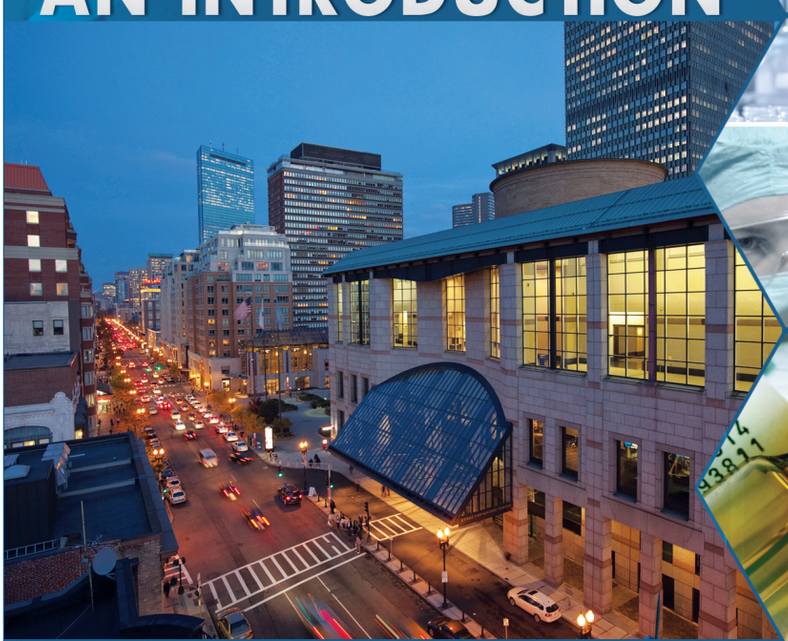
Drug Discovery & Therapy World Congress 2016

August 22 - 25, 2016, Boston, MA, USA

AN INTRODUCTION



John B. Hynes Veterans
Memorial Convention Center
Boston, USA

August 22-25, 2016

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Messages from Conference Co-Presidents

Prof. Ferid Murad
(Nobel Laureate)
Co-President DDTWC 2016

Drug Discovery & Therapy World Congress 2016, to be held from 22nd - 25th August, 2016 will bring together the world's leading scientists in the field of drug discovery and therapy to discuss their latest researches with the aspiring audience. The conference will provide an occasion for the participating scientists not only to present their researches and interact with eminent colleagues but also to enjoy the stimulating environment of Boston.

Prof. Atta-ur-Rahman
Co-President DDTWC 2016

Drug Discovery & Therapy World Congress 2016 will be an excellent opportunity for leading authorities in the field of drug discovery and therapy to come together and present their cutting edge researches in the field and their applications in medicine.

DDTWC 2016 will be held from 22nd to 25th August 2016 in Boston. A number of Nobel Laureates and leading researchers will participate in this important event. I greatly look forward to welcoming the participants on this occasion.

Participating Nobel Laureates & Eminent Scientists
DDTWC 2016

Ferid Murad
Nobel Laureate
Plenary Speaker

Ada E. Yonath
Nobel Laureate
Plenary Speaker

Ei-ichi Negishi
Nobel Laureate
Plenary Speaker

Sidney Altman
Nobel Laureate
Plenary Speaker

Charles N. Serhan
Plenary Speaker

Allan L. Goldstein
Plenary Speaker

Simon C. Robson
Keynote Speaker

Ali Khademhosseini
Keynote Speaker

William Weglicki
Keynote Speaker

Rakesh Kumar
Keynote Speaker

Jeffrey Skolnick
Keynote Speaker

Dimiter Dimitrov
Keynote Speaker

Gregory L. Verdine
Keynote Speaker

DDTWC 2016
Symposia Advisory Board

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(Nobel Laureate)
(Co-President)

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Q. Ping Dou

Berkeley W. Cue

Introduction of DDTWC 2016

The Drug Discovery & Therapy World Congress 2016 (DDTWC 2016) will take place in Boston, USA, from August 22-25, 2016.

The objectives of the conference will be:

- To provide an annual forum for the dissemination of information about the latest research advances in the fields of drug discovery, disease management and diagnosis.
- To identify, discuss and promote innovative treatment strategies to reduce the prevalence of various diseases.
- To initiate dialogue and develop linkages between scientists, health service providers and health service managers.

Who Should Attend

The conference will attract a targeted group of scientists and senior international decision makers. Delegates and exhibitors will have a valuable, informative and positive experience.

