

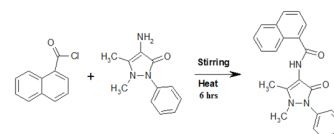
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Spectroscopic investigation of 4-Aminoantipyrene naphthoyl derivative – An Al³⁺ sensor: Photo physical, molecular docking and anticancer cytotoxicity studies

D Premnath¹, S Kumaresan¹, G Tamil Selvan¹, Israel V M V Enoch¹, P Mosae Selvakumar¹ and M Indiraleka²¹Karunya University, India²Mepco Schlenk Engineering College, India

Substituted aromatic carbonyl compound of 4-Aminoantipyrene N-(1,5-Dimethyl-3-oxo-2-phenyl-2, 3-dihydro-1H-pyrazol-4-yl)-2, 3, 4, 5, 6-pentafluoro-benzamide was synthesized by the condensation of naphthoyl chloride and 4-Aminoantipyrene. The compound was characterized using IR, Mass, ¹H, ¹³C NMR, UV-Visible and fluorescence spectroscopy. The compounds show dual fluorescence, with broad emission bands at 340 nm and 450 nm. In the presence of Al³⁺, the compound shows a fluorescence enhancement, while the other metal ions do not show significant change of fluorescence in aqueous solution. The 4-Aminoantipyrene derivative binds to Al³⁺ metal ion with a 1:1 stoichiometry. Molecular docking is done with HPV16-E7 target protein receptor by using Glide protocol in order to understand the theoretically plausible drug-receptor recognition. The derivatives were screened *in vitro* cytotoxic activity with reference drug Pazopanib respectively against human cervical cancer cell line (SiHa) by MTT assay method. The bioactivity of these derivatives has also been evaluated with respect Glide docking interaction using Schrödinger software. Compound shows a potential activity (IC₅₀=0.9274 μM) which is similar to the standard drug Pazopanib.



prems.bioinfo@gmail.com

Staging and evaluation of lung cancer with CT/PET CT scan for treatment planning and post radiation changes: Pearls and pitfalls in routine practice

Himanshu S Choudhury

Sir H N Reliance Foundation Hospital, India

Lung cancer is the one of the most important cause of cancer-related deaths all over the world, with a comparatively low 5-year survival rate of 15%. CT scan based staging for lung cancer is an important guide for deciding treatment strategy, surgical planning and prognostication. It is very challenging for the radiologist to determine accurately the staging. It is relatively easy task to decide the T- stage of the disease and differentiation between local intra-thoracic and distant metastatic disease. However many times it is difficult to characterize small pulmonary nodules, mediastinal nodes, which have bearing on staging of the treatment strategy. The imaging approach of lung is to pretreatment planning to localize the disease extent, involvement of important structures, satellite nodules, mediastinal adenopathy and distant lesions in the liver. The post treatment changes in the lung tumors can give confused findings many times. But the radiological appearances of lung cancer for stage disease with latest TNM classification system, evaluation with CT scan or PET CT scan of lung tumors; both treatment and post-treatment can make a significant contribution to management strategy. We will evaluate different imaging parameters, approach for analysis of CT scan lung both before treatment and post radiation changes and will update recent imaging criteria

hmchoudhury@gmail.com