

PROCEEDINGS

WOMEN IN ONCOLOGY GLOBAL SUMMIT 2026

SEPTEMBER 20, 2026 | ONLINE

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Theme:
Transforming Cancer Care:
AI, Innovation, Women Leadership

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WOMEN IN ONCOLOGY GLOBAL SUMMIT 2026

SEPTEMBER 20, 2026 | ONLINE

PROCEEDINGS EDITOR

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Our Message

It is our pleasure to present the Conference Proceedings of the Women in Oncology Global Summit 2026, held online on September 20, 2026, under the theme “Transforming Cancer Care: AI, Innovation and Women Leadership.”

This summit brought together healthcare professionals, researchers, academics, and oncology experts from different parts of the world to share knowledge, research findings, clinical experiences, and perspectives on the evolving landscape of cancer care.

The scientific programme featured insightful presentations and discussions covering advances in oncology, emerging technologies, artificial intelligence, research, clinical practice, and the important role of women in shaping the future of cancer care.

We sincerely thank all our distinguished speakers, chairs, moderators, authors, delegates, and scientific contributors whose participation made this meeting meaningful and enriching.

We hope these proceedings will serve as a useful reference for healthcare professionals and researchers and encourage continued collaboration, knowledge exchange, and innovation in oncology.

With sincere appreciation,
Shaik Javeed
Program Manager
Organizing Committee
WOWONCOLOGY

SCIENTIFIC PROGRAMME

SCIENTIFIC PROGRAMME

20 SEP 2026 | SUNDAY | 9.00 AM CEST

1

9.00 AM - 9.10 AM

WELCOME NOTE



Prof. Dr. Mohanad Al Ansari

Scientific Committee Member
Board Certified Surgeon - Robotic Surgical Oncology
Minimal Invasive GI
Canadian Specialist Hospital Dubai
CEO - Metaverse Surgical Hospital USA



HONORABLE CHAIR

Prof. Dr. Fadila Kouhen

Professor of Radiation Oncology at
Mohammed VI University of Health Sciences (UM6SS), Morocco

KEYNOTE PRESENTATION 11.30 AM - 11.50 AM

Breaking Barriers in Cervical Cancer: Advancing Prevention, Screening and Care.



9.10 AM - 9.30 AM

Dr. Bengü Depboylu

Radiation Oncologist
Ast. Prof. Chair - Department of Radiation Oncology
Aydın Adnan Menderes University Faculty of Medicine, Türkiye

KEYNOTE PRESENTATION

SAFER-RT: A Patient-Centered Framework for Human-Supervised AI-Supported Symptom Monitoring in Older Patients Receiving Radiotherapy.

9.30 AM - 9.50 AM



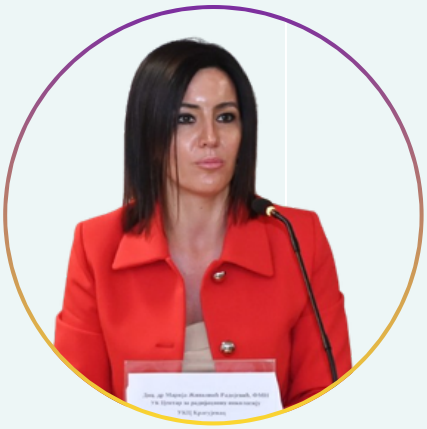
Dr. Nagat Amar

Consultant Radiologist
Vice President of the Libyan Union Against Cancer

TOPIC

Prospects of magnetic resonance imaging and radiation therapy in rectal cancer: a cross-sectional study.

9.50 AM - 10.10 AM



Dr. Marija Živković Radojević

Radiation Oncologist
Asst. Prof. University of Kragujevac, Serbia

TOPIC

Radiation Oncology leadership beyond titles: mentorship, visibility, and career development.

10.10 AM - 10.30 AM



TOPIC

Addressing Bowel Cancer Screening Inequalities in Women: An Analysis of AI Innovations in Early Detection.



