.2\%$ G/l, and $65.9 \pm 20.4\%$, respectively. In the retrospective group, 19.6% were undefined. In respective group, 100% was determined with M1: 3.2%, M2: 32.3%, M3: 12.9%, M4: 16.1%, M5: 9.7%, L1: 37.5%, L2: 62.5%.

Conclusion: Anemia: 92.8%, infections: 45.4%, bleeding: 48.5%. In the retrospective group, 19.6% were undefined. In respective group, 100% was determined.

LOSS OF HLA TYPE I EXPRESSION IN PROGRESSIVE STAGE CANCER

Nguyen Hoang Kieu Anh

ABSTRACT

The recognition of new antigenic peptide, originated from causal agents or cancerous cells based on HLA type I and II combination. HLA plays a crucial role in developing vaccines triggering cellular immune response in cancer. However, the development of peptide-based vaccine for a variation of HLA genes is limited because the polymorphism makes a wide variety of HLA specificity on peptides and low populational coverage with any specific peptide-HLA. One way to manage this complexity is to group thousands of distinct HLA molecules into a number of superior HLA. In this report, we focus on classification and evaluation the presentation of HLA type I and its applications in peptide-based cancer vaccines development.

ESTABLISHMENT A SUBCUTANEOUS TUMOR MODEL BY HepG2 CELL LINE IN MICE TO STUDY ANTI-TUMOR EFFECT OF LIPOSOME PACLITAXEL

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ABSTRACT

Objective: The aim of this work was to establish a xenograft model of subcutaneous tumor in immunodeficiency Swiss albino mice using HepG2 cells and study anti-tumor effect of liposome paclitaxel preparation.

Methods: Immunodeficiency male mice by cyclophosphamide (CYP) ip 100 mg/kg alone or combined with doxorubicin ip 10 mg/kg. HepG2 cells (10^6 cells/mouse, sc) were injected into immunodeficiency mice 5th

day and model response to 5-FU (iv, 12th day) for 5 consecutive days was examined. For study on anti-tumor effect of liposome paclitaxel, on day 12, mice bearing tumor were divided into four groups: pathological group received NaCl 0.9% 10 ml/kg; test group received 10 mg/kg PTX-Monta; control group received 20 mg/kg 5-FU; combined group received simultaneously 20 mg/kg 5-FU and 10 mg/kg PTX-Monta. Mice were injected intravenously once a day for 5 consecutive days. Tumor size is measured every 2 days, tumors are separated in 19th day, H&E stain.

Results: There is decrease in mice's WBC (5th day) that are injected with CYP ip 100 mg/kg in 1st, 3th; then WBC will recover slowly. The formation of tumors in immunodeficiency male mice after 7 days (56.7%) with average tumor size of 9.67 mm³. The treatment with 5 - FU reduced the level of damage compared to positive control. Microscopically, tumors increase growth of fibroblasts, cell differentiation with multiple mitotic, big nuclear. The results showed that decrease in tumor volume in mice treated with PTX-Monta less than in mice treated with 5-FU. The combination of PTX-Monta and 5-FU decreased tumor volume better than each individual treatment. Histological analysis showed that in combined mice, tumor was strong necrosis and abnormalities cell less than individual treatment.

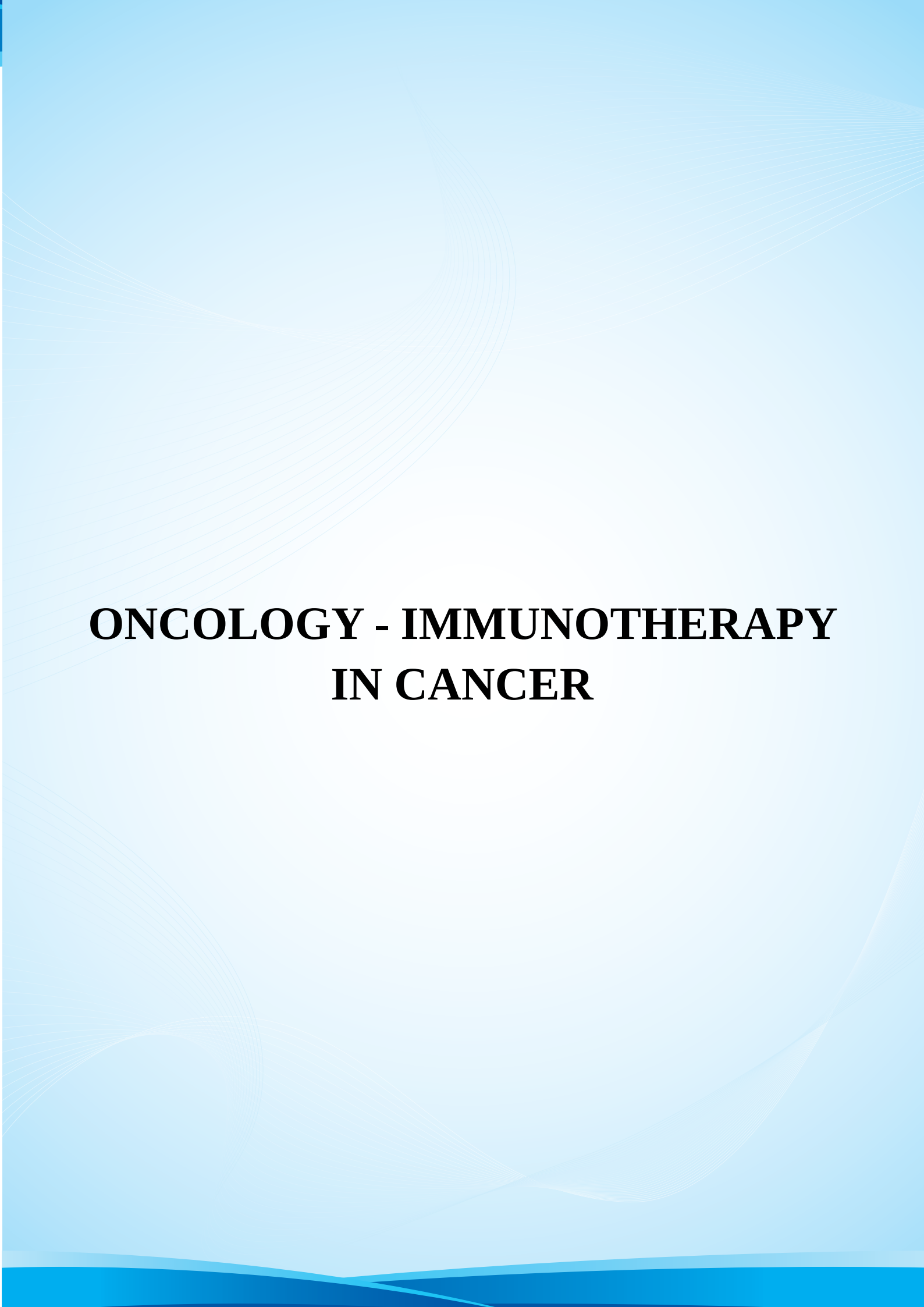
Conclusion: This work established a tumor model by subcutaneous injection of 10⁶ HepG2 cells/mouse on the 5th day in Swiss *albino* immunodeficiency mice by CYP ip 100 mg/kg on the 1st and 3th days. Liposome paclitaxel PTX-Monta 1.5 mg/ml exhibited antitumor effect in mice. Particularly, the combination of 5-FU and PTX-Monta showed a better antitumor effect than each individual drug.

Keywords: xenograft model, immunodeficiency, cyclophosphamide, HepG2 cell, liposome paclitaxel

ANTITUMOR ACTIVITY AND MECHANISM OF ACTION OF TOTAL SAPONINS FROM PAIRS FORRESTII

* Yi-ping Zhou

Background: Chong-lou (*Paris polyphylla* var. *yunnanensis* or *P. polyphylla* var. *chinensis*) is traditionally used as an anticancer medicine in China. *Paris forrestii*, a substitute of Chong-lou, is planted on a large scale in Yunnan Province of China. Objectives: In this study we detected antitumor activity of total saponins from *Pairs forrestii* (PCT3) and its mechanism of action. Methods: MTT colorimetric assay was used to detect cytotoxicity of PCT3. In vivo model of transplanted hepatoma H22 in mice were established, and the effects of PCT3 on tumor growth, weight and main organs of tumor bearing mice were measured. Flow cytometry was used to detect apoptosis rate on MCF-7 and MCF-7/ADM cells. Accumulation of intracellular ADM and Rh123 in PCT3 treated MCF-7/ADM cells was detected by multifunctional microplate reader. Expression of MDR1 gene and P-gp protein was detected by Real-time fluorescent quantitative PCR and flow cytometry. Results: PCT3 can obviously inhibit the proliferation of K562, TPC-1, HepG-2, A-549, SGC-7901, HCT-116, SKOV3, A375, MCF-7 and MCF-7/ADM cells. IC50 values were 14.6, 4.9, 2.3, 19.8, 5.1, 7.6, 7.6, 19.4, 10.4 and 5.2 µg/ml, respectively. When treated with PCT3 1, 3, 10 µg/ml for 48h, the apoptosis rate was improved to 3.7%, 1.4% and 15.8% for MCF-7 cells, and 0.1%, 0.7% and 66.2% for MCF-7/ADM cells. Expression of Caspase 3, 8, 9 was obviously increased. And cells were blocked in S phase. By ip. administration, 0.56, 1.13, 2.25 mg/kg PCT3 inhibited mouse transplanted hepatoma H22 by 18.9%, 14.9% and 42.6% ($P < 0.01$), respectively, with therapeutic index of 20. However, PCT3 showed hepatotoxicity and immunotoxicity in mice. When treated with PCT3 1, 3, 10 µg/ml for 24h, expression of MDR1 gene in MCF-7/ADM was decreased to 0.8, 0.5 and 0.7. Compared with the control (91.4%), expression of P-gp protein was decreased to 82.4% ($P < 0.01$), 83.9% ($P < 0.01$) and 64.7% ($P < 0.01$). Accumulation of Rh123 and ADM in MCF-7/ADM cells was obviously increased by 5, 15 and 45 µg/ml PCT3 treatment. Conclusions: These results showed that PCT3 had remarkable antitumor activity both in vitro and in vivo. It's mechanism of action was related with induction of apoptosis and blockage of cell cycle in S phase. By interfering the expression and function of P-gp protein, PCT3 showed reversal activity on resistant breast cancer cells MCF-7/ADM.

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ONCOLOGY - IMMUNOTHERAPY IN CANCER

ON THE BRINK OF IMMUNOTHERAPIES: CURRENT PROGRESSES & CHALLENGES ON THE CAR-T

John Connolly

*ICMB, A*STAR*

SUMMARY

Cancer is a complex, multifactorial disease that not only is a cause of major human suffering throughout history, but continues to represent an enormous burden to society. In most cases long term treatment remains elusive primarily because the underlying cause does not often lie in a single defect but rather large number of small effects arising from lifestyle, environment and underlying genetic predispositions. Recent advances in our understanding of the human immune system and cancer immune evasion have led to nothing less than a revolution in cancer treatment. The development of effective immune checkpoint inhibitors, and novel cell therapy strategies have resulted unprecedented responses across a number indications with dramatic increases in durable disease control and long term survival. We will discuss the evolution of our view of the immune system and highlight the breakthroughs which provide a framework to develop the next generation of cancer therapeutics.

VACCINE THERAPY IN HEPATOCELLULAR CARCINOMA

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ABSTRACT

Hepatocellular carcinoma (HCC) is among the most dangerous cancers which has the survival rate lower than 15% in developed countries. Despite the variation in treatments including sorafenib, liver transplantation, polyhistor chemotherapy, many patients die of cancer development and recurrence. The effectiveness of immunotherapy in treatment of skin cancer recently has promoted further cancer studies such as HCC. Macrophages, NK cells (30-50% in normal tissue, 90% in HCC) and T cells are innate sources in liver. However, most of the immune system is unable to recognize and destroy cancer cells. The regulation of immune triggers based on new technologies such as next generation sequencing, -T cell culturing and protein peptide has been improving the trigger for immune cancericidal response. In this study, we discuss the model and the role of genes in finding suitable HLA for HCC patients individually, as well as the peptide model selected for developing therapeutic vaccines for HCC. GMP production progression and technology transfer will provide patients with more effective treatments and longer survival probability.

DIFFERENTIAL DIAGNOSIS OF COMMON NODULAR HEPATOCELLULAR LESIONS

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President of Vietnam Society of Pathology and Cytology

SUMMARY

Nowaday, although there are many modern equipments and techniques of diagnostics imaging are applied, however differential diagnosis of nodular hepatocellular lesions is still a big challenge, despite prognosis and treatment of those lesions are different. We desire to share some experiences so that give pathologists some more knowleges for differential diagnosis the lesions above, this article focus into clinical characteristics, important pathological features and some useful imunnohistochemical markers... for differential diagnosis the common nodular hepatocellular lesions.

Key words: Pathology, nodular hepatocellular, imunnohistochemistry

PRINCIPLES OF IMMUNOTHERAPY IN CANCER

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ABSTRACT

The immune system plays an important role in the human body through mechanisms against external agents. The immune system is considered as a barrier to protect the body from pathogens, particularly in cancer. However, cancer cells are able to escape from the immune system through many complex mechanisms. Therefore, controlling and stimulating the body's immune system to fight tumor cells is an important key in controlling cancer, preventing disease progression, and increasing survival of the patient. Immunotherapy is considered the fourth most important cancer therapy after surgery, chemotherapy, radiation therapy. Immunotherapy has been studied and tested clinically for more than half a century with many great achievements. Some immunotherapeutic agents have been approved by international organizations for clinical practice and contribute to the improvement of cancer patients' prognosis.

TRANSLATIONAL IMMUNOTHERAPY IN CANCER

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ABSTRACT

In the early of the 21st century, immunotherapy has affirmed the role of revolutionizing in cancer treatments including cases of untreated via the current standards. Among the various immune cells being studied for cancer therapies, T cell is the most developed among others including macrophages, B cells, NK cells or DC. The reason being that T cell exert direct and potent attack on target tumors and release toxic porferin, enzymes, cytokines capable of killing cancer cells. These are cytotoxic T cells (Tc). Recently, the role of Tc in cancer therapy was ascertained when patients are treated with antibodies against inhibitory t cell receptors, PD-1 or CTLA4, causing remission or destruction tumors. There are several different methods of using Tc to destroy tumors including indirectly as using DC to activate T cells, or direct extraction Tc from tumors known as TILs (TumorInfiltrating Lymphocytes, among these Tc is the large group). But most advance of all is creating artificial Tc via gene transfer performed in the laboratory; there are two techniques to creating Tc: TCR (T Cell Receptor) creates TCR-engineered T, and CAR (Chimeric Antigen Receptor)-T (which VST or virus specific T cell included), are very strong against tumors. Transmission of selective immune cells, natural or manmade, is being developed very rapidly known as Adoptive Cell Therapy (ACT). The TCR and CAR-T technologies are being developed in many centers specialized in immunotherapy, as well as support from national funding public and private agencies of developed countries. Due to its high applicability, countries in the region are also participating in the efforts of developing the new immunotherapies. In this meeting, we look forward to discuss possibility of applications of the complex and very sophisticated technology of CAR-T/ TCR for Vietnam.

MYCN AMPLIFICATION IN NEUROBLASTOMA

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ABSTRACT

Introduction: Neuroblastoma (NB) is a tumor developed from neural crest cells of the sympathetic nervous system. These cells are a heterogeneous block, some differentiate into neurons or cells parasymphetic adrenal medulla, but some due to genetic defects (abnormalities in chromosomes: -1p, -11q, +17q, MYCN gene amplification, ALK gene amplification, ATRX mutations) lead to the loss of growth regulation, give rise to tumorigenesis.

Objective: Since MYCN amplification is closely associated to high-stage neuroblastomas and an inverse correlation with clinical neuroblastoma stages, the aims are to study amplified MYCN classified the risk groups by quantitative PCR. Methods: A total of 60 NBs will be assigned into 2 groups: (1) tissue genomic DNA was extracted for MYCN amplification by quantitative PCR (qPCR) and confirmed with control cell lines (with or without MYCN amplification).

Results: The study has collected DNA from 60 tissue biopsy system and successfully cultured primary cells 5/60 blocks from biopsies obtained NB high risk group. MYCN amplification Group occupies 11/60 (approximately 18.3%) and correlated with MYCN amplified cell lines. This study contributes highly to the molecular control of MYCN based marker to stratify the NB risks and further help clinicians to work more effectively in cancer treatment.

IMMUNE CHECKPOINTS AND IMMUNOTHERAPY IN CANCER

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ABSTRACT

Immune checkpoints are molecules in the immune system that either turn up a signal (co-stimulatory molecules) or turn down a signal for maintaining self-tolerance and modulating the duration and amplitude of physiological immune responses. Many cancers protect themselves from the immune system by inhibiting the T cell signal

Inhibitory receptors such as anti-cytotoxic T-lymphocyte antigen 4 (CTLA-4) and programmed death 1 (PD-1), expressed on tumor-specific T cells, lead to compromised activation and suppressed effector functions such as proliferation, cytokine secretion, and tumor cell lysis.

Modulating these receptors using monoclonal antibodies, an approach termed "immune checkpoint blockade," has gained momentum as a new approach in cancer immunotherapy.

This treatment concept was first introduced in patients with advanced melanoma: In this patient population, the anti-CTLA-4 antibody ipilimumab was the first drug ever to show improved overall survival in phase III trials. Antibodies directed against PD-1 and its ligand, PD-L1, have shown much promise in the treatment of melanoma, renal cell cancer, non-small cell lung cancer, and other tumors, as evident by encouraging rates and durability of tumor responses. Because of the successes with immune checkpoint inhibitors in cancer immunotherapy, many new agents and strategies, including combination approaches, are being developed at a fast pace.

STUDY ON IMMUNOTHERAPY IN NEUROENDOCRINE TUMORS

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ABSTRACT

Introduction: Neuroendocrine tumors – NETs are originated from cells of endocrine system (hormone) and of nervous system. They are usually found in intestine, where they are called carcinoma, also pancreas, lungs and other organs. NETs proved to be benign are suitable for chemotherapy and immunotherapy because of the retardation in becoming malignance (carcinoid) in most tumors evaluated by somatostatin. Therefore, Octreotide antagonist could be suitable for treatment. The purpose of this study is to evaluate, classify the change in prognosis and the role of immunotherapy with Octreotide or in combination with INF- α .