- ✓ Internists
- ✓ Pharmaceutical scientists
- ✓ Medical students
- ✓ Clinicians/Doctors
- ✓ CEOs, CROs, senior instrumental professionals directors and research associates from the pharmaceutical industry and academia

Drug Discovery & Therapy World Congress 2016 will provide a platform for all pharmaceutical scientists, internists and primary care physicians to discuss and learn about important international breakthrough developments in drug discovery and on new therapeutics.

The focus of the conference will be on the interdisciplinary fields of drug discovery, drug therapy & translational medicine.

Throughout the course of the four day conference, participants will get an opportunity to network and be involved in inspiring and interesting discussions of scientists and researchers from the international pharmaceutical, academic and clinical communities.

Tracks of the Conference

The scientific program has been developed by a committee of leading experts and comprises the following 43 tracks:

- Academic CRO/Industrial collaborations in drug discovery
- Anti-Infectives
- Bioactive Lipids
- Biologics
- Clinical Trials and Regulatory Affairs
- Cancer Targeted Drug Delivery
- Cardiovascular Drug Discovery & Therapy
- Chemistry
    - *Asymmetric Synthesis*
    - *Carbohydrates*
    - *Spectroscopy*
- Combinatorial Chemistry
- CNS Drug Discovery & Therapy
- Diabetes and Obesity Drug Discovery & Therapy
- Drug Delivery & Targeting
- Drug Discovery in Preclinical Research
    - *De-risking Drug discovery*
    - *Hit to Lead and Lead Optimization*
- Drug Metabolism
- Enabling Technologies
- Genomics
- Green Techniques for Medicinal Chemistry
- High-throughput Screening & Laboratory automation
- Hot Topics in Drug Targets
- Hot Topics in HIV Research
- Hot Topics in Medicinal Chemistry
- Hot Topics in Natural Products
- Inflammation and Immunology
- Innovative Drug Discovery and Nanotechnology
- In-silico Drug Design and in-silico screening
- Medical Imaging
- Nutraceutical Drug Discovery & Therapy
- Pharmaceutical Biotechnology

Tracks of the Conference

- Pharmaceutical Research & Development
    - Successful Drug Discovery from the Research Lab to the Marketplace
        - *First disclosure of Clinical Compounds*
        - *Case Histories of Drugs on the Market*
    - Global Roundup of Pharmaceutical Research capabilities and Opportunities
        - *Middle East*
        - *China*
        - *Japan & Far East*
        - *North America*
        - *Europe*
        - *South America*
        - *India & Asia*
        - *Africa*
    - Global Discovery Outsourcing
        - *Generic Pharmaceuticals: Challenges and Opportunities*
        - *Regulatory Affairs*
        - *Other Areas of Pharmaceutical R & D*
- Pharmacogenomics
- Process Chemistry and Drug Manufacturing
- Protein and Peptide Sciences
- Proteomics & Bioinformatics
- Pulmonary Drug Discovery & Therapy
- Recent Advances in Patient Treatment and Care
- Recent Advances in Spectroscopy
- Regenerative Medicine
    - *Stem Cells*
    - *Gene Therapy*
    - *Tissue Engineering*
    - *Recent Developments in Regenerated Medicine*
- Stereoselective Synthesis of Bioactive Compounds
- Structural Biology
- Systems Biology in Drug Design
- Traditional Chinese Medicine
- Translational Medicine
- Women's Health Drug Discovery & Therapy

Biologics (Discovery)

Biologic drugs started as replacement therapies such as Growth hormone and Erythropoietin broadened into a big class of therapeutics with the addition of antibodies. There are a number of blockbuster drugs on the market with phenomenal therapeutic benefit in diseases such as Oncology, Rheumatoid arthritis and others. Since biologic therapies in general have high success rate compared to small molecule drugs, many big pharma and biotech companies are aggressively pursuing Biologics now and comprise roughly half of the clinical pipelines. Significant improvements have been made in the last decade on generating production of lasting biologic therapies, fully human monoclonal antibodies as therapies and phage display technologies. Active efforts in identifying minimal regions required for therapeutic benefit also identified smaller biologics such as peptibodies and nanobodies. The DDTWC 2016 to be held in Boston in August 2016 will address all active areas of research and development in 'Biologics' as therapeutics. To name a few, there will be presentations on protein therapeutics (both enzyme replacements and 2nd generation therapeutics), antibody therapeutics, Biosimilars and technologies that are used to improve biologics stability, metabolism and production.