Dr. Logeswari Nallathambi

Haemato-Oncologist
Founder & Director WowelinAI CIC, UK

Dr. Piriyanka Jeyapahan

Medical Student at Barts and the London School of Medicine, UK

10.30 AM - 10.50 AM



Dr. Maali Abdussalam Gaaim

MD, MSc, EDiR, ABBI, Radiologist
Teaching Staff, Tripoli University – School of Medicine, Tripoli, Libya

TOPIC

Distinction post treatment changes in Breast cancer from local recurrence.

10.50 AM - 11.10 AM



Dr. Samrawit Seyoum Halake

Clinical Oncologist
Kampala international university, Uganda

TOPIC

Tumor Resectability and Pathologic Response After Neoadjuvant Long-Course Chemoradiotherapy for Locally Advanced Rectal Cancer in a Resource-Limited Setting.

11.10 AM - 11.30 AM



Dr. Rajashri Gutte

B.E. Biotechnology, MBA, Ph.D
Director of Kanad Life Sciences Pvt. Ltd., India

TOPIC

Beyond Tumor Control: A Woman Innovator's Perspective on Patient-Centered Oncology Care Through Evidence-Based Nutraceuticals.

11.50 AM - 12.00 PM



Prof. Dragana Jovanovic

Thoracic Oncologist
Senior Faculty member of the College of the European School of Oncology. Belgrade, Serbia.

TOPIC

Integrating patient reported outcomes (PROs) into palliative care.

Closing Remarks

PROCEEDINGS

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Prof. Dr. Fadila Kouhen
Professor of Radiation Oncology at
Mohammed VI University of Health Sciences (UM6SS),
Morocco

Title: Breaking Barriers in Cervical Cancer: Advancing Prevention, Screening and Care

Cervical cancer represents one of the clearest examples of both the progress and persistent inequities in women's cancer care. Despite being largely preventable through HPV vaccination and screening, and highly curable when detected early, it continues to disproportionately affect women in settings where access to prevention, early diagnosis, and high-quality treatment remains limited.

This presentation will address the cervical cancer continuum through the lens of both scientific advances and real-world barriers. It will highlight evolving strategies in HPV vaccination and HPV-based screening, while examining the structural, socioeconomic, cultural, and healthcare-system challenges that continue to prevent women from benefiting equally from these interventions.

For women diagnosed with invasive disease, major advances in imaging, precision radiotherapy, image-guided brachytherapy, and systemic therapies are reshaping standards of care and improving outcomes. Yet access to these innovations remains profoundly unequal worldwide.

Eliminating cervical cancer therefore requires translating evidence into accessible care, strengthening prevention and screening programs, expanding treatment capacity, and ensuring that advances reach every woman.

Author Biography

Professor Fadila Kouhen is a Full Professor of Radiation Oncology at Mohammed VI University of Health Sciences (UM6SS), Morocco. She is a dedicated clinician, researcher, and educator committed to advancing cancer care through innovation, multidisciplinary collaboration, and evidence-based practice.

Her clinical expertise encompasses breast, gynecological, thoracic, genitourinary, and central nervous system malignancies, with particular interest in stereotactic body radiotherapy (SBRT), adaptive radiotherapy, image-guided radiotherapy, and precision oncology.

Professor Kouhen has authored and co-authored numerous peer-reviewed scientific publications and leads several national and international research projects focusing on advanced radiotherapy techniques, artificial intelligence in oncology, radiomics, health economics, and personalized cancer treatment. Her work aims to improve treatment outcomes while expanding access to high-quality cancer care, particularly in low- and middle-income settings.

A strong advocate for cancer prevention, early detection, and public awareness, Professor Kouhen actively promotes women's health initiatives and educational programs designed to reduce cancer burden and improve equitable access to care. She is frequently invited to speak at national and international scientific meetings and contributes to global collaborations dedicated to strengthening oncology services and research across Africa.

Through her academic, clinical, and research activities, Professor Kouhen continues to champion innovation, education, and patient-centered care in modern radiation oncology.

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Dr. Bengü Depboylu

Radiation Oncologist
Ast. Prof. Chair - Department of Radiation Oncology
Aydın Adnan Menderes University Faculty of Medicine,
Türkiye

Title: SAFER-RT: A Patient-Centered Framework for Human-Supervised AI-Supported Symptom Monitoring in Older Patients Receiving Radiotherapy.