Method: Multi methods were used for the assessment of immunohistochemistry of ATRX and DAXX, mitoses index (MD) and Ki-67. Next Generation Sequencing (NGS) was applied for TP53 and RB1 to predict the differentiation of NETs (N=63). Afterward, Octreotide or Octreotide + INF- α tests were evaluated.

Result: Immunohistochemistry classification was made for differentiated NETs when neither ATRX or DAXX expression was distinctly significant ($P < 0.05$). ATRX expression is remarkable to Octreotide group. Due to clinical classification, Ki-67 $< 3\%$ linked with grade 1, 3-20% for grade 2 and 3. To distinguish grade 2 and 3, MD index must be used, which is $< 2/10$ for grade 1, 2-20/10 for grade 2 and $> 20/10$ for grade 3. Besides, NGS indicated that TP53 and RB1 accounted for 4% and 9% of high risk NETs group compared to other mutations which had no precise percentage in the same group. Finally, among 109 cases treated 2000 times in 5 years, there was no significant difference between Octreotide and Octreotide + INF- α treatment. However, toxicity was observed in group with INF- α .

Conclusion: Combined with clinical phenotyping, anato-pathodology, genome assist classification of NETs. Besides, observation of immune test for Octreotide is meaningless with INF- α in combination.

**TROPICAL DISEASES - SURGERY
IN TROPICAL AREAS: SPECIFIC
CHARACTERISTICS AND
BARRIERS - MATERIALS AND
HUMAN RESOURCES**

LES PATHOLOGIES CHIRURGICALES TROPICALES NÉGLIGÉES

Patrick Guyon

RÉSUMÉ

En 2012, l'OMS a fixé l'objectif d'éradiquer le pian en 2020. Pourtant, le mode de vie et l'ostracisme dont sont victimes certains groupes ethniques, en l'occurrence les populations autochtones de la forêt équatoriale du bassin du Congo, rendent cet objectif difficile à atteindre. Une campagne de dépistage et de traitement du pian visant des communautés particulièrement isolées a eu lieu en juillet 2017 sur la rivière Motaba, affluent de la rive droite de l'Oubangui dans le département de la Likuala, au Congo-Brazzaville, les campements de ces autochtones n'étant accessibles que par pirogue.

Sur une population de 522 enfants âgés de 0 à 15 ans, 101 (19,3%) présentaient des lésions pianiques, soit cliniquement évidentes, soit confirmées biologiquement en cas de doute diagnostique. La moyenne d'âge de ces patients était de 8,6 ans avec des extrêmes allant de 6 mois à 15 ans. Dans 10 cas, il s'agissait de lésion unique et dans 90% des cas, les lésions étaient présentes au sein d'une même fratrie. Les localisations préférentielles étaient, par ordre décroissant, le tronc, les membres inférieurs, les membres supérieurs, le visage et, plus rarement, le périnée.

Cette prévalence voisine de 20%, comparée au taux de 2,9% établi lors de la campagne conduite en 2012 par Médecins sans frontières dans la même région sur une population de 6700 enfants, souligne la difficulté d'éradiquer cette tréponématose endémique.

Malgré l'application de la stratégie de Morges remplaçant la benzathine-pénicilline par l'azithromycine per os à la dose de 20 mg/kg, l'éradication du pian semble durablement compromise au sein de ces populations du fait de leur habitat dispersé, de leur mobilité, de leur exclusion des systèmes de santé et de leur paupérisation.

LE RISQUE INFECTIEUX CHIRURGICAL DANS LES PAYS EN DEVELOPPEMENT

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RÉSUMÉ

Les infections du site opératoire (ISO) sont les plus fréquentes des infections nosocomiales dans les pays à revenu faible ou intermédiaire, affectant 5 à 30% des patients ayant subi une intervention chirurgicale, alors qu'elles sont au deuxième ou troisième rang dans les pays à revenu élevé.

Une ISO est une infection survenant dans les 30 jours suivant l'intervention, ou dans l'année s'il y a eu pose d'une prothèse. L'infection est due à des bactéries (*Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas aeruginosa*...) introduites par voie endogène (90%) ou exogène (10%) dans le champ opératoire au cours ou au décours de l'intervention.

Les ISO représentent un lourd fardeau de santé publique : principale cause de mortalité et de morbidité en chirurgie, elles augmentent la durée de séjour hospitalier, nécessitent des traitements antibiotiques, parfois des réinterventions, peuvent laisser des séquelles et diminuer la qualité de vie des patients. Elles contribuent à la propagation des résistances aux antibiotiques et génèrent d'importants coûts supplémentaires directs et indirects.

La survenue d'une ISO est favorisée par des facteurs liés au patient et/ou à l'intervention chirurgicale. Les facteurs intrinsèques sont les âges extrêmes, le mauvais état nutritionnel ou le terrain (diabète, déficits immunitaires, insuffisance rénale chronique, traitements immunosuppresseurs, prise d'antibiotiques avant l'intervention). Les facteurs extrinsèques sont l'hospitalisation prolongée avant l'intervention, le type et durée de l'acte chirurgical, son caractère urgent ou programmé, le non-respect des règles d'asepsie et de désinfection, la mauvaise organisation du bloc opératoire. Le risque infectieux chirurgical peut être évalué à l'aide du score NNIS (National Nosocomial Infection Surveillance) qui tient compte du type d'acte chirurgical (classification d'Altemeier), du score ASA et de la durée de l'intervention.

Les ISO sont les infections nosocomiales les plus évitables. Une réduction de 14% du taux d'ISO a été observée après l'instauration d'une politique de prévention dans les hôpitaux participant aux programmes de surveillance des CDC aux États-Unis [1].

Bien que le fardeau des ISO soit plus lourd dans les pays en développement, nombreux sont ceux qui n'ont pas encore de système de surveillance avec des indicateurs comparables de prévalence et d'incidence. De récentes méta-analyses estiment l'incidence moyenne des ISO à 4,5% en Chine continentale [2] et à 14.8% en Afrique sub-saharienne [3]. La nécessité d'intensifier et d'améliorer la qualité de la surveillance dans chaque pays a conduit l'OMS à éditer des lignes directrices pour la prévention des ISO dans le monde [4]. C'est une liste de 29 recommandations dont 13 applicables avant l'intervention et 16 pendant et après l'acte chirurgical. Les modalités de l'antibioprophylaxie sont soulignées : par voie intraveineuse, si possible à l'induction de l'anesthésie, elle doit couvrir la période opératoire, parfois 24 heures, exceptionnellement 48 heures. Elle s'applique aux classes 1 et 2 d'Altemeier en ciblant les bactéries les plus souvent en cause selon le type d'intervention.

La mise en œuvre universelle de ces recommandations, applicables dans tous les pays, devrait réduire l'incidence des infections nosocomiales, épargner de nombreuses vies, diminuer les coûts et limiter la propagation des bactéries multirésistantes.

Mots-clés: infections du site opératoire ; surveillance ; prévention ; pays en développement.

HAND HYGIENE AT THE OPERATING ROOM: AUDIT FOR CONTINUING IMPROVEMENT

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SUMMARY

Preoperative hand hygiene is recognized as a major component of safe surgery programs. Recently, surgical alcohol-based hand rubbing tends to replace hand scrubbing with medicated soap because of numerous advantages, such as a better bacteriological activity in a shorter time and time saving. This switch between the two techniques should be cautiously monitored because it may decrease the quality of hand hygiene.

Hence, we sought to evaluate the quality of surgical handrub after its promotion in 2010 in our institution that has 12 surgical specialties disseminated in 5 buildings.

Methods: Direct observation by the infection control team and scrub nurse students in 2011 where surgical handscrub was the single procedure and twice (2014 and 2016) after handrub implementation. Days and surgical procedures were randomly selected for observations.

Results: A total of 73, 129 and 166 observations were performed in 2011, 2014, and 2016. Overall, staff observed for scrubbing were surgeons in 67%, and scrub nurses in 11% of the cases. Of interest, the surgical team had wedding ring in 10 to 13% of the cases during handrub. In 2011, the duration of the first handrub was satisfactory in 33% of the cases, and only 42% of the staff performed a second handrub, for which the duration was in line with the protocol in 30% of the cases. In 2014 and 2016, 84% and 88% of the staff performed a second handrub. However, the overall duration of the handrub procedure was concordant with the guidelines for approximately one third of the staff. The elbow was the anatomic site the most frequently overlooked during the procedure in the three years.

Conclusion: Alcohol-based hand rubbing has been adopted as a reference tool in our institution. However, more than 5 years after its implementation there is a big gap between the reference protocol and in site observations, although there have been improvements in the recent years. Further education should help improving handrub quality. This new technique may decrease preoperative hand hygiene quality despite its recognized theoretical advantages.

Key words: hand hygiene, alcoholic hand rub, auditing, quality

HYGIENE DES MAINS AU BLOC OPERATOIRE : DES AUDITS POUR L'AMELIORATION CONTINUE DE LA QUALITE

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La réalisation d'une hygiène des mains préopératoire est considérée comme un acte essentiel de la « chirurgie sûre ». Récemment, la désinfection chirurgicale des mains par friction hydro-alcoolique (DCF) a été introduite et a tendance à remplacer le lavage avec savon antiseptique en raison de nombreux avantages comme un gain de temps et une meilleure activité antibactérienne. Le passage d'une technique à l'autre doit être bien accompagné dans les services car il y a un risque de diminution de la qualité de l'hygiène des mains. Nous avons donc évalué la qualité de la DCF après sa mise en place en 2010 dans notre hôpital (12 services de chirurgie dans 5 bâtiments différents).

Méthode. Réalisation d'observation directe dans les blocs en 2011, 2014, 2016 par l'équipe d'hygiène et les élèves infirmier(e)s de bloc opératoire. Les jours d'observation ont été tirés au hasard.

Résultats. Un total de 73 (2011), 129 (2014), et 166 (2016) observations ont été réalisées ces 3 années. Sur les « années, les chirurgiens représentaient 67% et les infirmières de blocs 11%. L'équipe chirurgicale portait une alliance dans 10 à 13% des cas. En 2011, la durée de la première friction était satisfaisante dans 33% des cas et seulement 42% des personnes faisaient la deuxième friction. Quand cette dernière était effectuée, sa durée était satisfaisante dans 30% des cas. En 2014 et 2016, 84% et 88% des personnes observées réalisaient la seconde friction. Toutefois, la durée totale de la DCF était concordante avec les recommandations dans seulement un tiers des cas au cours de ces deux années. Le coude était le site anatomique le plus fréquemment oublié pendant les 3 années d'observation.

Conclusion. Plus de 5 ans après la mise en place de la DCF et malgré des améliorations récentes, il persiste une marge importante d'amélioration sur la qualité de sa réalisation pour pouvoir être en accord avec les recommandations. De nouvelles séances de formation et d'audits pourront aider à améliorer la qualité de la DCF. Malgré ses avantages en gain de temps et d'activité antibactérienne, la DCF pourrait avoir diminué la qualité de l'hygiène des mains par sa réalisation médiocre.

Mots clés : qualité, évaluation, hygiène des mains, friction hydro-alcoolique

CLINICAL, LABORATORY FEATURES AND THE EARLY OUTCOMES AFTER RADICAL TOTAL GASTRECTOMY

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ABSTRACT

Aims: Assess the clinical, laboratory features and the early outcomes after radical total gastrectomy.

Patients and method: A retrospective study of 43 gastric cancer patients done total gastrectomy in Hanoi Oncology hospital.

Results: Mean age $59,7 \pm 9,9$, male-female ratio was: 3,8. Epigastric pain sign was the highest (88,4%). The most endoscopic type was ulceration (51,2%). Tumor in corpus: 41,9%, cardia and fundus: 11,6%. Stage III was 65,1%, T4 was 81,4% and node metastatic was: 67,4%. Adenocarcinoma rate was 63,8%. Adjacent organ removed rate was: 23,3%, D2 dissections rate was: 83,7%, Roux-en-Y anastomosis rate was: 48,8%. Complication (16,3%), included 3 cases had acute pancreatitis, 2 cases had bowel obstruction, 2 cases had anastomotic fistula and lead mortality 01case (2,3%).

Conclusion: Gastric cancer was diagnosed at advanced stages and high rate of node metastatic. The outcomes of total gastrectomy were improved.

THE INITIAL RESULTS OF MINIMALLY INVASIVE THORACIC SURGERY LOBECTOMY IN THE TREATMENT OF LUNG CANCER AT VIET TIEP HOSPITAL

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ABSTRACT

Background: Minimally invasive thoracic surgery lobectomy in the treatment of lung cancer shows many advantages and is widely applied in many centers in the world.

Object: To evaluate the efficiency and safety of minimally invasive thoracic surgery lobectomy at Cardiothoracic surgery Department, Viet Tiep hospital.

Method: prospective description.

Results: From July 2016 to September 2017, there were 10 cases of minimally invasive thoracic surgery lobectomy were performed at Viet Tiep hospital, including 3 males; 7 females; the average age is $59,3 \pm 5,8$ yrs (50 – 74 yrs); 4 cases of right upper lobe; 3 cases of right lower lobe; 2 cases of left lower lobe; 1 case of left upper lobe; the average tumor size $3,5 \pm 0,5$ cm (2,2 – 4,5cm); the mean operative time $145 \pm 32,5$ minutes (110 – 185ms); the mean postoperative hospitalization $7 \pm 3,5$ days (6 - 11 days). Complications: there was one wound infection case.

Conclusion: Minimally invasive thoracic surgery thoracic lobectomy in treatment of lung cancer at Viet Tiep hospital can be handled efficiently and safely with many advantages such as small incisions, highly cosmetic, less postoperative pain; short recover time ...

Keyword: Minimally invasive thoracic surgery lobectomy in treatment of lung cancer, VATS lobectomy in treatment of lung cancer, endoscopic lobectomy in treatment of lung cancer

THE SITUATION OF PEOPLE WITH BURN SCAR AND THE IMPACT OF THE MODEL OF MOBILIZING THE COMMUNITY RESOURCES IN SURGERY AND REHABILITATION IN NORTHERN MOUNTAINOUS

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ABTRACTS

A study was performed on 214 subjects in 3 provinces of Ha Giang, Lai Chau, Dien Bien to describe the epidemiological characteristics of burns scarring show: The rate of people with burn sequelae scars reach 12,3/100.000 people. More than 70% of subjects burns were under the age of 5, Most of burns less than 5 years was 69.2%.

The study proposes the demand and accessibility to services of surgery and rehabilitation of people with burns scars in 3 provinces: 33,7% of patients do not know treatment place, The rate of patients need the support is 43,9% with more than 90% of patients are not rehabilitated after burns.

The study depend on this data to plan of mobilizing the community resources with combination from province to hamlet for “expurgate treating, communication, counseling – Surgery and transfer skill - Rehabilitation for people with burn scars”. After surgery, the good result is 68,9%; the rate of quite good result is 31,1%. The rehabilitation increase the good surgery result for 42,9% patients; 56,3% patient have the quite developing result.

SURGICAL APPROACH TO LUNG CANCER

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ABSTRACT

Establishing a lung cancer diagnosis requires multidisciplinary works: Pulmonologist, Thoracic surgeon, and Oncologist. Lung cancer treatment is multimodality: surgery, chemo, radiation, immunology, and palliative management. Post-op or post-diagnosed care should provide maximal relapse and/or complication free survival. Complications (pneumonia, hydro-pneumothorax, bronchial obstruction), if encountered, should be well managed. This works also required multidisciplinary team.

At present, in the world, Vietnam nationwide, in a particular hospital – What could be done by surgeons? What is the role of surgery? Mutual understanding and agreement between multidisciplinary team is necessary

What is the role of surgery in diagnosing pulmonary nodules, masses that located deeply in the parenchyma?

Can surgery manage broncheal, vascular invaded tumor?

How to minimize numbers of procedures? How to shorten the time from suspected/diagnosed to surgery? How about the role of integrated surgery: frozen section and standard lobectomy if cancer is confirmed.

Surgery has been shown its decisive role or at less, a good choice, for both nodule and mass management.

A good, standard operation could help to manage the patient faster. Give operable possibility to a tougher cases, bigger tumors, more invaded tumors, among still surgery indicated patients. This could help lung cancer patients have longer disease free, complication free, and relapse free survival

Keywords: Lung cancer, multidisciplinary, multimodality

**TROPICAL DISEASES -
DIAGNOSIS, PREVENTION AND
TREATMENT IN TROPICAL
MEDICINE**

VACCINATION DES VOYAGEURS CONTRE L'ENCEPHALITE JAPONAISE

Catherine Goujon

RÉSUMÉ

L'encéphalite japonaise est une arbovirose due à un flavivirus transmis par des moustiques du genre *Culex*, qui ont une activité nocturne.

Il s'agit d'une anthroponose, dont le réservoir est représenté par des oiseaux aquatiques sauvages et domestiques ; les porcs sont des hôtes amplificateurs.

Les rizières constituent un environnement à risques et l'incidence de la maladie augmente à la saison des pluies, période de multiplication des vecteurs.

D'un point de vue clinique, les formes inapparentes sont fréquentes ; on compte environ 1 cas symptomatique pour 250 infections.

La maladie se manifeste par une forte fièvre, des céphalées, une raideur de la nuque, une désorientation, des troubles de conscience, des convulsions, une paralysie spastique. Le taux de létalité peut atteindre 40% voire 60% dans les formes les plus graves et environ 1/3 des survivants conservent des séquelles neuro-psychiatriques permanentes.

Il n'existe pas de traitement spécifique.

Le risque pour les voyageurs de contracter la maladie est généralement très faible, mais il varie en fonction des modalités du séjour et il est imprévisible.

La prévention repose sur la protection contre les piqûres de moustiques et sur la vaccination.

La vaccination est recommandée aux voyageurs qui se rendent dans une région endémique, particulièrement si le séjour comporte des nuits passées en zone rurale.

Plusieurs types de vaccins, existent dans le monde.

