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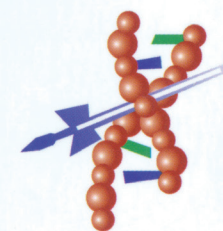
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2011第四届世界癌症大会

BIT's 4th Annual World Cancer Congress -2011

主题：共同行动抗击癌症

Theme: Collaborative Actions against Cancer

时间：2011年5月22-25日 地点：中国大连世博广场

Time: May 22-25, 2011 Place: Dalian World EXPO Center, China



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Title: The Di Bella Method (DBM) Improves Survival, Objective Response and Performance status in Breast Cancer

Dr. Giuseppe Di Bella

Specialist, Otolaryngology, Stomatology

Di Bella Foundation

Italy

Abstract

The Di Bella Method (DBM) improves survival, objective response and performance status in breast cancer. We present preliminary findings of a retrospective five-year observational study of one hundred and eighteen cases of breast carcinoma treated with DBM. We have evaluated histological and immuno-histochemical characteristics, nuclear grading, differentiation, hematochemical tests, therapeutic efficacy (assessing Remission/Stability/Progression), performance status, and stage-wise survival at five years according to American Joint Committee on Cancer Staging 7th. Thirty out of one hundred and eighteen patients obtained that DBM be administered for free thanks to sworn affidavits of court-appointed physicians certifying that better results were attained with DBM compared with conventional treatments on the same conditions and stages. In breast carcinomas DBM employs such antiproliferating and antiangiogenic molecules as prolactin inhibitors and somatostatin; differentiating and apoptotic molecules such as retinoids, vitamin E, melatonin, vitamin D3, vitamin C, calcium, chondroitin sulfate, calcium levofolate; antiestrogens, and minimum doses of chemotherapies. In comparison with the available literature data for the same stages, histotypes and gradings treated with chemo-radiotherapy-monoclonal antibodies, we have observed a higher survival rate at every stage together with improved objective response and performance status. Significantly, DBM ensured a five-year survival rate of 50 pct in stage-IV patients, versus 19.9 pct published by National Cancer Institute's Project SEER for the period 1999-2006. Remarkably, 100 pct of stage-I and -II cases that had not undergone any previous therapeutical or surgical treatment had a favourable response, with 86 pct of remissions. The data gathered point to results undeniably positive and superior to the statistical means documented by the various national and supranational archives. Even allowing for a degree of variability and imprecision in statistical indicators and indexes (the more so the fewer the cases on which they are based), this study does nonetheless show significant deviations vis-a-vis the various "official" statistics in all the parameters utilised and, even more clearly and substantially, in the therapeutic results obtained. These favourable outcomes tally with those reported in already-published papers documenting the use of DBM in various types of tumour.

Biography

Professional career: July the 23rd - 1965 graduated cum laude in Medicine at the University of Modena. Certified to teach at the same University. Voluntary aide at the Otolaryngeal clinic of Modena University from Nov. 1965 to Jan. 1970. In Feb. 1968 gained educational and scientific training scholarship at the same clinic. July 1968 obtained diploma as a specialist otolaryngologist from University of Bologna with highest marks. Since March 1967 registered as practicing physician. Feb. 1970 assistant otolaryngologist at the "Ospedale Maggiore" - Bologna. 1971 nationally certified as assistant otolaryngologist. Dec. 1972 Stomatology diploma from the University of Modena. 1972 nationally certified as maxillofacial surgeon. 1975 tenured assistant at Otolaryngeal department of the "Ospedale Maggiore"-Bologna. 1975 head maxillofacial surgeon and otolaryngologist. 1975 to 1984 Director, Otolaryngology at the "Budrio Hospital" - Bologna. Since 1984 private practice. Since 1968 performed about 15000 otolaryngeal operations under general anesthesia. Publications: "Come prevenire i Tumori" (How To Prevent Tumors), Marconi Editore, Rome 2001. "Il Metodo di Bella", Mattioli 1885 SpA, 2005. "Cancro siamo sulla strada giusta?" (Cancer: Are We On The Right Path?), co-authored with father, Prof. Luigi Di Bella, Ed. Travel Factory, Rome 1998. A total of 45 items comprising of journal articles and communications at both national and international congresses. Chairman of "Fondazione Di Bella" for research and treatment of neoplastic and degenerative pathologies. Member of Editorial Board, "Neuroendocrinology Letters", "Activitas Nervosa Superiore Rediviva", "The International Journal of Prenatal and Perinatal Psychology and Medicine".



Title: Chronic Lymphocytic Leukemia: Long-lasting Remission with Di Bella Multitherapy