Older patients receiving radiotherapy are vulnerable to under-recognized toxicity because symptoms may fluctuate between visits and may be compounded by frailty, multimorbidity, transportation barriers, nutritional problems, and limited digital access. This presentation proposes SAFER-RT, a radiation oncology-led conceptual framework for human-supervised artificial intelligence-supported symptom monitoring in older cancer patients.

The framework was developed as a clinical perspective based on published evidence, geriatric oncology principles, radiotherapy toxicity pathways, and unmet needs in survivorship care, without patient recruitment, clinical intervention, or analysis of patient-level data.

SAFER-RT includes five practical steps: Screening at baseline for frailty, comorbidity, performance status, treatment site, concurrent systemic therapy, and digital support; Active weekly patient-reported symptom capture during radiotherapy using structured toxicity and quality-of-life prompts; Flagging of clinically meaningful symptom patterns through AI-assisted risk prioritization; Escalation through predefined clinician-supervised pathways, including self-care guidance, nurse or radiation oncologist review within 24 to 48 hours, urgent assessment, or supportive care referral; and Recovery-oriented follow-up during the first 12 weeks after radiotherapy and transition to survivorship care.

The model emphasizes that AI should not diagnose or replace clinical judgment but should organize patient-reported information, reduce missed toxicity signals, and support earlier intervention. Implementation safeguards include privacy protection, transparent alert rules, avoidance of alert fatigue, equity for patients with low digital literacy, and integration into existing oncology workflows.

SAFER-RT provides a concrete, ethically cautious, and clinically usable roadmap for extending radiotherapy care beyond scheduled visits.

Keywords: Artificial intelligence; Radiotherapy; Symptom monitoring; Older patients; Toxicity; Survivorship.

Author Biography

Dr. Bengu Depboylu is a radiation oncologist, Assistant Professor, and Chair of the Department of Radiation Oncology at Aydın Adnan Menderes University Faculty of Medicine, Türkiye. Her work focuses on radiotherapy-related toxicity, quality of life, survivorship, and the responsible use of digital health and artificial intelligence in radiotherapy care.

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Dr. Nagat Amar
Consultant Radiologist
Vice President of the Libyan Union Against Cancer, Libya.

Title: Prospects of magnetic resonance imaging and radiation therapy in rectal cancer: a cross-sectional study

Purpose

To evaluate demographic characteristics, MRI findings, radiotherapy treatment patterns, and outcomes in patients with primary rectal cancer, focusing on tumor location, morphology, staging, and MRI-based assessment.

Methods

A retrospective cross-sectional study was conducted at a center in Tripoli, Libya, including patients aged ≥18 years with primary rectal cancer staged T2 or higher between January 2018 and December 2020. Patients with secondary rectal cancer or distal metastases were excluded. Tumor location, MRI findings, morphology, treatment approach, radiotherapy, and outcomes were reviewed.

Results

Tumor distribution varied across the rectum, with low and high rectal tumors predominating in several T categories and fewer tumors involving the mid rectum. MRI documented tumor stage, location, lymph-node involvement, circumferential relationships, and prognostic features. Non-mucinous tumors were predominant (91.8%). Circumferential (37%) and polypoid (34.2%) morphologies were the most frequent patterns. Radiotherapy was used predominantly as adjuvant or neoadjuvant treatment, with disease-free status observed among treated patients.

Conclusion

MRI provides information for staging and treatment planning in rectal cancer. Standardized, guideline-based rectal MRI reporting is important for management. Further studies are warranted to investigate the observed distribution of tumor location and lymph-node involvement.

Keywords
Rectal cancer; MRI; radiotherapy; tumor morphology; staging; mesorectal lymph nodes; treatment outcomes.

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Author Biography

Dr. Nagat Amar LBMS, EDiR, is a Libyan Consultant Radiologist with over 23 years of experience, She holds the Libyan Board of Medical Specialties (LBMS) and the European Diploma in Radiology (EDiR) and is currently undertaking advanced clinical training at the Medical University Hospital, Austria.