En France, c'est un vaccin inactivé, préparé à partir de la souche chinoise SA 14-14 2 cultivée sur cellules vero, qui est utilisé ; il est commercialisé sous le nom d'Ixiaro®.

Ce vaccin est efficace et bien toléré ; il peut être administré chez l'enfant à partir de l'âge de 2 mois, à demi-dose entre 2 mois et 3 ans.

Le schéma vaccinal comporte 2 injections espacées de 28 jours et un rappel 12 à 24 mois plus tard, si un nouveau séjour est prévu en zone de transmission du virus de l'encéphalite japonaise. En cas d'exposition continue au risque infectieux, le rappel doit être fait 12 mois après la primo-vaccination.

Un protocole accéléré à J0-J7 peut être utilisé chez l'adulte de 18 à 65 ans ; en effet, des études ont montré que ce schéma entraînait une réponse équivalente à celle obtenue avec le protocole classique. Ceci permet de protéger les voyageurs qui partent dans un délai très court.

Pour le moment, ce schéma n'est pas validé chez l'enfant, ni chez les adultes de plus de 65 ans ; il serait cependant souhaitable que les voyageurs de ces tranches d'âge puissent bénéficier d'eux aussi d'une protection vaccinale en cas de départ imminent dans une zone à risque d'encéphalite japonaise.

Mots clés: Encéphalite japonaise, voyageurs, vaccination, schéma accéléré.

COMPARAISON ATOVAQUONE-PROGUANIL (AP) ET ARTEMETHER-LUMEFANTRINE (AL) DANS LE PALUDISME D'IMPORTATION : ETUDE RANDOMISEE MULTICENTRIQUE (MALARIA)

O. Bouchaud (CHU Avicenne-APHP et Université Paris 13), S Houze (CHU Bichat-APHP et Université Paris 7) et le groupe d'étude MalaRia.

RESUME

Introduction: les ACT ont largement fait la preuve de leur intérêt en zone d'endémie. A l'inverse peu d'études, notamment comparatives, ont été réalisées dans le paludisme d'importation et aucune n'a comparé AP (longtemps antipaludique de référence) et le premier ACT disponible en Europe, AL.

Méthode : Essai contrôlé randomisé ouvert comparatif chez des patients adultes présentant un accès palustre

simple sans contre-indication à la voie orale. Critère principal de jugement : recours à une 2^e ligne de traitement pour intolérance ou suspicion d'inefficacité ou aggravation clinique ; critères secondaires : clairance de la fièvre, clairance de la parasitémie, tolérance digestive, succès thérapeutique, évaluation subjective d'efficacité par les patients et les investigateurs. Données de suivi à J0, J3, J7, J28.

Résultats : sur 486 patients éligibles, 317 ont été randomisés dont 301 sont analysables (151 dans le bras AP et 150 dans le bras AL). L'âge médian est de 41 ans, le rapport H/F est de 2/1, près de 90% sont d'origine africaine et 92% ont été infectés en Afrique sub-Saharienne. Les durées médianes de séjour et du délai retour/diagnostic sont respectivement de 4 et 1 semaine. La parasitémie médiane à J0 est de 18000/ μ L [4500 : 45000]. 57% ont été traités en ambulatoire. Au total sur la durée du suivi, 12 patients (5%) dont 7 AP et 5 AL ont eu recours à une seconde ligne de traitement ($p=0.56$). La clairance parasitaire est significativement plus lente dans le bras AP vs AL (OR = 5.20 ; IC 95% [2.64 : 10.21]). La probabilité d'avoir une parasitémie positive et de la fièvre à J3 est plus élevée dans le bras AP (OR = 7.01 ; IC 95% [0.87 : 320.5]). La probabilité d'avoir une parasitémie positive à J7 ou J28 est plus élevée dans le bras AP (respectivement à J7 OR = 17.6 ; IC 95% [1.00 : 309.4] et J28 OR = 3.15 ; IC à 95% [0.13 : 78.4]). A J28 le succès thérapeutique est de 98% (1 échec) pour AP et de 100% pour AL. Les troubles digestifs à J3 sont plus fréquents dans le bras AP (OR 4.95 ; IC95% : [1.96 : 12.45]). On note 2 EI graves dans le bras AP et 1 dans le bras AL. Il n'y a pas de différence dans la mesure du QTc à J3 entre les 2 bras. A J3, l'évaluation subjective d'efficacité par les investigateurs est en faveur d'AL (OR = 5.49 ; IC à 95% [1.49 : 30.38]).

Conclusion : L'artemether-lumefantrine apparaît une meilleure option en termes d'efficacité et de tolérance que l'association atovaquone-proguanil dans le paludisme d'importation. Dans les recommandations françaises (SPILF) actualisées en 2017 l'AP a été rétrogradé en 2^{ème} ligne.

Mots clé : paludisme d'importation ; traitement ; artemether-lumefantrine ; atovaquone-proguanil ; clairance parasitaire ; clairance de la fièvre ; tolérance ; QTc

QUELLE PLACE POUR LA CHIMIOPROPHYLAXIE (CP) DU PALUDISME POUR LES VOYAGEURS EN ASIE DU SUD ET DU SUD EST ? : LES NOUVELLES RECOMMANDATIONS DE LA SPILF

Olivier Bouchaud

Depuis une quinzaine d'années l'épidémiologie du paludisme a beaucoup évolué en zone d'endémie et tout particulièrement en Asie avec globalement une diminution très significative du nombre de cas. Parmi les pays industrialisés qui émettent des recommandations, les indications de CP pour les voyageurs sont très variables. Les explications de cette variabilité sont d'une part d'ordre juridico-administratif et d'autre part liées à des données qui s'appliquent mal aux voyageurs. En effet, faute de données épidémiologiques suffisantes dans cette population particulière, les recommandations se basent souvent sur des données entomologiques et épidémiologiques concernant les populations locales mais pas les voyageurs qui sont globalement beaucoup moins exposés. La Société de Pathologie Infectieuse de Langue Française (SPILF) a publié cette année une actualisation des dernières recommandations remontant à 2007 pour tenir compte de ces évolutions. En s'appuyant sur les données disponibles montrant un risque pour les voyageurs des pays européens de l'ordre de 1/100 000 et en prenant en compte le risque d'effet indésirable grave des médicaments utilisés en CP qui est du même ordre, les indications de CP ont été considérablement réduites. Le risque d'infection étant uniquement la nuit et pratiquement nul en zone urbaine la notion de nuitées en zone urbaine a été introduite. Ainsi quelle que soit sa durée, un séjour avec nuitées essentiellement en zone urbaine, ce qui correspondant à la grande majorité des séjours touristiques ou professionnels, ne justifie plus d'une CP. La prophylaxie d'exposition, justifiée par la nuisance vectorielle, et l'information de consulter rapidement en cas de fièvre en signalant le séjour tropical restent de mise.

Conclusion : particulièrement dans le champ de la prévention, la balance bénéfice/risque doit être prise en compte. En Asie, sauf situations particulières, cette balance n'est plus en faveur d'une CP chez les voyageurs.

**TUBERCULOSE ET MIGRATIONS D'ORIGINES MULTIPLES A TRAVERS
L'EUROPE.
RISQUES POUR LA SANTE PUBLIQUE?
EXPERIENCES RECENTES DANS UN DEPARTEMENT FRANÇAIS, LE
PAS-DE-CALAIS.**

**TUBERCULOSE – TUBERCULOSE MDR / XDR – MIGRATION –
POPULATION VULNERABLE – POPULATION A RISQUE – SANTE
PUBLIQUE – RISQUE – CLAT – PAS-DE-CALAIS**

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SUMMARY

Le phénomène migratoire récent auquel l'Europe est confrontée dans son ensemble représente-t-il un risque aujourd'hui et/ou pour demain pour la santé publique ? En particulier en ce qui concerne la tuberculose. Il est réellement difficile de répondre d'emblée à cette question.

En France, les données épidémiologiques de la tuberculose de ces dernières années montrent toujours une décroissance lente de cette maladie qui, dans un grand nombre de départements devient même aujourd'hui une maladie rare ne présentant plus d'intérêt du point de vue de la santé publique, entraînant par ce fait des difficultés de plus en plus importantes de la lutte anti tuberculose dans cette phase cruciale de la phase finale du contrôle de la maladie mis en danger par ailleurs par l'émergence en France et le développement dans de nombreux pays européens de la tuberculose multi et ultra résistante.

L'exemple du Pas-de-Calais est intéressant. En 2015, ce département présente une incidence annuelle de la tuberculose estimée autour de 4 cas pour 100 000 habitants, inférieure à la moyenne nationale de 7,2 pour 100 000 et presque 4 fois inférieure à celle de l'Ile de France à 15 pour 100 000. Le fait migratoire récent, très important avec le cul de sac de Calais qui a concentré jusqu'à neuf à douze mille migrants, n'a pas eu pour conséquence une explosion de la tuberculose sur ce territoire au niveau de la population locale malgré une prévalence, bien que largement sous-estimée, très élevée de la tuberculose dans la population migrante à risque.

Cependant l'étude des cas récents de tuberculose chez des migrants montre toutes les difficultés ou même l'impossibilité pour conduire d'une manière adéquate les enquêtes nécessaires autour des cas et les difficultés pour une prise en charge adaptée des patients dans cette population particulière originaire de pays à forte endémicité tuberculeuse et donc fortement à risque pour les populations accueillantes essayant de la prendre en charge dans des situations très complexes et difficiles.

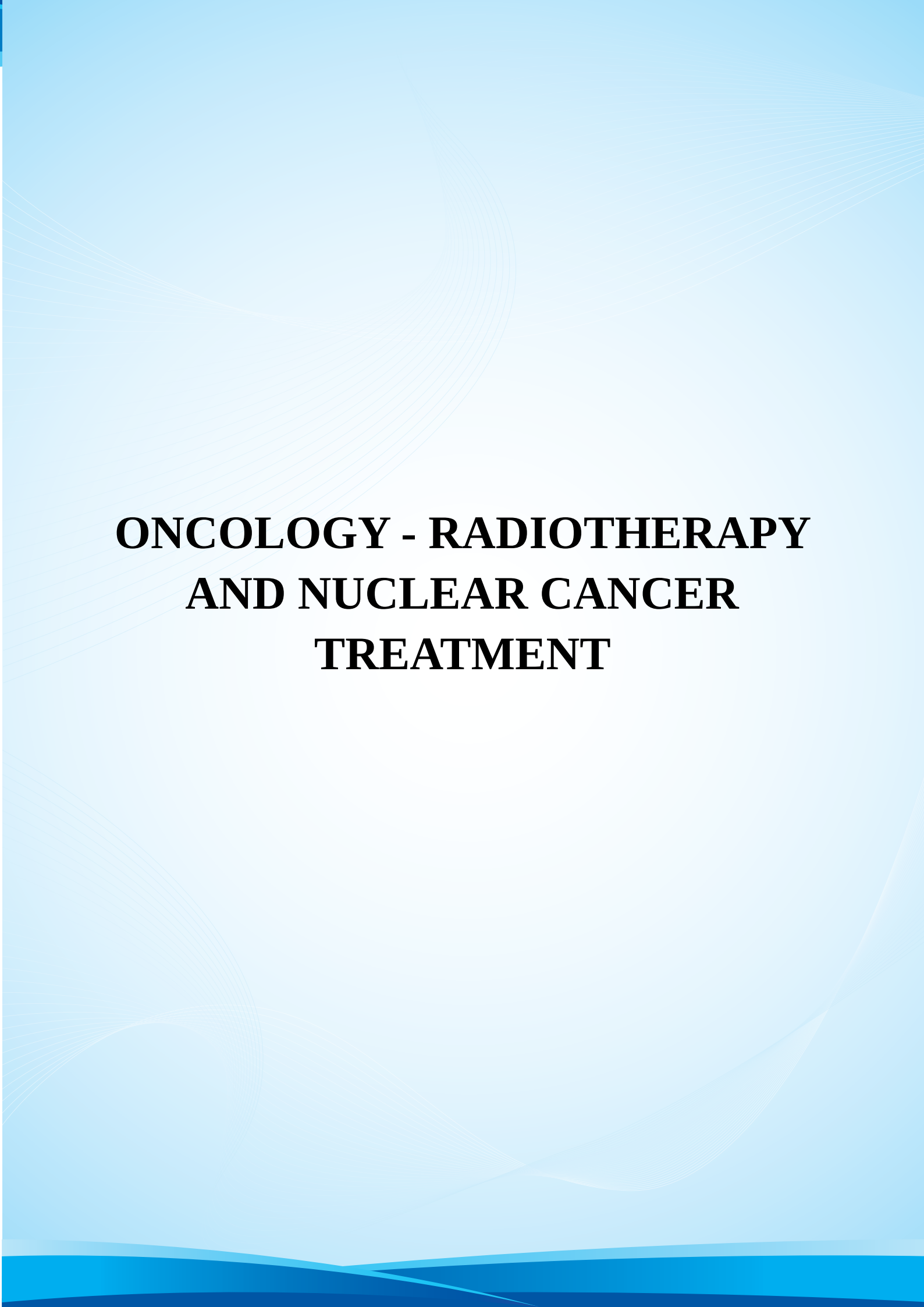
En ce qui concerne l'approche « tuberculose et migrants » il n'y a pas de consensus et d'uniformité à l'heure actuelle en ce qui concerne le fonctionnement des CLAT en raison de la diversité même des moyens et des ressources propres de chaque CLAT. Aussi le Réseau National des CLAT a initié une enquête en 2017 auprès de tous les CLAT pour faire le point sur la situation et proposer des pistes pour une uniformisation et l'amélioration de la Lutte Anti-tuberculose ciblant cette population particulière ainsi que les personnels bénévoles ou salariés qui gravitent au contact des migrants.

EVALUATING THE EARLY EFFECTS OF TRU-CUT BIOPSY UNDER CT GUIDANCE IN PATIENTS WITH LUNG TUMOUR AT NATIONAL LUNG HOSPITAL

Phuong Ngoc Anh

ABTRACTS

1. Objectives: (1) To evaluate the early effects of tru-cut biopsy under CT guidance in patients with lung tumours. (2) To evaluate the safety of tru-cut biopsy under CT guidance in these patients.
2. Target Population and Method: A prospective study, 56 patients with lung tumour was performed lung biopsy under CT guidance at National Lung Hospital, from November 2016 to February 2017.
3. Results: The mean of age is 60.1 ± 10 years, male/female: 44/12. The minimum and maximum diameter of tumour is 7mm and 120 mm, respectively. The more tumour size increases, the more the rate of carcinoma increases with significant statistic. The most common location is the bilateral upper lobe lung (59.1%).The rate of complication is 23.2 % (13/56), including 10 patients with hydropneumothorax and 3 patients with hemoptysis. There are no significant association between complications and factors such as the depth of needle, the tumour size, the tumour location and age groups. The effect of getting sample is 100 %, all of 56 patients have lung sample to diagnosis specimen and tissue pathology. 83.93% of patients(47/56) was diagnosed lung cancer The effect of diagnosis is 96.43%.
4. Conclusion: Tru-cut biopsy under CT guidance have high effects in getting lung sample and diagnosis. The rate of complication is low, and the complication is often mild. So as, tru-cut biopsy under CT guidance should be done to diagnosis lung tumour, but it should only be applied in specialized facility.
5. Key word: Tru-cut biopsy under CT guidance, lung cancer hydropneumothorax.

The background is a light blue gradient with subtle, flowing white lines that create a sense of movement and depth. The lines are more concentrated in the upper and lower portions of the frame, leaving the center relatively clear for the text.

ONCOLOGY - RADIOTHERAPY AND NUCLEAR CANCER TREATMENT

RADIOTHERAPY FOR METASTATIC SPINAL CORD COMPRESSION

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SUMMARY

Main messages: For the treatment of metastatic spinal cord compression (MSCC), individual treatment regimens including short-course or longer-course radiotherapy programs should be used. An individual treatment approach should consider the patient's survival prognosis, which can be predicted with specific scoring instruments.

Background/Objectives: Metastatic spinal cord compression (MSCC) is an oncologic emergency situation that requires an immediate start of treatment. It is most often treated with external beam radiotherapy generally supplemented with the administration of corticosteroids. Upfront decompressive surgery may be reasonable for selected patients with a good performance status and a relatively favorable survival prognosis.

Methods: Different dose-fractionation regimens are available for external beam irradiation of MSCC ranging from single-fraction regimens of 8-10 Gy to multi-fraction longer-course programs including 30 Gy in 10 fractions over 2 weeks or 40 Gy in 20 fractions over 4 weeks. The most appropriate radiotherapy program for an individual patient depends on the goals of the treatment and the patient's remaining lifespan.

Results: Regarding the improvement of motor function and maintaining or regaining the ability to walk, a single fraction of 8 Gy has shown to be as effective as longer-course programs in patients with a poor or intermediate survival prognosis. Longer-course programs result better local control of MSCC than single-fraction and multi-fraction short-course programs such as 20 Gy in 5 fractions over 1 week. Because the risk of developing a recurrence of MSCC in the irradiated area of the spine (in-field recurrence) increases with lifespan, those patients with a more favorable survival prognosis should receive a longer-course radiotherapy program. Patients with a very favorable prognosis may even benefit from programs with total doses greater than 30 Gy.

Conclusions/Implications: These considerations demonstrate that for optimal personalization of radiotherapy in patients with MSCC, it is important to be able to estimate a patient's remaining lifespan prior to the start of treatment. Such estimations can be facilitated with the use of predictive scores that are already available for patients with MSCC in general and additionally for patients with MSCC from particular tumor entities. An algorithm for the treatment of MSCC will be presented.

MODERN TREATMENT PLANNING IN RADIATION ONCOLOGY

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ABSTRACT

Main messages: Volumetric Modulated Arc Therapy (VMAT) is one of the most modern treatment techniques

Treatment planning is performed by an inverse planning requiring a lot of experience of the clinic.

Knowledge-based treatment planning of Head and Neck cancer patients lead to improved consistency, decreased treatment time and improved quality of treatment plans in less experienced clinics.