Drug Delivery (Discovery)

Many biologically active molecules are very active *in vitro*, but never reach the clinic because of lack of absorption and/or poor *in vivo* stability. Although a range of delivery systems is available, the delivery of sensitive drugs such as peptides, nucleic acid based therapeutics (including antisense DNA and siRNA), simple and complex carbohydrates, and synthetic vaccines presents a major challenge to the pharmaceutical industry. Industry experts agree that approximately 10% of the costs of drug development program should be allocated to aspects of drug delivery. New developments in drug delivery research are likely to have enormous economic impacts upon the pharmaceutical and biotechnology industries. In fact, drug delivery research represents a US$70 billion a year industry. Centres for Drug Delivery have been established all over the world to promote research, development and training in drug delivery science. There has also been a focus on realizing the commercial potential of innovative molecules (e.g. peptides, nucleic acid based therapies and vaccines) or delivery technologies that are developed from the centres' research. Research in drug delivery is multidisciplinary, requiring knowledge of how drugs work, their chemical and physical properties, how these properties affect the drugs in vivo behaviour, and what could be done to potentially solve any delivery problems associated with drug molecules. Therefore, drug delivery research necessitates interdisciplinary collaborations both at a national and international level.

Drug Delivery (Therapy)

Development of nicardipine prolonged-release implants after clipping for preventing cerebral vasospasm: From laboratory to clinical trial

Currently, there are no drugs supported by sufficient evidence of efficacy for cerebral vasospasm in patients with subarachnoid hemorrhage, despite abundant evidence of anti-vasospasm drugs at an experimental level. We have developed a drug-delivery system using a vasodilating drug that can be implanted intracranially at the time of surgery for aneurysm clipping, without systemic side effects or side effects associated with long-term intrathecal drug administration through indwelling catheters.

We started our project on 1994 for making slowly-releasing drug-delivery system *in vitro*, because cerebral vasospasm occurs 4-14 days following subarachnoid hemorrhage. A rod-shaped pellet (1 mm in diameter, 10 mm in length, containing 1 mg of nicardipine) for animal study was prepared by heat compression. Release curve from the pellets was adjusted similar to the time course of cerebral vasospasm by changing the combination of molecular weight and lactic acid ratio of Copoly(lactic/glycolic acid) and nicardipine. We presented the efficacy and safety of this drug delivery system using both canine double hemorrhage and clot placement model. The mean concentration of nicardipine in the clots was 1.5x10-4 mol/L on Day 7 and 5.1x10-6 on Day 14. This drug delivery system can prevent vasospasm significantly in dogs, while maintaining an appropriate concentration of nicardipine in the clot adjacent to the arteries, since maximal relaxation is achieved by 10-6 mol/L of nicardipine.

Conference Tracks

Since October 1999, nicardipine pellets (NPs) (2 mm in diameter, 10 mm in length, containing 4 mg of nicardipine) have been used to prevent vasospasm in patients with SAH. The study was approved by the University Ethical Committee, and informed consent was obtained. A frontotemporal craniotomy and a midline frontal craniotomy (pterional and anterior interhemispheric approach) were performed for aneurysms in the internal carotid artery (ICA), middle cerebral artery (MCA), basilar artery, anterior communicating artery, and distal anterior cerebral artery (ACA). NPs were placed in the cistern of the ICA, the MCA, and/or the ACA, where thick clots existed, and, therefore, vasospasm related to delayed ischemic neurological deficits (DIND) was highly probable. The number of pellets and the location of the placement depended on the amount and site of the subarachnoid clot in the preoperative CT scans, the operative field, and the craniotomy. Cerebral vasospasm was assessed by DIND, and angiography was performed in all patients on Days 7 to 12. We published a preliminary report on the efficacy and safety of NPs to prevent vasospasm in 20 SAH patients. Vasospasm was completely prevented in the arteries in cisterns with thick clots, where vasospasm was highly expected, by placing NPs adjacent to the arteries during surgery. In the first 100 patients treated with NPs, the ratio of DIND, severe angiographical vasospasm and cerebral infarctions were 7%, 11%, and 5%, respectively. No complications were experienced. Thirty-two patients with severe SAH and undergoing aneurysm clipping were included into the single center, randomized, double-blind trial in Germany. The incidence of angiographic vasospasm in proximal vessel segments was significantly reduced after implantation of NPs (73% control versus 7% NPs). Significant differences occurred also for the majority of distal vessel segments. Computed tomography scans revealed a lower incidence of delayed ischemic lesions (47% control versus 14% NPs). The NPs group demonstrated more favorable modified Rankin and National Institute of Health Stroke scales as well as a significantly lower incidence of deaths (38% control versus 6%NPs). We found that vasospasm is completely prevented in arteries in cisterns with thick clots, where vasospasm is highly expected, by placing NPs adjacent to the arteries during surgery. Less efficacy was found for arteries remote from the placement of pellets. Implantation of NPs improves clinical outcome of SAH patients. We consider that this could not be achieved by developing new drugs but by developing methods to maintain an appropriate concentration of the drug in the target cerebral artery and its surrounding environment.