She is Vice President of the Libyan Union Against Cancer, and a member of the National Cancer Tumor Board. She has led Libya's National Breast Cancer Awareness Campaign since 2011 and is actively involved in developing national early-detection and risk-based screening initiatives.

Dr. Amar is an author and co-author of scientific publications and a national and international invited speaker, with professional and academic interests focused on breast cancer screening, breast MRI, oncologic imaging, and cancer prevention and early detection.

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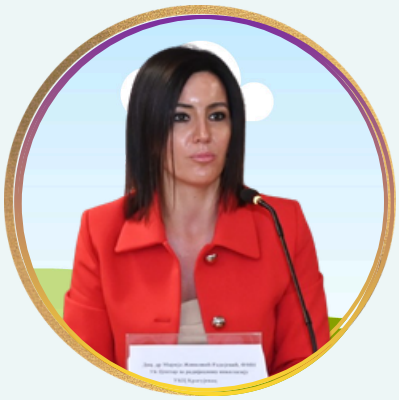

Dr. Marija Živković Radojević

Asst. Professor - Clinical Oncology Department
Faculty of Medical Sciences,
University of Kragujevac, Serbia.

Title: Radiation Oncology leadership beyond titles: mentorship, visibility, and career development

Despite improvements in the position of women in radiation oncology, structural barriers persist in a field where career progression depends on mentorship, specialised training, research productivity, collaboration and professional visibility. This study assessed gender-related barriers to career development, mentorship, training quality and visibility among women in radiation oncology in South-East Europe. Regional International Society of Innovative and Next Generation Radiation Oncologists (RISING-RO) surveyed 97 women radiation oncology professionals from 12 countries. Descriptive statistics evaluated mentorship, perceived training quality, professional isolation, equipment access and educational needs. Overall, 47 were radiation oncologists and 23 residents. Formal mentorship during training was reported by 45.3%. Only 17.7% considered their training quality equivalent to Western Europe. Professional isolation or insufficient representation in international oncology societies was reported by 60.0%, while limited or partially limited access to equipment affected training in 80.0%. Regional hands-on training centres were supported by 92.6%. Research and publication skills were the lowest-rated area, with a mean score of 2.16/5 and 64.9% rating them as poor. These findings indicate persistent structural barriers to women's advancement, especially in under-resourced centres. Targeted regional initiatives in mentorship, hands-on training, research capacity, networking and institutional support are needed to strengthen women's leadership and improve cancer care.

Keywords: Women in Oncology; Radiation Oncology; Leadership; mentorship; Gender equity; Professional development

Co Authors

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Author Biography:

Marija Živković Radojević, MD, PhD, is a radiation oncologist and Assistant Professor at the University of Kragujevac, Serbia. She works at the University Clinical Center Kragujevac, focusing on gynecologic oncology, radiotherapy, brachytherapy, radiomics, and regional oncology education, and co-founded RISING-RO.

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Dr. Logeswari Nallathambi
Haemato-Oncologist
Founder & Director WowelinAI CIC, UK

Dr. Piriyanka Jeyapahan
Medical Student at Barts and the London School of Medicine, UK

Title: Addressing Bowel Cancer Screening Inequalities in Women: An Analysis of AI Innovations in Early Detection.

The future of surgical oncology is being redefined by the integration of Artificial Intelligence (AI), Metaverse technologies, robotic-assisted surgery, laser tumor ablation, and metaverse-guided endoscopy. These innovations are collectively transforming cancer care by improving precision, safety, and efficiency in surgical interventions. AI contributes to enhanced diagnostic accuracy, predictive analytics, optimized surgical planning, and real-time decision support, enabling personalized oncologic treatment strategies. The Metaverse introduces advanced opportunities for virtual surgical simulation, global collaboration, remote mentoring, and patient-specific procedural rehearsal, enhancing both surgical education and operative preparedness.

Robotic surgery continues to offer significant advantages including superior dexterity, three-dimensional visualization, reduced blood loss, minimal invasiveness, and faster postoperative recovery. Laser tumor ablation provides targeted tissue destruction with greater precision, preservation of surrounding healthy structures, reduced complications, and shorter hospitalization. Metaverse endoscopy further strengthens early tumor detection, procedural navigation, and remote expert guidance through immersive digital integration.