Background and Motivation: Increasing the dose to the tumor leads to a higher probability to kill all clonogenic tumor cells (i.e. to achieve local tumor control). On the other hand a higher dose to the tumor leads to a higher probability of damaging healthy tissue (or to increase normal tissue complication) as well. Hence the goal is to supply the tumor with a high dose while optimally sparing the healthy tissue.

This can be best achieved by modern treatment techniques like the volumetric modulated arc therapy (VMAT) established in 2008. VMAT is a dynamic treatment achieved with a 360° degree rotation of the gantry around the patient due to a complex treatment planning algorithm which simultaneously changes the rotation speed of

the gantry, the dose rate and the shape of the treatment field conformal to the tumor volume, using multileaf collimators. Besides the reduction of treatment time the radiobiological advantages of VMAT are the reduction of dose without compromising target coverage and also better sparing of the organs at risk.

Methods and results

Planning techniques in VMAT require the use of “inverse” treatment planning processes. Specific radiation doses that the tumor and normal surrounding tissue should receive (objectives) or should not exceed (constraints) are stipulated. The constraints and objectives can also be weighted in order of their importance. Plan objectives as well as constraints are converted into a cost function (objective function) which is minimized in the optimization process. Optimization constraints are rotation speed of the gantry, speed of the leaves and the maximum dose rate.

Creating a comprehensive treatment plan can be complicated as well as time consuming. Defining the objectives and constraints requires knowledge and experience. One way to accomplish this problem is the use of knowledge-based treatment planning using e.g. RapidPlan which was first introduced by Varian in 2013. Using RapidPlan a model including well-established treatment plans of 72 patients with a head and neck cancer was created in Lübeck. These preconfigured head-and-neck plan model (Lübeck model) was then tested in other clinics throughout Germany. The study showed that clinics that are not experienced with VMAT treatment planning of head and neck cancer patients could benefit of that plan model by creating treatment plans of similar quality.

Conclusions: In conclusion knowledge-based treatment planning leads to improved consistency, decreased treatment planning time and an improved quality of treatment plans in less experienced clinics.

THE OUTCOMES FROM THE TREATMENT OF 4100 PATIENTS WITH BRAIN TUMORS AND INTRACRANIAL DISEASES WITH THE ROTATING GAMMA KNIFE (RGK)

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ABSTRACT

Aims: To evaluate the results of the treatment by rotating gamma knife (RGK) radiosurgery at The Nuclear Medicine and Oncology Center, Bach Mai Hospital from July 2007 to February 2017.

Patients: 4100 patients diagnosed with brain tumors and intracranial diseases were prescribed with radiosurgery by RGK.

Results: The average age was 46,8 years old. The ages at the time of radiosurgery ranged from 2,5 (youngest) to 91 (oldest). The male=47,4/female=52,6. The median tumor size was $2,8 \pm 1,2$ cm (range 0,2–4,8 cm). The median prescribed dose was $14,4 \pm 2,1$ Gy for pituitary tumor, $22,5 \pm 2,7$ Gy for meningioma, $20,4 \pm 1,8$ Gy for AVM, $14,1 \pm 1,9$ Gy for acoustic neuroma, $20,2 \pm 2,4$ Gy for brain metastases, $12,8 \pm 1,4$ Gy for craniopharyngeal tumor, $16,3 \pm 1,8$ Gy for pineal tumor, $24,2 \pm 2,1$ Gy for cavernoma, $16,6 \pm 2,5$ Gy for glioma, $16,1 \pm 2$ Gy for medulloblastoma, $17,3 \pm 2,6$ Gy for ependymoma, $15,3 \pm 2,7$ Gy for lymphoma, $15,1 \pm 2,6$ Gy for others, respectively. In comparison with pretreatment, clinical symptoms were improved in the patients one month after the treatment and the improvement was more remarkable after six months. Complete clinical response was 73,4% at 1 year; 82,6% at 2 years; 84,1% at 3 years; 86,8% at 4 years; 90,3% at 5 years; 94,6% at 6 years; 98,4% at 7 years and 99% at 8 years. Average sizes of the tumors were reduced remarkably, which were $2,2 \pm 0,8$ cm from the 3rd month to 1 year after treatment; $1,8 \pm 1,2$ cm after 2 years; $1,4 \pm 0,8$ cm at 3 years; $0,8 \pm 1,1$ cm after 4 years; $0,4 \pm 0,6$ cm after 5 years; $0,3 \pm 0,5$ cm after 6 years; $0,2 \pm 0,2$ after 7 years; $0,2 \pm 0,24$ after 8 years. The major complications were reported 3 to 6 months after RGK, such as: fatigue (28,4%), insomnia (22,3%), anorexia (12,7%), head ache (13,9%), ... The others complications were less remarked. These complications were controlled with medicine.

Conclusions: Radiosurgery with rotating gamma knife (RGK) is a safe, efficient method to treat patients with brain tumors and other diseases.

THE TREATMENT OUTCOMES OF 60 PATIENTS WITH PRIMARY LIVER CANCER BY SELECTIVE INTERNAL RADIATION THERAPY (SIRT) AT BACH MAI HOSPITAL

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ABSTRACT

Objectives: To evaluate the outcomes of primary liver cancer treatment by selective internal radiation therapy with Y-90 microsphere at Bach Mai Hospital.

Patients and Method: 60 patients with primary liver cancer, who had been treated by selective internal radiation therapy with Y-90 microsphere and followed for up to 6 months after the treatment. A descriptive-prospective study

Results: 60 primary liver cancer patients had been treated by selective internal radiation therapy with Y-90 microsphere. Among them, 31 patients were staged as BCLC B and 26 were BCLC C. The mean dose was 1.25 ± 0.38 GBq for Y-90, mean radiation dose was 264.4 Gy for tumor, 25.4 Gy for normal liver tissue, 2.4 Gy for lung tissue. After 6 months: the mean AFP was reduced from 12090.3 ng/ml to 1081.0 ng/ml; the size of liver tumors was reduced from 6.9 cm to 4.1 cm; 31.5% of tumors were eliminated.

Conclusions: The selective internal radiation therapy with Y-90 microsphere is a novel technique in the treatment of liver cancer with good outcomes and less side effects. This new technique brings the hope for the advanced liver cancer patients.

APPLICATION OF PET/CT SIMULATION FOR RADIATION THERAPY PLANNING AT BACHMAI HOSPITAL

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ABSTRACT

Background: In radiation oncology, delineation of tumor volume is the first goal in which oncologists are interested because any miss in tumor volume delineation will lead to tumor underdosage. Radiation planning with CT simulator is good but sometimes unclear and unexact. PET/CT is a hybrid of CT and PET to identify tumor more accurately, earlier than CT alone. The accurate and early determination of lesions will help radiation planning better.

Goals: To build the technical process of radiation planning with PET/CT simulation and preliminary results of this technique.

Patients and Method: 245 cancer patients were treated by radiation therapy. These patients were conducted with PET/CT simulation to plan 3D CRT (three dimensions radiation therapy) or IMRT (Intensity modulated radiation therapy) in the Nuclear Medicine and Oncology Center of Bachmai Hospital, from 8/2009 to 1/2013. Delineation in GTV-PET or BTV (Biological target volume) was based on SUV (Standard uptake volume) threshold of 2.5 and visual interpretation by the radiation oncologists and nuclear medicine physicians.

Results: PET/CT found additional lesions (29.8%) that CT missed, especially in the involvements of small regional lymph nodes. In all cases the difference between tumor and benign tissue or atelectasis could not be visualized on CT but clearly revealed on PET/CT. High and complete response and partial response rates for nasopharynx cancer, laryngeal cancer, hypopharynx cancer, lung cancer, esophageal cancer, rectal cancer were found to be 91.9%, 8.1%; 52.4%, 38.0%; 57.1%, 35.7%; 40.3%, 45.2%; 37.5%, 41.2%; 72.2%, 27.8%, respectively.

Conclusion: Application of PET/CT simulation significantly improves radiation planning as well as treatment results.

APPLICATION OF PET/CT IN ORA MAXILOFACIAL CANCER

Tran Cao Binh

SUMMARY

PET/CT are performed on instruments that are combined PET and CT scanners. It's the most advanced imaging technique, to deliver cancer diagnosis and treatment.

PET/CT are performed to:

- Detect 80% of cancers in the early stages.
- Determine whether a cancer has spread in the body.
- Assess the effectiveness of a treatment plan, such as cancer therapy.
- Determine if a cancer has returned after treatment.

**TROPICAL DISEASES -
SURGICAL SPECIALTIES
ACCESS**

TECHNICAL AND ORGANIZATIONAL MEASURES CONTRIBUTING TO OVERALL STRENGTHENING AND DEVELOPMENT OF SURGICAL SPECIALTIES IN NORTHERN COASTAL AREA OF VIETNAM

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ABSTRACTS

While having primary care settings that enable the most basic primary care services to reach farthest or isolated areas, the healthcare system in Vietnam has currently suffers the overloading in public hospitals leading then to health inequalities between affluent and disadvantaged patients. When the patients have to pay for their use of healthcare services, the matters of access to, affordability for, and quality of healthcare services tend to be accentuated. Part of UN global sustainable development goals emphasizes universal health coverage to provide access to quality essential health care services. Given nearly one third of human diseases needs surgical treatment, over 80 percent of cancers benefit from surgery at early stage, the fact that still nearly 17 million people die annually due to diseases that are treatable by surgery worldwide, and the current shortage of human resources in surgical specialties showed partly the needs for appropriate measures to build surgical capacities in primary care, to help strengthen and develop the surgical teams as solid and integrated part of secondary and tertiary healthcare settings. These measures have to be coped on one hand synchronously as a national strategy with detailed action plan and, in the other hand, independently by actor groups (educational and training institutions, healthcare providers, related health areas and sectors). As an examples, recent comprehensive organizational measures have been implemented in Haiphong University of Medicine and Pharmacy (HPMU) to strengthen surgical department by merging and extending to surgical departments of a central hospital, and by employment of new human resources for each campus (1), establish anesthesiology-resuscitation-emergency department (2), establish oncology department implementing both surgical and chemotherapies (3), create favorable conditions for development of ENT, gynecology-obstetric departments (4). Besides, technical measures, kind of e-Health networking has been established between university hospital and four remote hospitals in coastal and islandish districts for technical professional (both medical and surgical) assistance (5)

MESURES TECHNIQUES ET ORGANISATIONNELLES AU DÉVELOPPEMENT DES ACTIVITÉS CHIRURGICALES DANS LA REGION CÔTIÈRE NORD DU VIETNAM

Pham Van Thuc¹, Pham Van Linh²

RÉSUMÉ: Le système de soins de santé au Vietnam souffre actuellement de surcharges dans les hôpitaux publics, ce qui entraîne des inégalités en terme de l'accès aux soins entre les patients financièrement aisés et les ceux en conditions défavorisés. Lorsque les patients doivent payer (partiellement ou entièrement pour leur utilisation des services de santé, les questions d'accessibilité financière et de qualité des services de santé tendent à être accentuées. Une partie des objectifs mondiaux de développement durable de l'ONU met l'accent sur la couverture sanitaire universelle pour fournir l'accès aux essentiels services de soins de qualité. Étant donné que près d'un tiers des maladies humaines nécessitent un traitement chirurgical, plus de 80% des cancers bénéficient d'une intervention chirurgicale précoce, près de 17 millions meurent chaque année dans le monde des maladies qui sont traitables par la chirurgie, et de la pénurie actuelle de ressources humaines dans les spécialités chirurgicales ont montré en partie les besoins de mesures appropriées pour développer les capacités chirurgicales en soins primaires, pour renforcer et développer les équipes chirurgicales en comme une partie intégrante et solide des établissements de soins secondaires et tertiaires. Ces mesures doivent être répondues d'une part par une stratégie nationale convenable avec un plan d'action détaillé et, d'autre part, par des actions coordonnées, réalisées par des groupes d'acteurs (établissements de formation, prestataires de soins,

secteurs et domaines de soins concernés). Prenant comme exemple, des mesures organisationnelles récentes (ont été mises en place) à l'Université de Médecine et de Pharmacie de Haiphong (UMPH) pour renforcer le Département chirurgical de l'UMPH en faisant fusionner de celui-ci et les Départements chirurgicaux d'un Hôpital central et en employant de nouvelles ressources humaines pour chaque campus (1), l'établissement du Département d'Anesthésiologie-Réanimation-Urgence à l'UMPH (2), la mise en place un Service d'Oncologie mettant en œuvre à la fois des interventions chirurgicales et des chimiothérapies (3), la création des conditions favorables au Développements d'ORL, Gynéco-obstétrique (4). En outre, des mesures techniques ont été mises en place entre l'Hôpital universitaire et quatre hôpitaux des districts éloignés côtiers ou insulaires dans la zone côtière Nord du Vietnam pour l'assistance technique à distance (médicale et chirurgicale) (5).

Mots clés: Accès à la chirurgie, mesures organisationnelles et techniques

CHOLANGIOCARCINOME HILAIRE: UNE STRATEGIE CHIRURGICALE NATIONALE

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RÉSUMÉ

Le Cholangiocarcinome Hilaire est situé dans le tiers supérieur de la voie biliaire principale entre l'abouchement du cystique et le parenchyme hépatique. Il est appelé hilaire parce qu'il est situé dans le hile hépatique devant la bifurcation portale. Il ne doit pas être confondu avec le cholangiocarcinome intrahépatique qui est une tumeur hépatique. En fait, c'est un adénocarcinome des voies biliaires décrit par Klatskin. Sa fréquence est augmentée en Asie du Sud-Est à cause de l'action cancérogène d'une distomatose. En 1979, la resection en routine du cholangiocarcinome hilaire entraîne un taux de résécabilité de 61% avec une bonne qualité de vie et une survie moyenne de 23 Des 11 cas réséqués de chlangiocarcinome, 7 l'avaient été par hépatectomie

La Resection du lobe caudé doit être associée en raison de l'envahissement par la tumeur des canaux biliaires de ce segment. Parfois la veine porte et l'artère hépatique doivent être séséquées et reconstruites. En 1999, on a montré une corrélation très étroite entre le taux d'hépatectomie et le taux de résécabilité du cholangiocarcinome hilaire. Le type d'intervention dépend de la localisation, de la classification et du stade TNM.

PATIENTS ET METHODES: En 1988 et en 2009, L' Association Française de Chirurgie a entrepris deux suivis de tous les malades opérés en France de Cholangiocarcinome Hilaire avec les mêmes critères et les mêmes méthodes d'inclusion

RESULTATS: 1 Le Suivi 1988 de l' Association Française de Chirurgie

Il y avait 307 patients avec un Cholangiocarcinome hilaire. La mortalité hospitalière (post-opératoire) à 30 jours a été plus basse avec la resection (15%) qu'avec la chirurgie palliative (25%). La survie médiane (incluant la mortalité opératoire) a été de 23 mois pour les resections comparée à 8 mois après chirurgie palliative ($p < 0.001$). L'effet de l'extension locale sur la survie donne un temps médian après resection de 64 mois pour les T1, 23 mois pour les T2, 18 mois pour les T3 et les T4.

2 Le Suivi 2009 de l' Association Française de Chirurgie.

En suivant les principes édictés en 1988, 595 patients sur 710 ont eu une resection de leur tumeur. Le taux de résécabilité a été de 51% versus 32% en 1988. La mortalité hospitalière à 30 jours a été de 11%. La survie médiane a été de 50 mois (38-51) versus 23(10-38) en 1988. La survie à 1 an, 3 ans, 5 ans a été respectivement de 77%, 56%, 45% versus 70%, 31%, 13% en 1988. La survie à 5 ans a été multipliée par 3: 45% en 20 ans

CONCLUSIONS: En conclusion, la recherche Clinique, une stratégie nationale de resection R0 de routine des Cholangio carcinomes hilaires, induites par les professionnels a multiplié par 3 la survie à 5 ans. Ces résultats sont un plaidoyer pour le développement de l'enseignement et de la formation post-universitaire par les Professionnels et sociétés chirurgicales scientifiques et non par le gouvernement.

Mots-clés: Cholangiocarcinoma- Bile duct Cancer-klatskin- hepatectomy-Surgical management- Hepatic Resection

REVIEWS OF TREATMENT RESULT OF SIMPLE GOITER SURGERY BY LAPAROSCOPIC SUGERY

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SUMMARY

The treatment of goiter has been executed by various methods such as internal medicine, radioactive iodine, high frequency wave, opensurgery and laparoscopic surgery.

Results:

- In 47 cases of simple goiter were treat with laparoscopic surgery (one case was excluded)
- Average time of surgery is 87.55 + 16.45 minutes.
- Bleeding accident after surgery was surgery with haemostasis endoscopy that had one case, 2.13%.
- The average time of moving drainage-tube was 2.04 + 0.29 days, after surgery.
- The number of hospitalization days after surgery was 7.06 + 3.57 days.
- Patients had temporary hoarse, 3.85%.
- Temporary numbness of neck area was 11.54%.
- There are no patients with surgical scars, numbness legs-hands or dumb.
- 26/47 cases of follow-up treatment was 55.32%:
- + 100% of cases had normal levels of thyroid hormone in the blood,
- + 100% of cases are content with the results of treatment.

Conclusion: 100% of cases was content with the results of treatment and had normal levels of thyroid hormone in the blood.

EVALUATION OF THE RESULTS OF KYPHOPLASTY IN THANH NHAN HOSPITAL

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ABSTRACT

Osteoporotic vertebral compression fractures are a menace to the elderly generation causing diminished quality of life due to pain and deformity. Besides conventional vertebral cement augmentation techniques balloon kyphoplasty has become a popular tool to address painful thoracic and lumbar compression fractures. It showed improved pain reduction and lower complication rates compared to standard vertebroplasty. 100 patients underwent Kyphoplasty procedure in Thanh Nhan Hospital from 5/2015 to 5/2017

Objective: Evaluation of the results of Kyphoplasty in Thanh Nhan hospital

Method: Descriptive, retrospective study

Result: The mean age of patients was 67,8 ± 17,5. Lowest age is 28 and the highest age is 91, with 82/96 patients (85,4) above the age of 60. Female/Male: 5/1. Postoperative pain levels were significantly reduced at day 1 after surgery (VAS 2.3 ± 2.2) and at 3-month follow-up (VAS 1.4 ± 0.9). Mortality: 0. Complication: Cement leakages: 11/96 (11.5%) with no symptomatic, venous extravasation: 2 (2,1%) with no symptomatic, Allergic shock: 0, Infection: 0

Conclusion: Kyphoplasty is an effective tool to treat pain caused by thoracolumbar vertebral compression fractures. The complication rate of kyphoplasty is dramatically lower than in alternative open instrumented procedures, and the immediate pain reduction is significantly greater in kyphoplasty compared to conservative treatment.

