

❖ Name & Designation	: Dr. Manigreeva Krishnatreya, Medical Officer.
❖ Address	: Cancer Registry, Epidemiology and Biostatistics, Dr. B. Borooah Cancer Institute, Guwahati-781016.
❖ Name of the International Conference/ Seminar/Symposium/ Workshop	: 7 th International Conference on the Sciences of Cancer Health disparities in Racial/Ethnic Minorities and the Medically undeserved.
❖ Title of the abstract accepted	: 1. Different educational levels and associated delays for start of treatment in patients with head and neck cancers: A study of population group with poor literacy levels. 2. Influence of education levels in survival in patients with uterine cervix cancer: A stage at diagnosis correlation of the population from kamrup, India.
❖ Date & Venue	: 9-12 th November, 2014, Texas, USA.
❖ Money sanctioned	: Rs 96,955/-
❖ Money reimbursed	: Rs 1,00,000/- (Due to hike the fare of air travel an additional Rs.3,045/- were sanctioned)
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Participation Report

To reduce the burden of cancer due to health disparities, there is a need to educate physicians on the role of the various factors involved in creating health disparities and how they impact the diagnosis, treatment, response, and survival of cancer patients from medically underserved populations. The 7th American Association for Cancer Research (AACR) international conference on cancer health disparities was organized to bring together physicians, scientists, health professionals and health care leaders working in a variety of disciplines to discuss the latest findings in their fields, to foster collaborative interdisciplinary interactions and partnerships and to stimulate the development of new research in cancer health disparities. The conference was preceded by professional advancement session. The conference had four educational sessions, three plenary sessions and four special sessions. There was in addition a policy forum on what researchers can do to collaborate effectively with policy makers to implement policy that improves public health and decreases cancer health disparities.

Academic highlights of the conference were sessions on HPV associate cancers and cancer health disparities, use of communication and technology to improve cancer control intervention in underserved populations, HPV vaccine uptake for cancers of uterine cervix in underserved populations, predicting risk in underserved populations and presence of biological disparities in cancer.

Presence of disparities in HPV associated cancers in different population groups and races in America and the presence of genomic instability (Cdk4/E2F pathway, tumor suppressor gene silencing by somatic mutations and promoter methylation, and 53BP1 in BRCA1 deficient cells) in different population groups which may be an important mechanism to account for resistance to cancer directed treatment.

New development that can be implemented: Use of cutting-edge health communication and informatics to alleviate cancer health disparities through innovative data collection and analytic approaches.

Participant's contribution to the conference

I had presented a poster titled "Influence of educational levels on survival in patients with uterine cervix cancer: A stage at diagnosis correlation of population from Kamrup, India" (Abstract # B60). The poster was appreciated by the conference chairpersons as well as attending co-delegates and also, recommendations were made by experts in the field of cancer epidemiology to improve our quality of research using cancer registry data. Our paper has highlighted that in underserved populations, educational levels can be used as a measure of health disparity for uterine cancer cervix survival. Emphasis on imparting education to females can be a part of comprehensive cancer control programme for improving the overall survival in patients with carcinoma of the uterine cervix in our population. The paper has been submitted to a journal for publication with the recommendations included.