Central Nervous System (Discovery)

Drug discovery, as a field, has evolved into a process that not only involves the scientist; but also many other tangential fields such as physicians, legal experts, business individuals, etc. One portion of the drug discovery effort that is of particular challenge is that pertaining to neuroscience. This is mainly due to the complexity of the nervous system; but also due to the relatively poor understanding of most psychiatric and neurological diseases. Despite this, the worldwide market for CNS disorders was estimated to be $50 billion in 2001 and is set to grow to the aging population, and due to better diagnostic procedures. However, although the process has become multi-variant over the years requiring billions of dollars to be spent for each successful launch of a drug; the heart of the matter still remains to be target identification/validation and lead discovery/optimization.The Drug Discovery and Therapy Worl Congress 2016 to be held in Boston in August 2016, CNS (Pre-clinical Section) will try to address the major contributions toward CNS research that arises both at the industrial setting as well as the academic setting. The section will try and have a cross-section of both basic research as well as more applied (translational) research that highlights the amount of work being produced at all research sites.

Women's Health Issues (Discovery)

The last decade has seen a profound increase in our capacity to treat diseases and conditions affecting women. The discovery and development of new and more effective drugs have played a crucial role in this achievement. In the DDTWC 2016, recent advances made in the discovery of therapeutics and promising new hopes for the improvement of women's health will be reviewed and discussed. Major areas that will be addressed include; treatment of infertility, endometriosis, preterm parturition and cancer. This cutting-edge project will involve, multidisciplinary approaches from outstanding scientists across the world.

Women's Health Issues (Therapy)

Osteoporosis is characterized by reduced bone mass and alteration in bone architecture, resulting in increased fracture risk. These fractures are a major cause of morbidity and mortality in postmenopausal women and impose a huge economic burden on health services. Oestrogen deficiency plays a major role in the pathogenesis of bone loss and fracture in women. Other pathogenetic factors include reduced physical activity and vitamin D insufficiency. Several osteoporosis risk-factor screening tools have been developed to identify women at increased risk of low bone mineral density. A range of options is available for the prevention of fractures in high risk postmenopausal women and management of osteoprosis. These include the hormonal therapy, bisphosphonates, strontium ranelate, raloxifene and parathyroid hormone peptides, daily intake of calcium and vit D. Because of their broad spectrum of demonstrated anti-fracture efficacy, alendronate, risedronate, calcitonine and strontium ranelate are generally considered as the first line therapies for most of the women. The optimum duration of treatment for postmenopausal osteoprotic patients has not been established but the re-evaluation of risk and the need for continued therapy should be determined for these women in clinical settings. The compliance and persistence with long-term osteoporosis treatment is generally poor but may be improved by different dosing regimens. Rehabilitation approaches should be considered as the key components of prevention and treatment of osteoporosis. Maintenance of muscle function and balance, as well as daily vit D supplements and calcium intake should also be considered as the main therapies for fracture prevention. The DDTWC 2016 to be held in Boston in August 2016 will address all areas related with postmenopausal osteoporosis, concentrating on recent clues in pathophysiology and management strategies at the clinical level. In this session, there will be presentations concerned with the recent advances in pathophsiology of postmenopausal osteoporosis, the screening tools in determining postmenopausal women at the risk of developing osteoporosis, recommendations for prevention and treatment strategies in postmenopausal osteoporosis, adherence to drug treatment in postmenopausal osteoporotic female, patient satisfaction and quality of life in postmenopausal women treated with different groups of drugs, and fall prevention and rehabilitation of osteoporosis. This topic will cover all aspects of postmenopausal osteoporosis and provide a well-informed and productive forum for understanding the basic mechanism of the postmenopausal condition and management approaches based on updated knowledge.