Keyword: kyphoplasty, VCF (vertebral compression fractures)

RESULTS OF THYROID CARCINOMA SURGERIES BY USING ULTRASONIC SURGICAL KNIVES IN VIET TIEP FRIENDSHIP HOSPITAL

Vu Dong Hoang Hanh

Viettiep Hopital- Vietnam

Burn – Plastic – Thyroid gland surgerry department

ABTRACTS

From 4/2016 to 8/2017 at surgical Falcuty 11(*), Haiphong Viet-Czech Friendship Hospital, thyroid carcinoma surgeries using ultrasonic surgical knives were carried out on 31 patients, including 3 male patients, 28 female patients, (average age is $43,4 \pm 14,2$ (16-73 years old). The average surgical time is $72,16 \pm 10,87$ minutes (47-110 minutes). There are no case of postoperative bleeding, 3 case of postoperative tetani, 1 cases of temporary hoarseness. During the time the technique implemented, we found that thyroid surgery using ultrasonic knives not only shortened the time of the surgery, good hemostatic ability but also minimized the risk of damage online parathyroid, recurrent laryngeal nerve and the adjacent organs when carrying out 1 whole lobe, whole thyroid removal surgery with thyroid carcinoma.

OUTCOME OF TREATMENT MICROSURGICAL FOR SUPRASSELLA MENINGIOMAS

Do Manh Thang

Viet Tiep Hospital, Hai Phong

ABSTRACT

Ojective: The aim of the present study was to elucidate clinical and MRI (Magnetic Resonance Imaging) and outcomes of microsurgically for suprasella meningiomas, at Neurosurgery Department, Viet Duc hospital from 2012 to 2016.

Method: The clinical materials and MRI of 57 patients with suprasella meningiomas treated microsurgically between August 2012 and October 2016 were analyzed retrospectively. Follow up ranged from 10 to 60 months (median 29,51 months)

Result: in this group, the mean age of the patient was 48,6 years. Ratio woman/man : 4,7/1. The duration of symptoms ranged from 10 day to 8 years (median 11,9 months). The most common symptoms were disturbance (93%), headache (96,5%). The MRI report exactly preoperatively suprasella meningiomas in 100%.

The mean tumor size was 29,17mm (ranged 10mm to 49 mm). Location of tumor : tuberculum sella (24,56%), planum sphenoidal (5,26%), Diaphragma (47,35%), Tuberculumand and diaphragm (19,3%), tuberculum and planum (3,5%). The gross total resection with Symson II,III 54,38%, Symson IV 43,85%, Symson V 1,77%. The complications observed were hematoma frontal lobe in 1 patient and then die postoperative 5 day. The follow up ranged from 10 months to 60 months (median 29,51 months). One case died postoperative not relative to meningiomas, 8 cases not connective. The recurrerces was observed were 3 patients and then operated in Viet Duc hospital. The visual acuity improved in 62,68%, remained unchanged 25,37% and deteriorated in 11,95%.

Conclusion: Suprasella meningiomas originate from the dural of the tuberculum sella, planum sphenoid and diaphragm. The mean age at discovery in fourth decade, with predominance observed in women. Visual impairment was the most common initial symptom postoperative visual outcome : good 62,68%, unchange 25,37%, deteriorated 11,95%. The rate of recurrent of tumor low.

**TROPICAL DISEASES - SURGERY
ACCESS IN OTHER SURGICAL
MAJORS**

THE APPLICATION OF ANTEROLATERAL THIGH FLAP IN RECONSTRUCTION OF DEFECTS IN THE HEAD AND EXTREMITIES AFTER SKIN CANCER SURGERY

Pham Van Trung, Nguyen Duc Thanh, Nguyen Duc Tien

SUMMARY

Introduction: Anterolateral thigh flap (ALT flap) was first found and used by Song in 1984. Classified in the perforator type flaps, ĐTN flap is blood supplied by the descending branch of the lateral circumflex thigh artery. The flap is the first choice in many cases, those need a large soft tissue for reconstruction. The study aims to describe the application of ALT flap in reconstruction of defects in the head and extremities.

Patients and methods: 8 patients with the scalp defects and leg defects with surgery amputated covered fasciocutaneous ALT flap.

Results: Show that all the flaps survived. Flap dimensions ranged from 5.8 to 10.12 cm. Flap was composed of skin and fascia 8/8. There were 2 pedicled distally based flap and 6 free flaps.

Conclusion: This study showed that ALT flap is a reliable and new useful tool for soft-tissue defect reconstruction. The quality of the ALT flap in place shaping satisfies functional and aesthetic.

Keywords: Anterolateral thigh flap, soft tissue defect.

INVESTIGATION ON PERCUTANEOUS TRANSTHORACIC NEEDLE BIOPSY UNDER CT SCAN GUIDANCE IN CAUSATIVE DIAGNOSIS OF LUNG TUMOR

Nguyen Thanh Hoi

Hai Phong International Hospital

ABSTRACT

Lung tumor is leading cause of death. We performed percutaneous transthoracic needle biopsy under CT Scan guidance for 85 patients who had lung tumors, with the support of modified guidance device.

SURGICAL APPROACH TO LUNG CANCER

Vu Huu Vinh

A/Prof. Chief of Dept Thoracic Surgery Choray hospital

ABSTRACT

Background: Primary tracheal neoplasms are mainly malignant disease; most of them are carcinoma (squamous, adenoma). The diseases may cause airway obstruction requiring tumor resection and tracheal reconstruction. Advanced stage tumors would expect much tracheal resection, making reconstruction to be challenge. Catastrophe may encounter intraoperative, postoperative, or even in short-term follow-up. At present, there is no any substitute material for tracheal tube, so careful considering indication and surgical technique could help improving the outcome. This study evaluated the feasibility of the surgical interference for this disease.

Methods: Retrospectively review tracheal tumor cases operated with resection and reconstruction at the Thoracic Department, Choray hospital during 6 years (2010 – 2015). Patients received adjuvant chemoradiation postoperatively and were followed-up with tracheal endoscopy and/or CT-scan for 1 month, 6 months, and annual postoperatively. Size of tumors, locations, surgical accesses, reconstruction techniques, morbidity, and mortality are subjects to be examined.

Results: There were 22 cases operated. Among them, tumors located at cervico-thoracic region in 14 cases, intrathoracic but above the carina in 3, at carina and one bronchus in 4, and carina plus both bronchi in 1 case.

Histopathology results showed: 4 metastasis from thyroid cancer, 18 primary tracheal cancers. Three patients (13.6%) died due to over missing of the tracheal tissue: One happened 5 days postoperatively, one after 3 weeks, and one after 4 months. In one other case, the tumor recurred after 3 years due to the remnant tumor at the left main bronchus and died without surgical interference. Others are still alive normally and assume to be successful in term of surgical interference.

Conclusion: Tracheal tumor resection and reconstruction surgery is feasible. Indication should reserve for tumors that invade less than one third of the trachea. Complete resection of the tumor is the most importance for the successful of the surgery. Sternotomy facilitates carina tumor resection comparing to the right thoracotomy.

Keywords: Tracheal tumor, tracheal reconstruction

EVALUATE RESULT OF LAPAROSCOPIC HYSTERECTOMY AT THANH NHAN HOSPITAL

Tran Quyet Thang

Manager of Obstetric and Gynecology of Department, Thanh Nhan Hospital

ABSTRACT

Objectives: To evaluate result of laparoscopic hysterectomy at Thanh Nhan Hospital

Methods: a restropective study including 70 cases of laparoscopic hysterectomy

Results: Mean age was 45.3 ± 3.9 ; ages from 40 to 49 at the rate of 67.8%. Blood loss: 150.6 ± 56.9 ml. Mean duration of surgery was about 78.9 ± 14.6 minutes. Hospitalization: 5 day.

Conclusions: Laparoscopic hysterectomy has aesthetic advantages, fast surgical time, less blood loss, short hospital stay.

LUNG RESECTION BY ROBO-ASSISTED THORACOSOPIC SURGERY FOR TREATING PULMONARY TUMOR AT BINH DAN HOSPITAL – THE FIRST CASES IN VIETNAM

Do Ba Hung, Ho Khanh Duc

Binh Dan hospital

ABSTRACT

Background: Treatment of pulmonary tumor by Video- Assisted Thoracic surgery (VATS) has a considerable development over the years. VATS has shown superior advantages versus open surgery (no need for rib separation) such as postoperative pain relief, faster recovery time and similar treatment outcomes. However, VATS still has limitations such as straightforward tools, limited mobility in intercostal spaces and two-dimensional vision, which require high skills of the surgeon.

The Robot Surgery System is the result of a long process of development aimed at producing a natural extension of the surgeon's eyes and hands via the intermediation of a computer. In this way, the ease of movement obtained with open surgery is summated with the advantages of the minimally invasive technique. Since 2000, when the first robotic surgery was introduced, robo-assisted thoracic surgery (RATS) has been accepted and developed in many centers around the world.

Binh Dan hospital is the first center of Vietnam to develop robotic surgical techniques for gastrointestinal and urological surgery since 12/2016 with the da Vinci Robot system and has a good results. In July 2017, after training in Singapore and Korea, we performed 3 cases of lung resection by RATS.

Method: This is the case report. We report the first cases of lung resection by RATS for treating the pulmonary tumor in Vietnam

Discussion: Two cases of right upper lobe lobectomy and one wedge resection of left lower lobe

for solitary nodule with mediastinal lymph nodes resection. We use 3 robotic arms for dissecting vascular-bronchial structures and receiving mediastinal lymph nodes, and use a stapler to cut these structures and lung parenchyma. The cases were successfully operated; extubation was performed immediately after surgery; chest tube was withdrawn on the second day after surgery. Our patients were discharged at the 4 post-operative day. The advantage is that the surgeon can clearly see the anatomical structures (3-D images), manipulating the rotation of the 540-degree robot tool (endowrist) to remove the blood vessels, bronchus, and mediastinal lymph nodes..

Conclusion: Binh Dan hospital has successfully and safely performed the 3 firsts cases of robotic lung resection in Vietnam. We can say that robot make lung surgery easier and safer than conventional thoracoscopic surgery and open up a new era in the surgical domain. The era of robotic endoscopic surgery in Vietnam.

Key word: Robo-assisted Thoracoscopic surgery (RATS), Lung resection

ROBOTIC-ASSISTED RADICAL PROSTATECTOMY, AN INITIAL REPORT

Vu Le Chuyen, Nguyen Phuc Cam Hoang, Nguyen Van An, Tran Vinh Hung, Nguyen Tien De, Nguyen Te Kha, Do Anh Toan, Do Lenh Hung, Pham Huu Doan, Le Trong Khoi

Binh Dan Hospital

ABSTRACT

Background: Radical prostatectomy is considered the gold standard in the treatment of localized advanced prostate cancer. The application of robotic-assisted laparoscopic technique is a new step to bring many benefits to the patients. We summarize the experience of our first series through 14 prostate cancer treated by robotic-assisted laparoscopic surgery in the Department of Urology Robot, Binh Dan Hospital, from January 11/2016 to March 2/2017.

Patients and methods: It is a case report series. 14 patients were diagnosed with prostate cancer clinical stage T1 to T3 through digital rectal examination, serum PSA, transrectal ultrasound, prostate biopsy or transurethral resection of prostate. Radical prostatectomies were performed antegradely via laparoscopy with robot assist, with and without preserving erectile vascular-nervous, oturator lymph node dissection. Variables studied: the stage of cancer, serum PSA values before and after surgery, the Gleasonscores, lymph node metastases, intraoperative blood loss, operating time, incontinence.

Results: Cancer stage 3 cases T1, T2 has 9 cases, T3A 1 and T3b 1 cases. 3/14 cases with lymph node dissection were negative. Gleason score from 5 to 9. PSA level >10ng/ml 2 cases, 3 cases 10-30ml, > 30 ng/ml with 4 cases. The average blood loss at surgery was 372.71 ml to 1000 ml and at least 200 ml. 9 cases need blood transfusions. Postoperative incontinence lasts from 3 weeks to 2 months seen in 6/14 cases. Not surveyed erectile dysfunction. Serum PSA values postoperative average of 0.26 ng/ml, the highest was 3.42 ng / ml and the lowest 0.05 ng / ml. Learning curve is important factor when the first case of 8-hour surgery last case surgery and 2 hours 15 minutes. No cases have complications with Clavien > 1 or to switch to open surgery.

Conclusion: Although the number of patients is small and short follow-up period, the initial results of robotic-assisted radical prostatectomy are promisingly, suggesting that surgery can be done safe with acceptable complications



POSTER SECTION

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PT2	Assessment of treatment result of using the local pedicled flaps to cover the soft tissue defects of the fingertip <i>Nguyen Duc Tien</i>
Tropical diseases - Surgery for all: Surgical Training	
PT3	Complications After Pancreaticoduodenectomy With Pancreaticojejunostomy Anastomosis <i>Ho Van Linh</i>
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PT4	Results of surgical treatment for lumbar spondylolisthesis by transforaminal lumbar interbody fusion (TLIF) and transpedicular screw fixation techniques in Thanh Nhan Hospital <i>Pham Quang Phuc</i>
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PT13	Evalutate Results Of Intensity-Modulate Radiotherapy Combined With Concurrent Chemotherapy In Stage Ii-Ivb Nasopharygeal Carcinoma At Hanoi Oncology Hospital Phan Anh
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PT16	Liver cancer treatment with TOCE In Viettiap Hospital Nguyen Quang Thanh
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PT18	Clinical Characteristics, Result Of Bronchoscopy Biopsy To Dianose Lung Cancer At 71 Central Hospital Nguyen Van Hieu; Le Xuan Sanh; Le Van Giao; Nguyen Lam Hoa
PT19	Outcome Of Flexible Bronchoscopy In Diagnosis Of Pulmonary Opacities In The Central 74 Hospital Vu Manh Truong
PT20	Treating small cell lung cancer by chemotherapy combining with radiation therapy at Thanh Hoa General Hospital Le Van Giao
PT21	Assessment Of Biological Results Of Successful Cereals By Trucut Knowledge Guided By Ct Scanner In 74 Central Hospital Do Xuan Hoe
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PT30	Evaluate Cervical Lymph Node Metastasis In Differentiated Thyroid Carcinoma Le Van Long
PT31	Surgical Treatment Of Tuberculosis Of The Cervical Spine Hoang Minh Do
PT32	Results Of Well-Differentiated Thyroid Cancer Treatment By Thyroidectomy In Combination With I Nguyen Tien Lang
PT33	Application Of Modern Technologies In Treatment Of Oral Cancer in Hanoi National Hospital of Odonto – Stomatology Le Ngoc Tuyen

ASSESSMENT OF TREATMENT RESULTS BY USING ATASOY FLAP TO COVER THE SOFT TISSUE DEFECTS OF THE FINGERTIP IN VIET TIEP HOSPITAL IN HAIPHONG

Nguyen Duc Tien

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ABSTRACT

Background: Skin and soft tissue lesions at the fingertips revealing tendons and bones are common injury. If this lesion is not treated improperly, it will result in loss of delicate motor function, as well as delicate tactile function of the finger.

Subjects and methods : The study was conducted on 34 patients with 37 soft tissue defects of fingertips which were shaped with Atasoy flap at Department of Plastic Surgery of Viet Tiep Hospital from 1/2014 to 12/2016.

Results and discussions: The most common position of the 37 soft tissue defects of fingertips was the second finger with 14/37 fingertips soft tissue defects. The most common vulnerable zone was second zone with 17/32 fingertips soft tissue defects. The average surgery time was about 25 minutes, the mobility of the flap was from 4 to 10 mm, average was 6 mm. 36/37 fingers recovered motor function at normal level.

Conclusion: Covering the soft tissue defects of fingertips with the Atasoy flap is a good method: simple technique, short surgery time, preserve delicate motor and tactile function of the finger.

Keywords: Fingertip, Atasoy flap

ASSESSMENT OF TREATMENT RESULT OF USING THE PEDICLED FASCIOCUTANEOUS FLAP TO COVER THE TISSUE DEFECTS OF WRIST HAND AND FINGERS IN EMERGENCY IN VIET TIEP HAIPHONG HOSPITAL

Nguyen Duc Tien

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ABSTRACT

From 1/2013 to 12/2015 at Viet Tiep Hai Phong hospital, we have used pedicled fasciocutaneous flap for 41 patients with 48 soft tissue defects of wrist and finger in emergency. Hence, in our research, there are 91,4% flap completely live only 4,3% less than 1/3 flap necrosis area, 42/44 flap wound healing first degree. Time of healing were 10 days in minimum, 20 days in maximum and 12 days in average. 92,4% patients have good functional physical recovery. We have found that performing operation cover the soft tissue defects in emergency not only helped to cover the revealed tendons, ligaments and bones but also contributed quickly to the wound clearance and increased supply source. It also promoted a advantageous healing process and functional recovery of wrist and fingers in shortens time and diminished the hospital expenses

Keywords: Soft tissue defect, Pedicled fasciocutaneous flap, wrist hand and fingers.

COMPLICATIONS AFTER PANCREATODUODENECTOMY WITH PANCREATICOJEJUNOSTOMY ANASTOMOSIS

Ho Van Linh, Le Loc, Pham Nhu Hiep, Hoang Trong Nhat Phuong, Dang Ngoc Hung, Phan Hai Thanh

SUMMARY

Background: The aims of this study were to describe some complications following pancreatoduodenectomy and corresponding treatment strategies.

Methods: From January 2010 to January 2017, 53 patients with pancreatic disease underwent pancreatoduodenectomy at Hue Central Hospital.