Dr. Mauro Todisco

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Italy

Abstract

Chronic lymphocytic leukemia (CLL) is the most frequent type of leukemia in the Western world; its prognosis is estimated by clinical staging systems developed by Rai et al. and Binet et al., which define early- (Rai 0, Binet A), intermediate- (Rai I/II, Binet B), and advanced- (Rai III/IV, Binet C) stage disease, with median estimated survival times of >10, 5-7, and 1-3 years, respectively. In the last decade, other treatments, including nucleoside analogs and monoclonal antibodies, have been introduced, in addition to the traditional approach with alkylating agents. The combination of these agents has led to high complete and overall response rates, when administered as initial therapy, but all patients inevitably relapse, and median progression-free survival varies between 16 and 48 months. Further, these treatments present the risk of myelosuppression and infection, so that some of the combination regimens require antibiotic, antiviral, and antimycotic prophylaxis during and after their administration. Due to the lack of curative treatments, stem-cell transplantation (SCT) has been increasingly performed; however, autologous SCT does not result in cure, and allogeneic SCT is associated with high treatment mortality rates. In this situation, new therapeutic options that improve the duration of remission and preserve a good quality of life appear very desirable. We treated 4 patients with previously untreated progressive stage I Rai CCL, with a combination of cyclophosphamide, somatostatin, bromocriptine, retinoids, melatonin, and ACTH (Di Bella Multitherapy). All the patients had partial remission after 2 months and continued the treatment, which was gradually reduced if lymphocyte count fell below 4000/ μ L. Lymphocyte count became <4000/ μ L within an average period of 4 months; by that time, patients also obtained the complete remission of lymphadenopathy and of the possible CLL-related symptoms. As treatment progressed, none had disease recurrence. Progression-free survival has not yet been reached in any of the patients (137, 133, 85, and 33 months, respectively). Toxicity was absent. Despite the limited number of patients, our study provides evidence that patients with previously untreated progressive I Rai CCL may durably respond to Di Bella Multitherapy.

Biography

In 1982 Doctor Mauro Todisco graduated cum laude in Medicine and Chirurgia at the University "La Sapienza" in Rome. Since January of 1983 he has been registered as a Generalist Physician at the same University. Starting from 1984 he has been dealing with items of nutrition and chronobiology. In 1991 he published the volume "La cronodieta" (the chronodiet) the first manual of Chrono Diet aimed at Doctors. In 1993 Doctor Todisco met Professor Luigi Di Bella and stated to collaborate with him. In 1995 he published the book "Non morirai di questo male" ("You will not die of this disease") edited by the editor Sestante. The book was the first one about the scientific and human pathway of Professor Luigi Di Bella.

From April 1998 till 2002 he had worked as a Generalist Physician at the Health Unit of Sondrio and afterwards he stated working as a Generalist Physician at the Health Unit of the Region Marche – territory zone number 11. Doctor Todisco' articles about lymphoproliferative disease and thrombocytopenic have been published in several scientific journals.



Title: Somatostatin, Retinoids, Melatonin, Vitamin D, Bromocriptine, and Cyclophosphamide in Chemotherapy-naïve or Chemotherapy-pretreated Patients with Advanced Non-small-cell Lung Cancer

Dr. Achille Norsa

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Italy

Abstract

Background: The prognosis of patients with advanced non-small-cell-lung cancer (NSCLC) is dismal. In these patients, the survival, clinical benefits, and toxicity of a multidrug regimen, based on combination of biotherapeutical agents and cyclophosphamide was determined. **Methods:** Patients with a diagnosis of advanced (stage IIIB or stage IV) Non-Small Cell Lung Cancer (NSCLC) received a daily combination of somatostatin, retinoids, melatonin, vitamin D, bromocriptine, and cyclophosphamide. The first group of patients had no previous surgery or chemoradiotherapy. The second group of patients had progression after prior standard chemotherapy. All the patients had a low Performance Status (PS \geq 3d 2), according to the Eastern Cooperative Oncology Group (ECOG). **Results:** In the first group, twenty-eight (28) patients were enrolled. The median age was 64 years (range, 35–74). The PS was 2 and 3 in 78.6% and 21.4% of patients, respectively. The median overall survival (intent-to-treat analysis) was 12.9 months (range, 1.5–33.5 months). The overall survival rates at 1 and 2 years were 51.2% and 21.1%, respectively. The side-effects were very mild, mostly consisting of diarrhoea, nausea/vomiting, and drowsiness of grade 1–2. Most patients experienced an improvement of both respiratory (cough and dyspnoea) and general (pain, fatigue, and insomnia) symptoms. In the second group, twenty-three (23) patients were enrolled. The median age was 59 years (range, 42–75). The PS was 2 and 3 in 73.9% and 26.1% of patients, respectively. The median overall survival (intent-to-treat analysis) was 95 days (range, 19–214). The side-effects were mild, mostly consisting of diarrhea, nausea and vomiting, and drowsiness of Grade 1–2. There was an improvement in both respiratory and general symptoms, which was more evident in patients surviving more than 95 days. **Conclusions:** chemotherapy-naïve patients with advanced NSCLC and low PS may benefit from a combination of somatostatin, retinoids, melatonin, vitamin D, bromocriptine, and cyclophosphamide, in terms of survival and quality of life, with very low side-effects. Also in heavily pretreated patients with late-stage lung adenocarcinoma and poor PS, the same combination treatment is well tolerated and can improve disease-related symptoms.

Biography

In 1965 Dr. Achille Norsa graduated with full marks in Medicine at the University of Modena. Afterwards he obtained a diploma as a specialist surgeon, as a specialist thoracic surgeon and as specialist Cardiovascular Surgeon. From 1973 to 2009 he has worked at the Thoracic Surgery Department and Cardiovascular Department of the Maggiore Hospital in Verona. He has performed as a first surgeon about 900 operations of general surgery, 600 digestive system endoscopic tests and more than 3000 operations of thoracic surgery and large vessels surgery. Dr. Norsa has taken part in several stages abroad among them at the Methodist Hospital of Houston (Texas), at the Charing Cross Hospital in London, at the second Surgery Clinic of Vienna University, and at the Mount Sinai School of Medicine of the City University of New York. He has taken part in several National and International Congresses, in some of which he has given a speech. He has written several scientific works published on national and international journals and included in PubMed. Starting from 1995 he has being involved in the “Biological Cancer Therapy” by collaborating with Professor Luigi Di Bella and with Di Bella’s Foundation.