Enabling Technologies

Anticancer Drug Design and its Application from Laboratory to Clinic

Cancer chemotherapy deals with mankind's most feared disease and has attracted over the years the attentions of the galaxy of brilliant, endowed, thoughtful scientists leading to the discovery of new and better drugs with varying degrees of success. Drug designing, from *de novo* principles or from coherent extension of established therapies is a relatively new phenomenon. The areas of medicinal chemistry has played an important part, indeed with the discovery of alkylating agents years ago, or more recently by the development of growth inhibitors which are now well established with chemotherapeutic drugs to save millions of lives. Innovation of powerful tools, biomolecules and integrated systems for detection of cell, protein, transcript and/or genetic analysis for identification of early diagnostic marker, are critically important from clinical point of view. However, quantum leap of advancement has occurred quite recently with expansion of knowledge about the cell cycle control, cell signaling mechanism, apoptosis and its related events of discovery of cancer and protective genes. There is ample of room for the contributors aiming to provide a well informative and documented approach from diverse laboratories across the world. In the current scenario, Nanotechnology is becoming increasingly useful in ground-breaking research for the development of medical applications and devices mainly in the field of Cancer. The second DDTWC 2016 to be held in Boston in August 2016 will address all areas pertinent to this endeavor, concentrating on leads that arise from application of the new knowledge at the cellular and molecular level. The other area will highlight the impact of Nanomedicine (Application of nanotechnology in Human Health) on diagnosis and treatment of diseases. Nanomedicine is an emerging and expanding field with innumerable applications and may play an important role is translational research or moving from laboratory research to clinical practice.

Conference Tracks

Proteomics & Bioinformatics

Proteomics, the large-scale analysis of proteins, will contribute greatly to our understanding of gene function in the post-genomic era. Proteomics can be divided into three main areas: (1) protein micro-characterization for large-scale identification of proteins and their post-translational modifications; (2) 'differential display' proteomics for comparison of protein levels with potential application in a wide range of diseases; and (3) studies of protein–protein interactions using techniques such as mass spectrometry or the yeast two-hybrid system. Proteomics technologies are under continuous improvements and new technologies are introduced. Nowadays high throughput acquisition of proteome data is possible. The young and rapidly emerging field of bioinformatics in proteomics is introducing new algorithms to handle large and heterogeneous data sets and to improve the knowledge discovery process. Peptide libraries offer a valuable means for providing functional information regarding protein-modifying enzymes and protein interaction domains. Crucially, new computational and biochemical tools have emerged that facilitate identification of interaction partners and substrates for proteins on the basis of their peptide selectivity profiles. Proteomics can be viewed as an experimental approach to explain the information contained in genomic sequences in terms of the structure, function, and control of biological processes and pathways. Proteomics attempts to study biological processes comprehensively by the systematic analysis of the proteins expressed in a cell or tissue. The field of Bioinformatics provides tools we can use to understand disease processes through the analysis of molecular sequence data. More broadly, bioinformatics facilitates our understanding of the basic aspects of biology including development, metabolism, adaptation, to the environment, genetics and evolution.

Global Roundup of Pharmaceutical Research Capabilities and Opportunities

This session will feature six 30-minute Invited Lectures from diverse regions of the world: the Middle East, the Far East, Africa, Europe, North America and South America. Each speaker is to cover the status of biomedical research in their respective regions, especially as it relates to the discovery of new therapeutics and diagnostics for the public good. The very nature of pharmaceutical research has changed dramatically over the past decade, with globalization and networked interactions becoming more prevalent. In addition, there is an increased emphasis being placed upon diseases and disorders of the third world such as for the neglected diseases that afflict one-sixth of humanity. This track of the DDTWC 2016 is a novel experiment to promote a more globally integrated review of pharmaceutical research.

Nanotechnology in Biomedical Research

The meeting will cover recent advances in the treatment and diagnostic technologies using nanomaterials and nanotechnologies. The selection of topics will include development of drug discovery vehicles based on nanoparticles, high sensitivity DNA and protein detection based on nanoparticle assemblies and nanowires, implantable devices from carbon nanotubes, nanotopography effect on cellular behavior, nanomaterials for tissue engineering, nanotechnology for advanced prosthetic devices, metabolism of nanomaterials, and others. The preference will be given to the topics and presentations addressing fundamentally novel directions in this field and emerging technologies.