Results: The mean age was 56.1 ± 14 (18 – 83) years. 52.8% of patients aged 40 to 59 years old. The male/female ratio was 2.1. Predominant symptoms included abdominal pain (66.2%), jaundice (78.7%), weight loss (56.6%) and pruritus (58.5%). Hardened pancreatic texture was found in 11.3% whereas soft, non-fibrotic pancreatic texture accounted for the majority of cases (88.7%). We performed prophylactic external pancreatic duct drainage in 54.7% of cases. Mean blood transfusion volume was 571.9 ± 251.0 (350 – 1350) ml. Mean operative time was 280 ± 28.9 minutes. There were 32% of patients having post-operative complications, including pancreatic fistula (1.9%), haemorrhage (5.7%), transient acute pancreatitis (13.2%), delayed gastric emptying (7.5%) and bilioenteric anastomosis fistula (1.9%) and there was no post-operative mortality.

Conclusions: Overall complication rate after pancreaticoduodenectomy with pancreaticojejunostomy remained high. However, the rates of pancreatic fistula and haemorrhage were low and there was no postoperative mortality.

RESULTS OF SURGICAL TREATMENT FOR LUMBAR SPONDYLOLISTHESIS BY TRANSFORAMINAL LUMBAR INTERBODY FUSION (TLIF) AND TRANSPEDICULAR SCREW FIXATION TECHNIQUES IN THANH NHAN HOSPITAL

Pham Quang Phuc

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ABSTRACT

Methods: 30 patients lumbar spondylolisthesis patients were treat by transforaminal lumbar interbody fusion (TLIF) and transpedicular screw fixation techniques in Thanh Nhan Hospital, follow up: 2 years during 5/2015 to 4/2017.

Results: Female ratio: 60 %, mean age: 54,23 years old (from 20 to 75), group of age from 40 – 59 years is major. Most common level is L4L5 (63,33%), L3L4 (6,67%), L5S1 (30%). Slip serevity was classified by Meyerding, grade I (56,67%), grade II (40%), grade III (3,33%), grade IV (0 %). Symptoms: lumbargo and radiculopathy (40%), ladder sign (36,45%), 100% patient was taken dynamic lumbar X-ray and MRI. Pre-op JOA mean score: 7,68. Mean operting time: 121,35 minutes. Post-op Prolo scale: Good (70%), Spared (30%). Post-op mean JOA score: 17,16. Post-op mean ODI 22,13%. Grade I and II spondylolisthesis were reduced completely, Grade III was reduced Grade I. No complication, include: dural tear and nerve root injury.

Conclusions: TLIF and transpedicular screw fixation are good methods in surgical treating for lumbar spondylolisthesis. Life functions and pain were improved, complication rate is very low.

RESUTLS OF SURGICAL TREATMENT FOR SACROCOCCYGEAL TUMOR IN CHILDREN

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ABSTRACT

Objective: 36 patients were enrolled in study with the median age of 2,7 months and female/male = 2,6/1. Nineteen of our patients were diagnosed during the antenatal period. Altman classificassion type I, II, III, IV was 27.8%, 50.0, 13.9%, 8.3%. All patients underwent surgery for tumor, coccyx bone resection. 1 case had rectal injury during the surgery. Postoperatieve complichations consisted wound infection (31,6%). Adjuvant chemotherapy was indicated in 2 cases. At a mean follow up $21,1 \pm 7,4$ months, Long-term functional sequelae of sacrococcygeal tumor: vecicoureteral reflux (3,1%), constipation (9,4%), tumor recurrence (7,7%). Overall survival rate after 9 months in patients with malignant disease were 100%.

Conclusion: Prenatal ultrasound is good methods in order to avoid rupture tumor. CT scan and MRI advantages for detect metastases. Early surgery in the neonatal period included coccygectomy give good results.

Keywords: Sacrococcygeal tumor, germ cell tumor.

CARACTÉRISER LES SIGNES CLINIQUES, PARACLINIQUE ET LA RÉSULTAT DE TRAITEMENT CHIRURGICAL DU CANCERS GASTRIQUE À L'HÔPITAL VIETTIEP HAI PHONG

Pham Van Duyet, Nguyen Lam Hoa, Pham Ngoc Hung

RÉSUMÉ

Objectif: Caractériser les signes cliques, para-cliniques des patients ayant un cancer gastrique et évaluer les résultats préliminaires, la qualité de vie de ces patients après la gastrectomie au Centre d'oncologie l'hôpital Viettiep Haiphong.

Population d'étude et méthodologie: 37 patients ayant l'adénocarcinomes de gastrique bénéficiés la gastrectomie et curage type D2 au Centre d'oncologie de l'hôpital Viettiep Haiphong pendant trois ans (4/2013 - 4/2016) ont été inclus.

Résultats: La majorité des patients d'étude étaient masculins (56.8% hommes/43.2 % femmes). L'âges moyenne des patients était de 59.8 ± 9.9 ans, le plus âgés était 80 ans, le plus jeune était 33 ans. Les symtômes le plus fréquente comprennent: Douleur épigastrique (89.2%); Ballonnement (75.7%), Satiété précoce (70.3%); Amaigrissement (67.25). Les lésions fondamentales situent au région antre et pylore (63.9%), petit courbure (33.4%). Le cancer ulcéré et végétant occupent 78.4 % et 13.5%; Infiltrant 8.1%. Le Stade Dukes A était 24.3%, Dukes B (29.7%); Dukes C (46%). Dans notre étude, aucune complication majeure n'a rapportée pendant et après opérations; cependant, il y avaient quelques mineures complications chez 4 cas. La durée moyenne de l'opération était 185.14 ± 39.1 minutes, la plus courte était 120 minutes, la plus longue était 270 minutes. La durée moyenne d'hospitalisation post-opératoire était 12.46 ± 2.6 (9-22) jours. La viabilité post-opératoire après 12, 24, 36 mois selon la méthode de Kaplan Meier était 100%, 94.7%, 81.2%.

Conclusion: Le cancer gastrique est principalement malins, et souvent asymptomatique ce qui rend le diagnostic précise difficile. Le taux de mortalité est élevé. Donc, pour améliorer le résultat de traitement, il faudrait obtenir un diagnostic précoce, faire le screening sur les populations à haut risqué, l'endoscopie et biopsie systématique.

THE SITUATION OF EPIDEMIOLOGY, DIAGNOSIS AND TREAT LIVER CANCER (HCC) AT THE HAIPHONG ONCOLOGY CENTRE IN VIETNAM FROM 2010 TO 2015

Nguyen Lam Hoa, Pham Van Thuc***

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ABSTRACT

Epidemiology: According to the cancer registry at HaiPhong Rank years from 2011 to 2015 : Liver cancer ranks second after lung cancer in men and the 6th in Women.

- Male - 26.3 / 100,000 population
- Female - 5.5 / 100,000 population

Criteria for diagnosis of liver cancer:

- Results of cyto or histopathology of liver cancer
- The tumor on CTscanner + AFP > 400ng / ml
- The tumor on CTscanner + AFP < 400 ng/ml + HBsAg (+), HCSAg (+)

The methods of treatment:

- Liver Surgery by method of Ton That Tung (VietNameese)
- TACE
- MWA : Wave Micro Ablation
- Radiotherapy - LINAC
- Targettherapy - Nexava

Results of the treatment:

- Hepatectomy convention/year: 20-30 cas / year . Survive > 2 years 70 %.
- TACE: from 2010 to 2015 is 132 patients (302 times of patients) , the most many - 6 times/patient , the average - 2.3 times/patient. The survive average 18.4 ± 9.1 months.
- MWA: from 2014 to 2015 have 20 patients (23 times of patient) . Results after 12 months - 80 % excellent and good , 20 % - progress and bad (Death)
- Radiotherapy – Palliative care : > 100 cas/year , the results can reduce pain and improve sleep and eating # 50 % .
- Target therapy by Nexava combines with other methods: markedly effective to prolonger the life of patients (1-2 years).

CLINICAL AND SUBCLINICAL FEATURES AND MANAGEMENT OF HYDATIDIFORM MOLE AT HAIPHONG HOSPITAL OF OBSTETRICS AND GYNECOLOGY IN 4 CONSECUTIVE YEARS (2011-2014)

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ABSTRACT

Background: Trophoblastic diseases originated from pregnancy include 4 types: hydatidiform moles (complete and partial moles), invasive mole, placental-site trophoblastic tumor, and trophoblastic cancer.

Hydatidiform moles are quite common in Viet Nam. Molar pregnancies are usually benign. However, some hydatidiform moles can be malignant or borderline (such as invasive mole) which could have severe outcomes. Fortunately, malignant moles can be cured inspite of their metastasis.

Hai Phong hospital of Obstetrics and Gynecology is responsible for diagnosis and management of complicated diseases in Obstetrics and Gynecology, including molar pregnancy. However, there has not been any research on the disease at the hospital so far.

Objectives:

1. To describe clinical features and sub-clinical features of molar pregnancy in Hai Phong Women Hospital in 4 consecutive years (1/2011-12/2014).
2. To study the management of molar pregnancy in Hai Phong Women Hospital.

Method: A prospective descriptive study of 244 molar pregnancy cases treated in Haiphong Women Hospital from 1/1/2011 to 31/12/2014.

Results:*1. Clinical features and sub-clinical features of molar pregnancy*

Clinical features: Mean gestational age was 7.92 ± 3.17 weeks, cases with gestational age ≤ 10 weeks accounted for 77.5%. Rate of vaginal bleeding was 49.6%; among these patients presented with vaginal bleeding, cases with bleeding time < 1 week accounted for 62.8%. **Sub-clinical features:** 98.8% was diagnosed correctly by ultrasound. Rate of patients with β hCG level from 100.000 to 500.000 mIU/ ml was 52.7%.

2. Most of patients underwent mole aspiration and curettage (98,8%), including two-time curettage (70,9%). 20,9% of patients underwent hysterectomy. 65,5% of patients was found to be cured after molar removal. Mean time for β hCG level went down to negative values in all patients, complication group, and non-complication group was $8,89 \pm 3,42$ weeks, $12,1 \pm 4,0$ weeks and $7,67 \pm 2,15$ weeks, respectively. Rate of complications in complete mole group and partial mole group was 41,4% and 19%, respectively. Rate of complication (invasive mole) found with histopathology was 14,6%; complication found by monitoring β hCG level, which must be treated with Methotrexate, was 19,9%. Complications, which were found in period of 8 weeks right after molar removal, accounted for 81,3%.

Conclusions: Most of molar pregnant patients were diagnosed in the first trimester before the onset of the typical signs and symptoms due to the advent of high-resolution ultrasonography. Complications could be found early and treated effectively by following up the β hCG level after mole removal in molar pregnant patients.

STUDY ON HPV PREVALANCE IN PATIENTS AT HAI PHONG GYNECOLOGY-OBSTETICQUE HOSPITAL BY REAL-TIME PCR AND DOT BLOT HYBRIDIZATION

Phan Thi Thanh Lan

Hai Phong Gynecology-Obstetricque Hospital

ABSTRACT

Objective: to determine HPV prevalence and distribution of HPV types in patients at Hải Phòng gynecology- obstetrics Hospital.

Methods: Using real-time PCR and Reverse Dot Blot Hybridization to study 533 cervical swab specimens.

Results: The rate of HPV infection in women at Hospital with high-risk type is 10.1%, which were infected with type 16 is 20.4%; type 18 is 12.9% and 66.7% positive with 1 in 12 type (31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 68). The infection rate with 1 type is 88.9%, coinfection with 2 types is 11.1%; No any cases of co-infection of 3 types. Co-infection between one high-risk type with one type of average-risk is the highest rate (100%), the most common co-infection is between types 16 and 1 average-risk type (66.67%).

Conclusion: The rate of HPV infection in women at Hospital with high-risk is 10,1%. Our results is higher than that in publication.

Key words: HPV prevalence, distribution of HPV, Real - Time PCR and Reverse Dot Blot Hybridization.

THE TREATMENT OF PATIENTS WITH TRIGEMINAL NEURALGIA (TN) BY ROTATING GAMMA KNIFE (RGK) AT BACH MAI HOSPITAL

Doan Xuan Truong

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ABSTRACT

Ojective:

1. To describe certain clinical characteristics of idiopathic trigeminal neuralgia (TN).
2. To evaluate the safety and efficacy of rotating gamma knife (RGK) radiosurgery

Methods: 58 patients presenting with idiopathic TN were treated using RGK. The frequency and severity of pain, as well as trigeminal nerve function, were evaluated before GKS and regularly after the treatment. Radiosurgery using the Rotating Gamma Knife was performed with the help of MRI. A single 4-mm isocenter was positioned in the root of the trigeminal nerve (retrogasserian target). A median maximum dose of 74,8 Gy (range 50-90 Gy) was prescribed.

Results: The safety and efficacy were reported for 58 patients with medically refractory idiopathic TN who had never been previously treated by GKS and had a follow-up of at least 1 month. The median age in this series was 65 years (range 27-82 years). The median follow-up period was 30 months (range 1-90 months). Overall, 48 patients (89,7%) were initially pain-free in a median time of 2 months. The hypesthesia actuarial rate after 8 years was reported in only 3 patients (5,1%).

Conclusions: Retrogasserian RGKS proved to be safe and effective in the long term and in almost all patients.

EVALUATING THE ROLE OF ¹⁸FDG-PET/CT IN DISEASE STAGING OF LARYNX- HYPOPHARYNGEAL CANCER

Nguyen Thi Hoa Mai

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ABSTRACT

Study objectives: To evaluate the role of ¹⁸F-FDG PET/CT in the disease staging of larynx-hypopharyngeal cancer.

Subjects and methods: 33 larynx-hypopharyngeal cancer patients were performed ¹⁸FDG-PET/CT scan before treatment at the Nuclear Medicine and Oncology Center of Bach Mai Hospital. Staging of larynx-hypopharyngeal cancer was based on UICC 2010.

Results: ¹⁸F-FDGPET/CT scan have detected 100% primary tumors (66.7% in the larynx, 33.3% in the hypopharyngeal) and 54.5% patients with area lymph node metastases, 30.3% patients with distant metastases. The average size of the primary tumors was 3.4 cm, the average size of the metastatic lymph nodes was 2.5 ± 1.6 cm, the average size of the distant metastasis was 3,2±1,7 cm. All the primary tumors, lymph nodes and distant metastases were increased the uptake of ¹⁸F-FDG on PET/CT images. The detection rate of primary tumors, lymph nodes and distant metastases by ¹⁸F-FDG PET/CT were 100%; 54.5% and 30.3% and they were higher than results from CT/MRI with 90.9%; 21.2% and 18.2% respectively. After PET/CT scan, the disease stage of 11 patients (33.3%) were changed.

Conclusions: PET/CT is able to detect accurately the primary and metastatic larynx-hypopharyngeal cancer. It is a high-value method that accurately evaluates the stage of the disease and selects appropriate treatments to improve efficacy treatment.

RESULTS OF TREATMENT OF THE BRAIN METASTATIC LESIONS LUNG CANCER BY ROTATING GAMMA KNIFE

Nguyen Quang Hung

Bach Mai Hospital

ABSTRACT

Purpose: To evaluate the results of treatment lesions on brain metastases by rotating gamma knife. Patients and methods: Interventional, non – comparative Clinical trial: 102 patients diagnosed to have adenocarcinoma histology and one to three brain metastatic tumors, diameters ≤ 30 mm on the magnetic resonance imaging films were treated by Rotating Gamma Knife at the Nuclear Medicine and Oncology Center, Bach Mai Hospital from January 2016 to June 2017 with 20 Gy dose for tumors < 20 mm and 16 Gy for tumors from 20 to 30 mm.

Results: Signs of improvement after 1 month performance in which 70.6% of all fully symptoms was 15.7%, after 1 year of radiosurgery response rate is 86.7% and complete response rate was 80%. Response rates of metastatic lesions in the brain after 1 month: 68.6%, completed response which was 11.8% at 1 year completed response rate was 83.3%. Some factors that affect tumor response rate as the number of lesions on brain metastases drive size. Conclusion: Rotating gamma knife radiosurgery control of metastatic brain lesions, improve the quality of life for patients.

EVALUATE RESULTS OF INTENSITY-MODULATE RADIOTHERAPY COMBINED WITH CONCURRENT CHEMOTHERAPY IN STAGE II-IVB NASOPHARYGEAL CARCINOMA AT HANOI ONCOLOGY HOSPITAL

Phan Anh

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ABSTRACT

Purpose: To evaluate the initial result of intensity-modulate radiotherapy combined with concurrent chemotherapy in stage II-IVB nasopharyngeal carcinoma at Hanoi oncology hospital from May 2016 to June 2017.

Methods: A retrospective, descriptive study of 20 stage II-IVB NPC patient received IMRT concurrently with weekly Cisplatin from May 2016 to June 2017.

Results: Finish treatment: there were no grade 3, 4 haematotoxicity and mucositis; the rate of complete response is 85% and partial response is 15%.

Conclusions: This regimen of low toxicity, high response rates

THE RADIATION OF MOBILE PHONES: EVIDENCE OF BRAIN TUMOR

Prisilla Jayanthi

ICORG

ABSTRACT

Micro Radiation Wave is absorbed more by children and adolescent than the adults because their skulls are thinner and relatively minute. The working team consist of more than 30 scientists' classifying the radiofrequency electromagnetic fields from mobile phones emitting non-ionizing electromagnetic fields (RF-EMF), as Group 2B (carcinogen). A 10-year latency period is practically enough for development of tumors to indicate carcinogenic risks from exposure to radiofrequency (RF) fields during use of mobiles or cordless phones. The studies from various groups involve cases of 37486 and controls of 84982. The meta-analysis for glioma gave odd ratio OR = 1.02 95% CI = 0.75-1.39 and for the latency group ≥ 10 years, OR = 1.38 95% CI = 0.70-2.73. The highest risk was identified in the age group below 20 years from the Hardell Group.

EFFICACY OF TREATMENT OF ACOUSTIC NEUROMAS BY ROTATING GAMMA KNIFE RADIOSURGERY AT THE NUCLEAR MEDICINE AND ONCOLOGY CENTER , BACH MAI HOSPITAL

Vuong Ngoc Duong

Nuclear Medicine and Oncology Center, Bach Mai Hospital

ABSTRACT

Objective: To valuate the efficacy and safety of treatment of acoustic neuromas by rotating Gamma knife radiosurgery (RGK: Rotating Gamma Knife) at the Nuclear Medicine And Oncology Center , Bach Mai Hospital from 9/ 2011 to 10/2015.