The convergence of these technologies represents a paradigm shift in surgical oncology, offering improved clinical outcomes, enhanced surgeon training, and greater accessibility to advanced cancer care. This evolving digital ecosystem is expected to shape the next generation of precision oncology and minimally invasive cancer surgery.

Keywords: AI, colorectal, screening, inequalities, gender, stratification

Authors Biography

Main Author:1. Logeswari Jeyaraj Nallathambi
Founder & Director WowelinAI CIC, United Kingdom

Dr. Logeswari Jeyaraj Nallathambi is a former NHS UK consultant haemato-oncologist with over 20 years' clinical experience. As Founder of WowelinAI CIC, she advances unbiased, female-centric AI solutions across malignant, metabolic, mental, and maternal health. A CSW68 UN Women UK delegate (Volunteer), she contributes to the UN Gender-Responsive Procurement Project.

Main Author:2. Piriyanka Jeyapahan
Medical Student at Barts and the London School of Medicine

Piriyanka Jeyapahan is a fifth-year medical student at Barts and the London School of Medicine and Dentistry, who previously intercalated in Forensic Medicine. She is currently working with WowelinAI CIC, contributing to the development of innovative, AI-driven solutions aimed at addressing challenges and inequalities in women's health. She is particularly interested in leveraging emerging technologies to improve patient care and outcomes.

Co-Authors: Priya Devdas Srividhya Sankaran, Gogul Pushpanathan Maathusha Jeyarajah Mithilaa Senthivel Mathura Nagarajah Mukampikai Satheeswaran Varunika Elangovan Krishna Shankar Piriyanka Jeyapahan Geniya Adlien Jery Krishnika Vetrivel Veena Saravanan Sanjay Sakthivel Veylan Sebastian Mithun Kumaran

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Sung, H. et al. (2024) 'Colorectal cancer incidence trends in younger versus older adults: an analysis of population-based cancer registry data', The Lancet Oncology, 25(12), pp. 1581-1594.

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Dr. Maali Abdussalam Gaaim

MD, MSc, EDiR, ABBI, Radiologist
Teaching Staff, Tripoli University – School of Medicine, Tripoli, Libya

Title: Postoperative Breast Imaging: Differentiating Treatment-Related Changes from Local Recurrence—A Retrospective Study.

Background

Postoperative breast imaging remains challenging because benign treatment-related changes can closely mimic residual or recurrent breast malignancy. Surgical scarring, fibrosis, fat necrosis, oedema and post-radiotherapy changes may demonstrate suspicious imaging features and lead to additional imaging or biopsy.

Conversely, subtle local recurrence may be difficult to distinguish from expected post-treatment appearances. Accurate interpretation is therefore essential to minimise unnecessary intervention while facilitating early detection of recurrence. This study evaluates the imaging characteristics of treatment-related changes and local recurrence following breast cancer treatment and explores the contribution of multimodality breast imaging to their differentiation.

Methods

A retrospective review was performed of 34 patients who underwent postoperative breast imaging following breast-conserving surgery and/or adjuvant treatment for breast cancer. Mammography, ultrasound and magnetic resonance imaging (MRI) examinations were reviewed, with assessment of lesion morphology, enhancement pattern, diffusion characteristics, architectural distortion, calcification and interval change. Imaging findings were correlated with histopathology and/or clinical and radiological follow-up. Patients were categorised into treatment-related changes or local recurrence according to the final diagnosis.

Results

Thirty-four patients were included. Treatment-related changes were identified in 23 patients (69%), while local recurrence was diagnosed in 11 patients (31%).