Biologics (Therapy)

Biologics comprise one of the fastest growing and most expensive categories of drugs, making them a desirable addition to any biotech or pharmaceutical company's product portfolio. These highly complex products present extraordinary challenges in their clinical research; challenges that far exceed those normally found in pharmaceutical or medical device trials. This program will address the heightened challenges of biologic developers and provide them with ample opportunity to discuss and debate the best solutions to problems and ultimately trial completion and regulatory approval. DDTWC to be held in Boston in August 2016 will address all relevant aspects for the clinical application of biologics. All biologics currently approved for clinical use are described in a standardized way concentrating on practically relevant aspects such as contraindications or monitoring needs. The "differential therapy" with biologics namely in the fields of dermatology, rheumatology, gastroenterology, and neurology is described in detail and summarized in treatment algorithms.

Diabetes and Obesity (Discovery)

During the past two decades, diabetes has become one of the most alarming public health problems. The rapid increase in the prevalence of obesity, type-2 diabetes and associated complications (diabesity) is a major global health problem worldwide. Evolution suggests the inevitability of the passage of "thrifty genes" from generation to generation, providing protection during times of famine but predisposing the carriers of these genes to obesity and type 2 diabetes in times of plenty. The close relationship of obesity and type 2 diabetes with a cluster of cardiovascular risk factors has produced the terms "diabesity" and "metabolic syndrome." Diabesity is a challenging condition that requires an integrated understanding of diabetes and obesity, as well as a coherent management plan that will drive forward effective measures for both prevention and intervention. To prevent and treat diabesity, there is a need to develop approaches to modulate the ways in which the body controls metabolism, body weight and composition. The conference brings together basic and clinical scientists aiming at identifying new factors implicated in obesity and diabetes, and to develop strategies for validating these factors as targets for future pharmacological manipulation, as well as identifying possibly several new drug targets for the treatment and prevention of diabesity. There is undoubtedly much still to learn about diabetes and obesity.

Inflammation and Immunology (Therapy)

Biomarkers in targeted-drug development for chronic inflammatory diseases

Targeted therapies using biological, such as TNF antagonists, are approved worldwide for the treatment of chronic inflammatory diseases. Despite the success of biological in the treatment of chronic inflammatory diseases, clinical experience revealed that not all patients respond equally, and that there are 'responders' as well as 'nonresponders'. Given the destructive nature of chronic inflammatory diseases, the risk of adverse effects and considerable costs for therapy, there is a strong need to make predictions on success before the start of therapy, aiming towards a personalized form of medicine, whereby a specific therapy will be applied that is best suited to an individual patient. The concept of a personalized form of medicine has attracted interest in the field of drug development to implement biomarker strategies to search for molecular and clinical criteria to dissect clinical responders from non-responders.

It is anticipated that implementation of biomarker strategies in drug development will allow:

- Accelerated drug development and reducing cost by utilizing pharmacodynamic and efficacy biomarkers for rational decision making
- Defining enriched populations for clinical trials
- Reducing trial size and number through the use of more clinically relevant biomarker endpoints
- Utilizing safety markers to identify susceptible populations
- Enabling therapeutic drug monitoring
- Delivering companion diagnostics, thereby driving product differentiation

To explain the unresponsiveness of anti-TNF antibodies in the treatment of rheumatoid arthritis, essentially two phases of unresponsiveness might be identified: a primary phase directly after the start of treatment, and a secondary phase that develops in initial responders during the course of therapy. The primary phase of unresponsiveness is oriented on the pharmacodynamic and mechanistic aspects of drug intervention. The latter is explained by the formation of anti-drug antibodies (=anti-anti-TNF antibodies) in a subset of patients.

Conference Tracks

Drug Discovery & Therapy in the Middle East: Challenges and Opportunities (Discovery)

"Scientific thoughts are the common heritage of all mankind". Until recently drug discovery has been the prerogative of the industrially advanced countries. Because of their impact across a range of scientific fields and their near-market benefits in terms of spin-offs, employment, training and technology transfer, many of the emerging economies, including the middle eastern countries have build their own sources toward a possible bright future in drug discovery and development. There are now many drug discovery centers around the Arab world at both the industrial as well as the academic institutional levels. The fruits of such centers need some more time to ripen. In this session of the DDTWC conference, the obstacles, resources, recent advances and future of drug discovery and development in the Middle East will be tackled.