Subjects and Methods: Research study describes 89 acoustic neuromas treated with Gamma knife radiosurgery.

Results: The common age from 17 to 83 years old, average age 49.9. Tumor size from 9 mm to 30 mm, average size $20,7 \pm 5,7$ mm.. The radiosurgery dose was from 10 (Gy) to 16 (Gy). Tumor control rate is 95,5%, facial nerve conservation is 94,4% Almost patients were improve clinical symptoms, tumor size reduction, the patients were safe, no patients had severe complications due to treatment.

Conclutions: Rotating Gamma knife radiosurgery was a treatment method safe and effective for acoustic neuromas.

LIVER CANCER TREATMENT WITH TOCE IN VIETTIEP HOSPITAL

Le Minh Quang, Bui Hoang Tu, Nguyen Quang Thanh

Viettiep Hospital

SUMMARY/ ABSTRACT

Hepatocellular carcinoma (HCC) is one of the most common cancers in the world

Objective of the study: Assessment the outcome of transcatherter oily chemoembolization (TOCE) in treatment of HCC at Viet Tiep Friendship hospital.

Study subjects: 102 patients who were diagnosed and treated at Viet-Tiep hospital from April 2011 to April 2017

Research method : Descriptive, retrospective and prospective

Study results: Mean days of treatment: 5.23 ± 2.35 days. Conducted 237 interventions / 102 patients. Patient had the largest number of TOCE at 8 times. After treatment, the significant changes were: Reduction of HSP rate, increase the percentage of patients who got weight gain and the vascular proliferation tended to decrease after 1 month, 3 months, 6 months at the rate of 38.24%, 15.29%, 9.09% respectively. The average concentration of AFP, bilirubin, GOT-GPT and mean tumor size decreased over time but not statistically significant. The mean overall survival was 21.70 ± 9.04 months, the longest overall survival was 72 months, the shortest overall survival was 1.5 months. The survival rate at 1 year, 3 years, 6 years was 64.70 %, 31.40%, 2.90% respectively. The cause of death was liver failure accounting for 46.88%. There were no serious complications during and after intervention.

Conclusion: This treatment has good efficacy on long-term survival, contributes to improve the quality of treatment for HCC patients at Viet Tiep Friendship hospital.

STUDY ON THE RELATIONSHIP BETWEEN SURVIVAL TIME AFTER GASTRIC CARCINOMA SURGERY AND TUMOR CELL REMAINING AT UPPER TUMOR SECTION

Duong Hoang Hao

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ABSTRACT

Study on the relationship between survival time after gastric carcinoma surgery and tumor cell remaining at upper tumor section. On 146 patients with gastric carcinoma who underwent surgery, the average survival time after surgery was $37,5 \pm 1,9$ months, a 5-year survival rate was 37,7%. Survival after surgery is not affected by the spread of cancer on the 3 cm and 5 cm sections. 6,2% of the cases had cancerous cells at the surgical site section and had a marked effect on survival time. Cancer cells remain at the cutting site, the survival time is short and vice versa.

CLINICAL CHARACTERISTICS, RESULT OF BRONCHOSCOPY BIOPSY TO DIANOSE LUNG CANCER AT 71 CENTRAL HOSPITAL.

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National Hospital of 71 cancer central at Thanh Hoa

ABSTRACT

The aim of this study to determine some clinical characteristics, radiographs and bronchoscopy biopsy in the diagnosis of lung cancer in 71 Central Hospital.

Research subjects: Patients were treated at 71 Central Hospital had clinical, subclinical and histopathological findings that were identified lung cancer.

Material and Methods: According to method: the description of disease case. Convenience sampling, Non- Probability Sampling follow Research objectives

Data handling: Collected data is cleared. Import and process data using SPSS 16.0 software for research purposes.

Result: Research were studied on 104 patients with an average age of 64.72 ± 12.94 , with a male / female ratio = 3.73. Clinical: chest pain 92.30%, dry cough 53.84%, weight loss 30.77%, blood cough 25%. X-rays: lesions on film 94.23%, right lung and urethral tumors are similar. The tumors are most common in the range of 3 - 5cm (34.62%). Bronchial endoscopic: Intracranial lesions 42.31%, femorosis 17.4%, external obtrusions 15.31%. The location of the root lesion must be 15.39%, left root 19.23%. The most common lesion in the medial lobe of the right lobe is 7.69%. One time colonoscopy: 48.08%. Twice times colonoscopy 42.31%. Average number of colonoscopy: 1.62 times. Histopathology: Adenocarcinoma: 65.39%, squamous cell carcinoma: 19.23%, small cell carcinoma: 3.84%. Tumors located in the original bronchial site or metastatic adenocarcinoma 6.6 times more than the original group without bronchial lesions. The lesions of laparoscopic lesions or epithelial carcinoma were more than 7.1 times that of those without lymphoma. Tumor at 3-5cm in size usually be epithelium cancer more than 4.2 times with other sizes.

OUTCOME OF FLEXIBLE BRONCHOSCOPY IN DIAGNOSIS OF PULMONARY OPACITIES IN THE CENTRAL 74 HOSPITAL

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¹ The Central 74 Hospital, ² Hai Phong University of Medicine and Pharmacy

SUMMARY

Objectives: To describe the outcome of flexible bronchoscopy in diagnosis of pulmonary opacities.

Method: A retrospective and prospective, descriptive study was conducted in the 118 patients, who were performed flexible bronchoscopy for diagnosis of pulmonary opacities in the Central 74 Hospital.

Results and conclusion: A total of 118 patients, among of them: male: 80,5%, frequent age: ≥ 60 , average age: $59,1 \pm 12,8$. All patients had endobronchial lesions, of them: lump tumor made narrow endobronchial: 45,8%. Congested mucosa was frequent in pneumonia: 64,5%, lump tumor made narrow endobronchial was frequent in lung cancer: 63,6%, pseudomembrane on the ulcerated foundation was frequent in pulmonary tuberculosis: 47,1%. PTB was mainly diagnosed from microbiologic test of fluid of bronchoalveolar lavage (16,1%), lung cancer was mainly diagnosed from bronchial or endobronchial tumor biopsy (29,5%). Diagnostic yield of lung cancer: 51,5%, pulmonary tuberculosis: 88,2%. Proportion of complications were 4,3%, of them: respiratory distress: 3,5%, bleeding: 0,8%.

Keywords: outcome of flexible bronchoscopy, pulmonary opacities

CONCURRENT CHEMORADIOTHERAPY FOR SMALL CELL LUNG CANCER IN THANH HOA GENERAL HOSPITAL

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SUMMARY

Small cell lung cancer accounts for 15-20%, if not treated promptly about 60-70% of which move to the spread period [7]. A retrospective study of 84 patients was conducted to assess the outcome of regimen (Etoposide, Cisplatin) + Concurrent radiotherapy, small cell lung cancer at the Center of Oncology of Thanh Hoa general hospital from 1/1/2010 to 31/12/2015.

Results: A total of 84 patients, 25/1 male/female, mean age 56; focal stage 82.1%; The overall response rate is 97.6%; Neutropenia level 3 is 3.6%; Thrombocytopenia level 3 is 1.2%; Anemia level 3 is 2.4%. Pneumonia level 1 is 8.3%; Pulmonary fibrosis level 1-2 is 3.6%; Esophagitis level 1-2 is 2.4%. Two-year disease-free survival of 27.2%, five years was 1.2%; To live extra full two years is 28.6%, five years is 7.2%.

Conclusion: Co-administration of chemotherapy for Small cell lung cancer showed results that unwanted side effects can be overcome or prevented. Response rate and survival time which along with its safety is at acceptable level.

Key: Radiation chemotherapy for small cell lung cancer.

ASSESSMENT OF BIOLOGICAL RESULTS OF SUCCESSFUL CEREALS BY TRUCUT KNOWLEDGE GUIDED BY CT SCANNER IN 74 CENTRAL HOSPITAL

Do Xuan Hoe¹, Vu Manh Truong¹, Dang Van Khoa¹, Vu Quang Dien¹ Nguyen Lam Hoa²

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SUMMARY

Objective: To evaluate the results of biopsy of thoracic chest biopsy with a truncated needle under the guidance of a computerized tomography scan of lung tumors. Method: Case study for prospective patients. Results and Conclusions: Meet age group ≥ 60 , average age: 54 ± 14 , male / female $\sim 3.55 / 1$. The results of the diagnosis were cancer 35.2%, tuberculosis 25.3%, inflammation 36.3% and fungal tumor 3.3%. The overall complication rate of the procedure was 18.4%.

Key words: chest biopsy

ROLE OF LYMPH NODE DISSECTION IN SURGICAL TREATMENT FOR NON SMALL CELL LUNG CANCER WITH N2 ON OPERATION

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Thong Nhat Hospital

SUMMARY

Background: Non small cell lung cancer is one of leading causes of death of cancer. Surgical treatment is the main method to treat for early NSCLC. The role of surgical treatment for NSCLC with N2 is still controverse.

The aims of this study are evaluate the short-term and long-term results of surgical treatment for NSCLC with N2 detected N2 on operation.

Material and Methods: During 10 years from 2004 to 2014 we treat for 94 patients who have NSCLC with N2 were operated in Thong Nhat hospital. Staging was based on AJCC 1997.

Primary outcomes are mortality rate, morbidities. Over all survial, disease freed survival, 5 years survival. All patients underwent lobectomy or pneumonectomy with lymph node dissection. Adjuvant chemotherapy with platinum based regimen were given for all patients.

Results: 78 patients (83,0%) underwent lobectomy, 2 patients (2,1%) underwent bilobectomy, 3 patients (3,2%) underwent pneumonectomy; 3 patients (3,2%) underwent endoscopic lobectomy, 8 patients (8,5%) underwent explorative operation. 62 cases (66,0%) have mediastinal lymph node on CT scan before operation. 42 cases (44,7%) with N2 are positive on histologic findings.

No mortality, 1 cases had post operation bleeding, 1 case had atelectasia, 2 cases had prolonged air leak. 5 years survival is 19,1%, in group with N2 positive is 14,3% and in group N2 negative is 23,1%

Conclusions: Thorax CT scan have low sensitives. Positive N2 rate is low among NSCLC N2 detected on operation. Lobectomy/pneumonectomy with lymph node dissection should be done for patient with N2 NSCLC detected on operation.

Key words: Resectable NSCLC, adjuvant chemotherapy.

EVALUATE RESULTS OF RADIOTHERAPY FOR NON SMALL CELL LUNG CANCER IN HOSPITAL CENTRAL LUNG FROM 1/2015 TO 3/2017

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ABSTRACT

Non small cell lung cancer in advance often progresses to brain. Chemotherapy are less infiltrated into the brain, surgery or gamaknife is limited. Whole brain radiotherapy (WBRT) is a popular method. WBRT combines systemic therapy: chemotherapy, TKI. Results age group 50-69 accounted for 76.5%. Male / female ratio = 1.94. Duration 1-3 months accounted for 51.1%. Syndrome: increased intracranial pressure (92.7%); Dry cough (48.9%); Chest pain (46.7%); Fatigue, weight loss (59.6%). Brain metastasis: 53.2%, cerebellar metastasis accounted for 8.5%. Metastasis on three place in brain (55.3%). Size of 20-30 mm, accounting for 55.3%. Adenocarcinoma (63.8%). Combination chemotherapy accounted for 68.1%, TKI combination accounted for 31.9%. After 6 weeks the symptoms decreased and lost accounted for 70.2%, neurological symptoms increased 6.4%. Response rate in the brain 83%. PFS was 13.2 +/- 1.4 months, median 14.6 months. Overall survival time was 15.0 ± 1.4 with median 14.7 months.

Keywords: Non small cell lung cancer

CONSERVATIVE THERAPY OF TRADITIONAL DAI MEDICINE FOR MALIGNANT TUMOR

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SUMMARY

Background: The history of Traditional Dai Medicine (TDM) is more than 2500 years. Depending on experiences of living knowledge and medical practice, Dai people created their own medical theories and therapeutic methods, such as Si Ta (Wind, Fire, Water and Earth), Wu Yun (Color, Sense, Toleration, Perception and Behavior), San Pan (up, medium and down), relieve theory, wind-derived disease theory and 10 main external therapeutic methods. Dai medicine considers that Si Ta is a unit of structure and function of human body, Wu Yun is an integration of materials and spirit, and human, environment and the society are unified. In clinic treatment, by modifying body, organ function and mentality, Dai medicine recuperates one's health. It has remarkable experience in malignant tumor treatment, including internal and external treatments. Drugs used by oral administration and medicated diet are internal treatments. External treatment contains 10 main therapeutic methods (Nuan-ya: lying with heated herbs; Hong-ya: steaming; A-ya: medicated bath; Nan-ya: seating on heated herbs; Sha-ya: stabbing medicated solvent into the skin; Guo-ya: coating drugs; Guo: cupping; Zan-ya: covering drugs on the skin; Bi: massage; Bao: spells), acupuncture and bloodletting therapy. Furthermore, TDM also takes care of one's sentiment, living environment and rational diet as natural recovering methods.

Methods: According to theory of Traditional Dai Medicine, cancer is caused by smoldered toxicities and pathogenic factors, which lead to insufficient of Si Ta, imbalance of Wu Yun and San Pan. The main mentality of Dai medicine for tumor therapy contains: 1. Stop pain. Malignant tumor patients are always affected by violent pain, which give them psychological burden. Water extracts of *Eleutherine plicata* Heerb, *Acorus calamus* L., *Paederia scandens* Merr, *Stephania delavayi* Diels ect. can effectively relieve the pain, help the patients build self-confidence, coordinate to the following treatment. 2. Relieve before the treatment. "Relieve" refers to relieve toxicity in the body and adjust patients' worried sentiments by using drugs to dredge the urinary system and treat certain symptoms. At the same time, doctors use utterance and spells to

make patients calm with positive emotion in order to improve the immunity of the patients. 3. Detoxification and detumescence. TDM considers that there are some toxicities in human diet and living environment, if the toxicities accumulate, they lead to imbalance of Si Ta, Wu Yun, and San Pan. Detoxification drugs could recover this imbalance by dredging San Pan and regain normal function of Si Ta and Wu Yun, so a disease is cured.

Results: According to the statistic data of Guo-rong Traditional Dai Hospital, for uterine cancer, healing percentage is: for stage I, 75%, for stage II, 62%, for stage III, 54%, for stage IV, 36%.

(Supplementary cases: Mrs. Han, 48-years-old, uterine cancer of stage III in 2010, treated by external methods (Nuan-ya, Nan-ya) and acupuncture in Guo-rong Traditional Dai Hospital, took Dai medicines orally, such as *Arundina graminifolia* (D. Don) Hochr., *Leonurus japonicus* Hout, *Clerodendrum Chinese Mabferlley*, *Curcuma flazum* Roxb. and *Mappianthus iodoides* H. –M. etc. for one year. The carcinoma was cured with no recrudescence till 2015. Mrs. Zhen, 53-years-old, breast cancer in 2016, treated in Guo-rong Traditional Dai Hospital by Guo-ya, Zan-ya and acupuncture, took Dai medicines orally, such as *Maytenus hooderi* Loesen, *Paris polyphylla* Sm, *Leonurus japonicus* Hout, *Kadsura heteroclita* (Roxb.) Craib and *Kadsura heteroclita* Craib etc. Examination showed that tumor disappeared and no recrudescence.)

REVIEWING SOME TARGETS IN NATIONAL ACTION PLAN TO PREVENT AND CONTROL CERVICAL CANCER IN VIETNAM, PERIODS 2011-2015 and 2016-2025

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Cervical cancer is primarily caused by infection of human papillomavirus (HPV), and results annually in the deaths of roughly 300,000 women worldwide. Among the secondary preventive measures, screening for cervical cancer, predominantly via Papanicolaou (Pap) tests has reduced in great extent the cervical cancer morbidity and mortality, and the vaccination against HPV also shows great potential as a primary preventive measure in many developed, and also in some developing countries. Nevertheless, low resources countries require strategies adjusted to appropriately reach the targets (proven norms required for the screening to have an impact) and efficiently serve at-risk women. The screening program conducted in some provinces and cities in Vietnam, including Haiphong city, does not allow cities to reach the commitment target in term of screening for cervical cancer by 2015, as compared with those figured in Decisions QĐ 2013/QĐ-TTg and QĐ19/KH-BYT (25% of women aged 30-54 years old screened). In the National Action Plan for the period 2016-2025, the visual inspection with acetic acid (VIA)-based screening has been adopted in integrated variably strategies. However, some key targets in this plan need to be reviewed and the plan to be built in great detail and with some actions reasonably prioritized.

CLINICAL AND HISTOPATHOLOGICAL CHARACTERISTICS OF RENAL CELL CARCINOMA IN THE ADULT

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ABSTRACT

Background: Renal cell carcinoma (RCC) occupies 90% in renal malignant tumors. Symptoms do not present in the early stage, only casually discovered in the routine examination, and mostly patients were treated in the late stage. Therefore, the early detection, the early diagnosis, as well as punctually treatment are very necessary.

Objects: Identify clinical and histopathological characteristics of renal cell carcinoma.

Method: Cross sectional, retrospective study on cases of renal cell carcinoma at 103 Military Hospital, from March 2012 to August 2017. Datum were collected about medical history, physical examination, and urinary biochemistry, abdominal ultrasound, abdominal computed tomography.

Results: There were total 48 cases. The male to female ratio was 3:1. Mean age of patients were 53.71 years old. The most popular clinical symptoms were pain at anterior lumbar region, and posterior lumbar region in the same side with the renal tumor (95%), the mean volume of tumors was 4,47 (3-10) cm. Histopathological types had: clear renal cell carcinoma (44%), chromophobe renal cell carcinoma (6%), and mucinous carcinoma (4%).

Conclusion: Most of patients were male, and the clear renal cell carcinoma was the most common histopathological type. The popular symptoms were pain at anterior lumbar region, and posterior lumbar region in the same side with renal tumor, accompanying with disorders of urinary composition.