Illustrative distribution of imaging features (numbers below are estimates and must be replaced by the actual study data):

Imaging feature	Treatment-related changes (n=23)	Local recurrence (n=11)
Postoperative scar/fibrosis	15 (65%)	2 (18%)
Fat necrosis	7 (30%)	1 (9%)
Oedema	6 (26%)	1 (9%)
Stable/regressing abnormality	18 (78%)	1 (9%)
New or enlarging mass	2 (9%)	8 (73%)
New/increasing enhancement	4 (17%)	9 (82%)
Restricted diffusion on MRI	1 (4%)	8 (73%)
Interval progression	1 (4%)	10 (91%)
Suspicious architectural distortion	5 (22%)	6 (55%)
Suspicious calcification	3 (13%)	3 (27%)

Among patients with treatment-related changes, the most frequent imaging findings were postoperative scarring/fibrosis, fat necrosis and oedema. These changes occasionally demonstrated suspicious or indeterminate appearances, particularly when associated with enhancement or architectural distortion. Among patients with local recurrence, the predominant suspicious features were a new or enlarging mass, increasing or newly developed enhancement, suspicious morphological change and restricted diffusion on MRI. Interval progression on serial examinations was an important feature favouring recurrence.

The combination of morphological assessment, enhancement characteristics, diffusion behaviour and interval change improved differentiation between benign treatment-related abnormalities and recurrent disease. MRI was particularly useful in patients with equivocal mammographic or ultrasound findings.

Histopathological assessment remained important for lesions demonstrating persistent or progressive suspicious features.

Conclusion

Distinguishing treatment-related changes from local recurrence remains a significant challenge in postoperative breast imaging. In this cohort of 34 patients, treatment-related changes accounted for 69% of cases, while local recurrence accounted for 31%. Stable or regressing abnormalities were more suggestive of benign treatment-related change, whereas new or progressive enhancement, an enlarging mass and restricted diffusion were important features associated with recurrence. Careful comparison with previous examinations and integration of mammography, ultrasound and MRI findings can improve diagnostic confidence. MRI provides valuable additional information when conventional imaging is inconclusive. A structured multimodality approach may reduce unnecessary biopsies while supporting earlier detection of local recurrence.

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Dr. Samrawit Seyoum Halake

Clinical Oncologist
Kampala international university,
Uganda

Title: Tumor Resectability and Pathologic Response After Neoadjuvant Long-Course Chemoradiotherapy for Locally Advanced Rectal Cancer in a Resource-Limited Setting

Purpose

In resource-limited settings, locally advanced rectal cancer (LARC) often presents at advanced stages. Long-course chemoradiotherapy (LCCRT) remains a cornerstone of neoadjuvant therapy, yet outcome data from such settings remain limited. This study assessed tumor resectability, pathologic response, and factors associated with resectability following neoadjuvant LCCRT at Ethiopia's largest tertiary oncology center, highlighting challenges in expanding access to radiotherapy.

Methods

We conducted a retrospective cohort study of patients with stage II–III rectal adenocarcinoma (cT3–4 and/or cN+) who completed neoadjuvant LCCRT at Tikur Anbessa Specialized Hospital between 2018 and 2023. Tumor resectability was determined by multidisciplinary team (MDT) assessment. Multivariable logistic regression was used to identify factors associated with post-LCCRT resectability, adjusting for initial T stage, circumferential resection margin (CRM) status, histologic subtype, radiotherapy technique, and neoadjuvant regimen.

Results

Among 58 eligible patients (median age 45 years; 62% male), 62% had cT4 tumors, 53% had cN2 disease, and 84.5% had involved CRM. The median diagnosis-to-LCCRT interval was 64 weeks (interquartile range [IQR], 37–82). After LCCRT, 27 patients (46.6%) were deemed resectable by MDT assessment; 19 patients (32.8%) ultimately underwent curative-intent surgery (median interval from LCCRT to surgery, 10 weeks; IQR, 7–15). Initial cT3 stage was associated with higher odds of resectability (adjusted odds ratio [AOR], 6.2; 95% CI, 1.06–36.37), whereas receipt of total neoadjuvant therapy was associated with lower odds (AOR, 0.10; 95% CI, 0.02–0.49). No pathologic complete responses were observed.

Conclusion

Advanced disease at presentation and treatment delays contributed to low resectability and limited pathologic response. Enhancing curative outcomes requires timely access to radiotherapy, optimized multidisciplinary team assessment, and increased surgical capacity.