Anti-Infectives (Discovery)

Among the anti-infective drugs which have recently been approved for clinical use, the antiviral agents, following the trend set by anti-bacterials (antibiotics) a few decades ago, have taken the lead. In recent years more than forty antiviral compounds have been formally licensed, more than half of which for use in the treatment of human immunodeficiency virus (HIV) infections (AIDS). Others have been licensed for the treatment of herpesvirus infections, hepatitis B and C, and influenza. For other virus infections, i.e. pox (variola, vaccinia), hemorrhagic fever virus, picornavirus, flavivirus, papilloma- and adenovirus infections, effective antiviral drugs still have to be developed or submitted to clinical trials. Even for those virus infections that can already be controlled by therapeutic modalities, the search for additional molecular targets and new treatment strategies should be pursued. The development of antiviral agents requires a multidisciplinary approach encompassing many different fields, such as molecular modeling, medicinal chemistry, biochemistry, pharmacology, toxicology and clinical medicine. Most importantly, the development of antiviral agents may learn from (and should not been dissociated from) other anti-infectives, in particular those compounds targeted at bacterial infections (i.e. tuberculosis) and protozoal infections (i.e. malaria) and other parasitic diseases, as evidence is growing for compounds trespassing these borders, both from a structure-activity relationship (SAR) and mode of action viewpoint.

Central Nervous System (Therapy)

It has been predicted that central nervous system (CNS) disorder will be the major medical need of this century. In spite of this recognition and the tremendous effort and money invested in CNS drug discovery, the outcome has been very limited over the last decade. Since the underlying genetic and neuronal abnormalities in most psychiatric and neurological disorders are largely unknown identifying potential pharmacological targets is particularly difficult. Furthermore, clinical evaluation of drug candidates is challenging as objective measures of symptoms of CNS diseases are frequently lacking. Therefore, adequate evaluation of the outcome, or early sign of clinical improvement of pharmacotherapeutic intervention is also complicated. Although lectures and presentations from all areas of CNS drug discovery and clinical development are welcome, a particular emphasis will be put on translational medicine. The aim will be to address some of the above listed difficulties related to the discovery of CNS medicines, while also covering hot topics, such as clinical dose selection and biomarker strategies.

Cardiovascular (Discovery)

Cardiovascular diseases, including thrombosis, dyslipidemia, arrhythmia, hypertension, metabolic disorder, diabetes, heart failure and numerous other conditions, are the primary cause of significant morbidity and mortality in the world. The impact of cardiovascular diseases is expected to rise in geometric proportions as life expectancy rises, in both economically advanced and economically challenged countries. Addressing current and future cardiovascular diseases involves a multifaceted approach including understanding physiologic mechanisms at molecular and cellular levels, designing agonists/antagonists using computational, combinatorial, traditional structure-activity relationship-based or natural products-based approaches, and investigating pharmacological and toxicological effects of potential drugs through in vitro and in vivo systems. The Cardiovascular Discovery Track at the third International Conference on Drug Discovery and Therapy will provide an outstanding avenue for the disclosure of recent results in target identification and optimization, lead identification and optimization, and initial results in animal and human studies to an international audience representing basic and clinical scientists from academia, industry, government, and business organizations.

Successful Drug Discovery from Research Lab to the Marketplace

Every drug has a unique story on its journey from an idea to the marketplace. What is almost always the case though is that each drug has a champion, to help guide the concept and the drug compound through sometimes difficult waters. A company will often be completely reorganized, change management or be acquired by a competitor several times during the period when a promising compound is in late stage discovery or development. There are a number of marketed drugs, including Buspirone, Prozac, Acyclovir, Viagara or Paracetamol that may not have been come to light in modern laboratories.

These drugs were invented by scientists relying often on instinctive invention and observation, who sometimes fought shy of formal systems. Many drugs are the product of serendipity, or "lucky" observations, but in fact the scientists involved often "made their own luck", by acting on seemingly disparate data to hunt for a new disease treatment.

The session focused on some headline blockbuster drugs, some with well-defined and innovative mechanisms of action as well as some earlier stage compounds with a fascinating rationale and origin. During the talks it was illustrated how every drug is unique; but scientists need to have time and space as well as the motivation to observe and discover, by sound observation. The invention and development of a new drug rarely follows a prescribed pattern. The discipline of Drug-hunting requires determination, openness to new thinking, teamwork and the ability to link apparently disparate observations into a novel rationale.