EPIDEMIOLOGICAL, CLINICAL AND HEAMATOLOGICAL FEATURES OF 67 CHILDREN WITH ACUTE LEUKEMIA

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ABSTRACT

Objectives: Describe and compare the epidemiological clinical hematological characteristics of 67 acute leukemia cases in children.

Subjects: 67 patients with acute leukemia at Haiphong Children's Hospital from 2010 to 2015.

Methods: case series study.

Results and conclusions: Clinical and heamatological features: In 67 studied patients, 46 of them were diagnosed with acute LL (68.66%) in which L1 line was the most encountered; the rest of 21 children were ML (31.34%) mainly M1 line. The disease could be seen in all age groups, but commonly in group of 2- 10 years old. The LL ocured more often in the first 2-10 years of life (65.2%) and the disease rate seemed to decline when age went up. Contrastingly, ML was mostly seen in age group of under 2 and more than 10 (71.4%), fewer in group of 2- 10(28.6%). Male/female Ratio was 1.68 and for ML/LL was 1.1/2.1. Clinical examination showed: Hepatomegaly, spleenomegaly and adenopathies were common in LL while heamorrhage symptom was mainly found in ML. Hematogram pointed out that: the number of red blood cells, Hb level and platelet number were in decrease but red blood cells and Hb level decreased severely in ML. White blood cell count fluctuated, however, it highly increased in ML. Hypoleucocytes was more clearly in LL (32.6%) while ML was only 9.52%. On admission, patients showed leucoblasts in peripheral blood, but 37.2% of LL and 19.05% of ML of patients leucoblasts were not found yet. Myelogram proved that: myelocyte number generally increased (73.92% in LL; 80.95% in ML). Myeloblasts increased more than 50% in both forms.

Key words: acute leukemia, children.

SHIFTING STRATEGIES FOR CANCER IMMUNOTHERAPY TO COMBINED IMMUNE CHECKPOINT TARGETING TO INCREASE ANTI-TUMOR IMMUNITY

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ABSTRACT

In the past decades, new insights have been gained in identifying the molecular mechanisms involved in the development of cancer and the way to stimulate anti-tumor immunity. For treatment of advanced cancer (inoperable or metastatic stage), new effective targeted therapies including those that target oncogenic proteins and immunotherapy focusing on T cell stimulation have changed cancer medical treatment to a less toxic and more personalized strategy using targeted agents only if their cancer bears particular driver mutations or relevant molecular targets. However, the clinical regressions are generally short-lived and relapse occurs when the cancer cells gain (various) acquired mechanisms of resistance that lead eventually to disease progression and death. In the field of cancer immunotherapy, the strategies seeking T cell stimulation met the complexity of T cell activation and regulation. Therefore, most of therapies tested in preclinical or clinical trials failed to show objective clinical responses. In other direction, the approaches of inactivating the inhibitory signals, the immune checkpoints (CTLA-4, PD-1 or PD-L1, LAG-3, TIM-3, VISTA, BTLA, CD200R) are suggested potentially useful by preclinical data with some being shown as clinical success in several tumor types in term of durable responses and long-term survival. Comparing to T cell stimulating strategies and also to other targeted therapies, the immune checkpoint targeting to increase anti-tumor immunity (by unleashing T cells) should be favored, especially those combined rationally with other genetically targeted therapies for an additive or even synergistic therapeutic effect.

NECK DISSECTION BY ENDOSCOPY IN THYROID CANCER

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ABSTRACT

Introduction: Neck dissection by endoscopy in thyroid carcinoma is difficult technique relative to protection of recurrent nerve and parathyroid. Aims of research are evaluated technique and result of central (group VI) and lateral compartment (group II, III, IV, V) dissection by endoscopy in thyroid cancer.

Material and methods: 90 thyroid cancer patients were performed total thyroidectomy and neck dissection by endoscopy with axillary approach from June, 2012 to August, 2015 and RAI treatment postoperation

Results: 90 thyroid cancer patients: 26 patients were done total endoscopic thyroidectomy (without lymph node on ultrasound). Total thyroidectomy and ipsilateral neck dissection group II, III, IV was done on 12 patients (13.3%), Total thyroidectomy and ipsilateral neck dissection group II, III, IV, VI was done on 10 patients (11.1%) . 8 cases were performed total thyroidectomy and bilateral neck dissection in group II, III, IV, VI. Ipsilateral central neck dissection on 19 cases (21.1%). Pathology results were PTC, 51 cases with metastasis lymph node (79.7%). FNA lymph node under ultrasound is high specific (100%) and sensitive (94%). Complication postoperation: No case permanent hoarseness and hypoparathyroidism. 3 cases temporary hoarseness, recover after 3 months. RAI treatment: mean dose: $105,5 \pm 85,4$ mCi. 46 cases (51,1%) were performed 1 time, 39 cases (43,3%) had 2 times và 5 cases had 3 times (5,6%)

Conclusion: indication for neck dissection is relative to ultrasound and FNA. Endoscopy technique can remove all thyroid tissues, neck dissection in indication. Results are safe, low complication, low RAI treatment.

EVALUATE CERVICAL LYMPH NODE METASTASIS IN DIFFERENTIATED THYROID CARCINOMA

Le Van Long

Haiphong University of Medicine and Pharmacy

ABSTRACT

Objectives: Describe some clinical, laboratory characteristics and evaluate cervical lymph node metastasis in differentiated thyroid carcinoma.

Subjects: 92 patients were diagnosed with primary differentiated thyroid carcinoma and had surgical treatment at Head and Neck surgery department of National Oncology Hospital, from March 2017 to July 2017.

Methods: Prospective, descriptive study. Results: The disease was mainly in females, with an average age of 40.87. Common symptom was cervical tumors (68.5%). Most cases had TIRADS 4, 5 on ultrasound (91.1%). The rate of lymph node metastasis was very high (57.6%), the incidence of latent lymph node metastasis was 48.4%. Lymph node metastasis was found in central compartment (53.3%), following by lateral compartment on the same side then different side of tumor, skip metastasis was seldom. Male gender; tumor over 2 cm; T3, T4 tumor were the factors that increased the incidence of latent lymph node metastasis.

Conclusion: The rate of lymph node metastasis was very high, prophylactic neck dissection in differentiated thyroid carcinoma was significant, especially in high-risk patients and helped to accurately assess the stage of the disease and found out further effective treatment.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE CERVICAL SPINE

Hoang Minh Do

General surgery of Department, Thanh Nhan hospital

ABSTRACT

Introduction: Tuberculosis of the cervical spine are not very considered. Often they are misdiagnosed until severe neurological damage has occurred. The author was operated successful severe case tuberculosis of the cervical spine. The aim of this topic to evaluate the results of antero-lateral approach technique with spine cord decompression, bone graft fusion screw fixation by PEED. Some comments and review of the literature was presented.

Results: The clinical outcomes were evaluated by neurologic recovery, degrees of pain, deflex of vertebral angulation and bone healing graft.

Conclusion: Antero – lateral approach technique for resection tuberculosis lesion, portion of vertebral body encroaching on the spinal canal, decompression, bone graft. The procedure helps patient in ambulation earlier, safe, satisfactory and good results.

RESULTS OF WELL-DIFFERENTIATED THYROID CANCER TREATMENT BY THYROIDECTOMY IN COMBINATION WITH I¹³¹

Nguyen Tien Lang

ABSTRACT

Introduction: Thyroid cancers represent approximately 90%, the rate of death is 70% of other endocrinology cancers. Surgery is the first treatment of thyroid cancer. The best treatment is operation, postoperative radioiodine remnant ablation and use of recombinant human thyrotropin for remnant ablation. Total thyroidectomy is the most common surgery, after removal of the whole thyroid is treated by the postoperative radioiodine remnant ablation. Follow-up the metastasis is thyroglobulin (Tg) test and radioactive iodine scan.

Material and method: Prospective study, from 3/2002 to 8/2008 in Hospital National of

Endocrinology, 108 military central hospital, we have performed 195 patients of total thyroidectomy and postoperative radioiodine remnant ablation.

Results: Male is 12,4%, female is 87,6%, the average age is 39,1 the youngest 9 and the oldest is 69, the highest risk patients with thyroid cancer is under 18 years old and above 45 years old is 34,9%. The hoarse voice is 4,1%, the swallowing is 11,8%, the dyspnea is 4,1%, the pain is 1,0%. The hard goitre is 94,9% by the examination, the lymph nodes in the neck is 45,1%. The fine needle aspiration biopsy is 86,7%. The papillary is 90,3% and follicular is 9,7%. The temporary hypocalcaemia is 9,2%, the temporary hoarse voice is 11,8%. The mean radioiodine ablation dosage is $251,6 \pm 188,2$ mCi, the shortest is 30mCi and the highest is 1300mCi.

APPLICATION OF MODERN TECHNOLOGIES IN TREATMENT OF ORAL CANCER IN HANOI NATIONAL HOSPITAL OF ODONTO – STOMATOLOGY

Le Ngoc Tuyen

ABSTRACT

Oral cancer, which includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx (throat), is the 6th most common cancer in men and the 14th most common cancer in women. According to Worldwide (American) Cancer Society, oral cancers account for 2 to 4% of human cancer and recent studies showed an increasing incidence in young patients. In Vietnam, oral cancer is the 10th most common cancer. Annual reports demonstrate a number of 20000 new cases, make up 6 to 15% of all cancer cases. Majority of oral cancer patients were diagnosed at late stage, since they do not have been examined and consulted at earlier stage or misdiagnosed with oral ulcers and infection. Recently, in NHOS, there has been an apparent increasing in number of oral cancer patients. Monthly, hundreds of new cases were diagnosed and treated. To achieve an effective treatment of oral cancers, numbers of principles were followed by us.

- Large resection of cancerous tissue, including primary tumor, sparing healthy tissue, confirmed by immediate tissue microscopic examination.

- Neck resection with advanced techniques and preservation of important adjacent structures such as: internal jugular vein, sternocleidomastoid muscle, cranial nerve XI, in patients at early stage or lymph node status of N0 or N1.

- Hard or/ and soft tissue reconstruction with immediate closure using local flap such as temporal muscle flap or microvascular free flap (fibula flap, anterolateral thigh flap, anterolateral arm flap), with the help of microscope.

During recent years, NHOS surgeons have performed radical surgeries as a treatment and the outcomes are quite beneficial for patients. Indication for surgery were based on clinical examination, microscopic examination, immunohistochemistry (IHC). Combination of surgery, chemotherapy and radiation in treatment. Modern imaging tool - positron emission tomography (PET) was used to detect metastasis. Microscopic surgery was applied in reconstructing defects after mandibulectomy, glossectomy, floor of mouth resection. Fibula free flap with soft tissue is able to reform a 6-12 cm defect, while anterolateral thigh flap might do a 8-20 cm. Patients were followed up monthly in the first year, every 2 months in the following years and combined treatment with radiation and chemotherapy was indicated appropriately. These improve patients' life quality in both esthetic and function as well as lengthen their lifetime, compared with previous methods of treatment.

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Bệnh viện Thanh Nhàn là Bệnh viện đa khoa hạng I, hiện là đầu ngành 3 chuyên khoa Nội khoa, Hồi sức cấp cứu và Dinh dưỡng của Thành phố Hà Nội. Bệnh viện vừa là cơ sở điều trị, vừa là cơ sở đào tạo thực hành cho sinh viên và học sinh của các trường đại học, cao đẳng, trung cấp và học viên các tuyến gửi về.

Bên cạnh việc duy trì, hoàn thiện các kỹ thuật chuyên môn Nội, Ngoại khoa, Cận lâm sàng, trong năm 2016, Bệnh viện tiếp tục áp dụng và hoàn thiện một số kỹ thuật mới, tiên tiến nhằm mang lại hiệu quả trong công tác chăm sóc và điều trị người bệnh. Các kỹ thuật cao cũng được Bệnh viện triển khai thực hiện thực hiện như: Kỹ thuật vít xương cứng cố định cột sống thắt lưng; Nút mạch hóa chất điều trị ung thư gan; Kỹ thuật đốt nhánh trong thần kinh gai sống qua da bằng sóng cao tần; Phẫu thuật thay khớp háng, khớp gối toàn bộ; Phẫu thuật kết xương ít xâm lấn; Phẫu thuật u trung thất; Phẫu thuật nội soi cắt khối tá tụy; Phẫu thuật nội soi OMC lấy sỏi,

nổi mật-ruột; Phẫu thuật cắt gan lớn có sử dụng thiết bị kỹ thuật cao; Điều trị tiêu sợi huyết qua đường tĩnh mạch ở bệnh nhân nhồi máu não cấp; Rửa dạ dày qua hệ thống kín, khí động mạch tại giường; Thay huyết tương; Hấp thụ phân tử liên tục điều trị suy gan cấp nặng; Chụp CHT khuếch tán DW não và ổ bụng; Siêu âm Doppler mạch máu thai nhi; kỹ thuật đặt stent trong điều trị tắc động mạch vành, đặt stent chuyển dòng động mạch não; Các xét nghiệm phân tích gen trong chẩn đoán bệnh...

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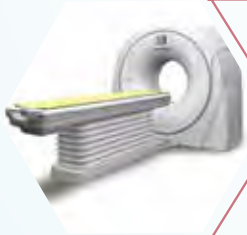


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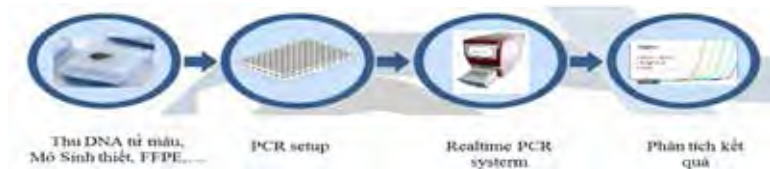
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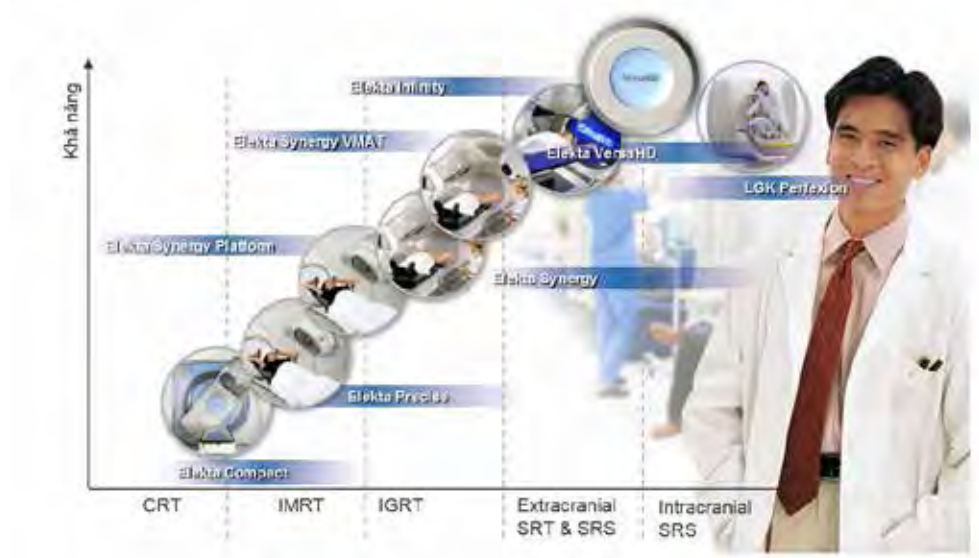
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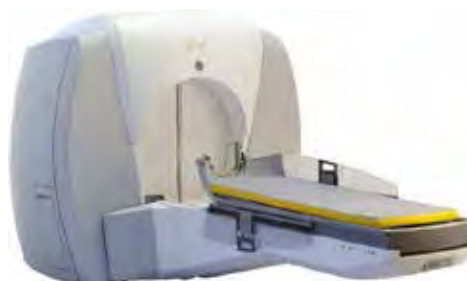
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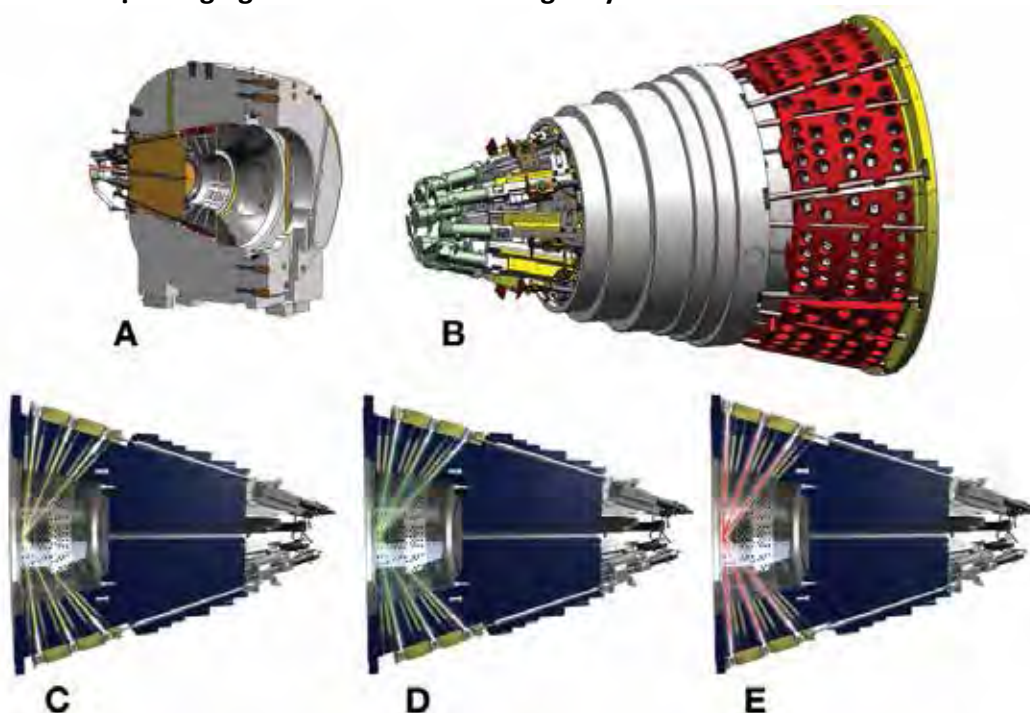


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