Keywords

Locally advanced rectal cancer; long-course chemoradiotherapy; tumor resectability; pathologic response

Author Biography

Dr. Halake has been in Kampala international university since June 2024 establishing a cancer center and advancing cancer care through research and educating post graduate students. Prior to joining KIU she has worked in Kenya and Ethiopia contributing to cancer care in these countries as well.

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Dr. Rajashri Gutte

B.E. Biotechnology, MBA, Ph.D
Director of Kanad Life Sciences Pvt. Ltd., India

Title: Beyond Tumor Control: A Woman Innovator's Perspective on Patient-Centered Oncology Care Through Evidence-Based Nutraceuticals.

Cancer care has progressed remarkably through advances in precision therapies and early diagnosis; however, treatment-related toxicities such as oral mucositis, cancer cachexia, malnutrition, and fatigue continue to compromise patients' quality of life and treatment adherence.

Patient-centered oncology care requires a holistic approach that addresses these supportive care needs alongside tumor-directed therapy. As a woman entrepreneur and researcher, I believe innovation is most meaningful when it addresses real clinical challenges and is translated into practical, accessible solutions for patients.

Evidence-based nutraceuticals, including immunonutrition, essential amino acids, curcumin, probiotics, and antioxidants, have demonstrated potential to modulate inflammation, support tissue repair, preserve muscle mass, and improve nutritional status in patients undergoing cancer treatment.

While these interventions should complement—not replace—standard oncological therapies, their integration into multidisciplinary supportive care may enhance patient well-being, treatment tolerance, and overall outcomes.

Future progress will depend on robust clinical trials, personalized nutritional strategies, and collaborative partnerships among oncologists, nutrition scientists, researchers, and industry. As women continue to lead innovation across oncology, they play a pivotal role in advancing accessible, evidence-driven supportive care that prioritizes quality of life and equitable healthcare delivery.

Women are increasingly contributing to this translational ecosystem by connecting scientific research with healthcare innovation. By fostering multidisciplinary partnerships and evidence-driven development, we can strengthen patient-centered oncology care and improve the quality of life of individuals undergoing cancer treatment.

Keywords

Supportive care, Cancer, Women-led, Nutraceutical ingredients, Treatment Toxicities.

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Author Biography

Dr. Rajashri Kanad Gutte (B.E. Biotechnology, MBA, Ph.D.) is an innovation-driven entrepreneur and Director of Kanad Life Sciences Pvt. Ltd., India. She is committed to advancing patient-centered oncology through innovative, evidence-based nutraceuticals. she has authored and reviewed many review papers, two patents, Springer book chapters, and award winner. She focuses on translating evidence-based nutraceutical research into patient-centered oncology care. By bridging research, industry, and clinical needs, she advances women-led innovation, entrepreneurship, and collaboration to improve supportive cancer care.

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Prof. Dragana Jovanovic

Thoracic Oncologist
Senior Faculty member of the College of the
European School of Oncology. Belgrade, Serbia.

Title: Integrating patient reported outcomes (PROs) into palliative care

Palliative care (PC) has evolved over the past five decades as a well-established holistic multidimensional concept of care based on interprofessional specialty to primarily improve quality of life and quality of care for cancer patients and their families. The holistic patient-centered concept of PC encompasses assessment of symptom burden, psychological status, social, spiritual and existential issues, monitoring regular changes in patients' health status including treatment adverse events and coping mechanisms.

Comprehensive multidimensional assessment should be initiated by the primary oncology team and then enhanced by collaboration with PC experts. Treating physician/oncology team should screen a cancer patient repeatedly from initial diagnosis over the course of disease for important domains of PC needs.

Patient reported outcomes (PROs) as validated assessment tools have the central role. Systematic monitoring of patients' symptoms using PROs on a regular basis during treatment improve patient-physician communication, physician awareness of symptoms, symptom management, patient satisfaction, and quality of life (QoL).

PROs assessment is thus highly encouraged for symptom monitoring during cancer treatment, moreover as it has shown significant impact on OS as well, not only on QoL. Therefore, there is huge international interest in integrating PROs into routine care, since they are highly informative, meaningful and worth the time to enhance symptom management and achieve high-quality care.

Keywords: Palliative care, Patient reported outcomes

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