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International conference on

HUMAN PAPILLOMAVIRUS

October 20-21, 2016 Chicago, USA

HPV prevention and treatment

Narendra Chirmule Biocon Ltd., India

The advent of preventive vaccines in the past decade has had a major impact on the incidence of cervical cancer worldwide. The immune responses involved in developing protection involve neutralizing antibody formation which persists. The advances in development of therapeutics treatment of cervical cancer have been limited. In India, the estimates of approximately 132,000 new cases diagnosed and 74,000 deaths annually in India, accounting to nearly 1/3rd of the global cervical cancer deaths is staggering. There is a dire need to develop therapies to address this major health concern. The HPV-2016 international conference provides a forum to discuss the challenges for managing prevention and treatment of cervical cancer. This presentation will review the cervical cancer in India and the advances in novel therapeutics including immunotherapies in the treatment of this disease.

narendra.chirmule@biocon.com

Human papillomavirus associated with ameloblastoma in India

Shailendra K Saxena¹, Kranti K Reddy¹, M L Arvinda Swamy¹ and T Chandrasekar² ¹Centre for Cellular and Molecular Biology, India ²Saveetha University, India

ral cancers ranks eighth in the worldwide and number of cases are increasing constantly in developing countries including India. Based on World Health Organization classifications, 1992, a retrospective study conducted in India from 1971-2006 demonstrated, out of 250 odontogenic tumor cases, 61.5% cases were due to ameloblastoma, which may be an alarming feature of HPV cases in India. Ameloblastomas are enigmatic group of true, benign, epithelial tumors of odontogenic origin, which do not undergo differentiation to the point of enamel formation. Revelations concerning role of HPV in oral carcinogenesis have prompted us to ensure whether the virus plays a similar role in the etiology of ameloblastoma in India. Our results indicated that the presence of HPV in all the samples (n=20) and 95% of samples were positive for HPV type 16. The subjects taken for the study were from both urban and rural population. The age of the patients ranged from 13 to 67 years (average age of 27.5±16.05 years) with male to female ratio was 1:0.43. Average age for male patients was 26.6±14.07 years and for female patients it was 29.6±20.22 years. A few studies showed that the HPV might be having a role in the ameloblastoma. But none of the studies shown convincing evidences for the integration of the viral DNA into the tumor cells. Relation between the oral cancers and ameloblastoma still remains unclear due to the complex interplay of human behavioral viral and host factors which are not clear. To our knowledge, this is the first report, providing evidence for the role of HPV in the etiology of ameloblastoma in Indian population. Considering the seriousness of the inconclusive diagnosis of the etiology of ameloblastoma in Indian population, there is an urgent need for the proper diagnosis of HPV in ameloblastomas in the developing countries. Conclusively, the high incidence of HPV associated ameloblastomas in men suggests that vaccination of all young people (irrespective of gender) against HPV may be considered, as well as ameloblastoma HPV status may strongly help in therapeutic choice, response and survival.

shailen@ccmb.res.in