The impact of outstanding project leadership on the process of Drug Discovery and Development was illustrated as an important part of this session.

Oncology (Therapy)

Anti-cancer drug development is a major area of research. It was found that the estimated approval success rate for self-originated new chemical entities from 1981 to 1992 varied from 19% to 30% with an increasing trend currently. Therefore, most drugs undergoing trials are abandoned without obtaining marketing approval, which also proves that it is a risky, tedious process and the financial resources involved are tremendous. New anticancer drugs undergo various clinical trials, which answers specific questions pertaining to new therapies or new ways of using known treatments. There are many techniques which can evaluate anticancer drug. Functional imaging techniques provide a novel method for anti-cancer drug development and monitoring response to therapy. New chemotherapeutic drugs are continuously being developed. Some of them, which target the biological processes, can be monitored functionally using Positron Emission Tomography (PET), functional MRI, Multiphase CT etc. These techniques provide significant knowledge regarding pharmacodynamic and pharmacokinetic endpoints of these drugs. PET-CT imaging is a superior method in new drug development as it is a noninvasive imaging modality and provides an early judgment for principle animal and human trials. The current end point for assessing response to therapy in solid tumors is by measuring the change in tumor size. Tumor volume change as calculated by ultrasound, computed tomography or magnetic resonance imaging using unidimensional or bidimensional measurements and comparison with baseline pretreatment scans, has been used for assessing tumor response to anti-cancer drugs up to date. However, tumor dissolution and shrinkage are a complex cascade of cellular and subcellular changes that occur over a period of time, usually weeks or months, thus precious time is lost in assessing the response using conventional imaging modalities. Therefore, functional information such as drug induced changes in tumor glucose metabolism, tumor cell proliferation and perfusion, derived from PET imaging using radiolabelled biological probes, provide an alternative approach to conventional structural or anatomical imaging. This functional information is particularly going to be helpful in predicting treatment response to new immunomodulating drugs which target cancer growth via its effect on proliferative signal transduction, cell cycle progression, growth factors, telomere regulation, apoptosis, angiogenesis, tumor invasion and metastatic capacity.

Call For Papers

Abstracts submitted for the plenary lectures, invited lectures, session lectures and posters presentations will be reviewed on the basis of scientific merit, novelty and practical application.

Submit your abstract of maximum 200 words, written in English, including the title, principal author, additional authors and all the contact details (organization, mailing address, email, phone, fax and postal code).

To present a poster, registration as a delegate is mandatory.

Join us in Boston in August 2016 to share your research and network with fellow academic and industry researchers.

For further details, please contact by email at: info@ddtwc.com

To participate, submit your abstract latest by July 22nd 2016

www.ddtwc.com

Poster Size & Preparation Instructions

In order to efficiently communicate the results of your research to the viewers, you are kindly requested to exert considerable efforts to design your poster. Please pay attention to details by carefully following the instructions outlined below and on adjoining page:

Important Information Sample of Poster

EQUIPMENT FOR POSTER DISPLAY

- ✓ A large display board giving a display area of approximately 180 cm wide x 100 cm high will be provided for your poster display. Please refer to the website for more details at www.ddtwc.com.
- ✓ Please note that individual pieces of paper should be pre-mounted onto one large piece of paper or card.
- ✓ The poster display boards are made of melamine, therefore compatible with double side tape and adhesive Velcro. Fixers will be provided to all poster presenters at the Conference. Volunteers will be on-site to assist you as needed.
- ✓ A header panel with your poster number will be provided and will only be visible on the morning your poster is due to go up. Please ensure that your poster title and authors as stated on the submitted abstract are printed on your poster.
- ✓ Please refer to the Final Program Book that you will receive upon your arrival at the Conference for the poster board number assigned to you.
- ✓ Please use the board with the same number.

Poster Preparation Instructions

CONTENT

- ✓ Make your title short to summarize the message of the research.
- ✓ Do not include references unless it is imperative.

LAYOUT

- ✓ Try to avoid using several A4 sheets. Please note that individual pieces of paper should be pre-mounted onto one large piece of paper or card.

- ✓ Use just one or two colors on a plain (pastel) colored background.
- ✓ Put the conclusions in a prominent panel (preferably at the bottom of the poster).

FONT

- ✓ Poster body text must be readable from 2 meters (with possible exception of references) and the title from 4-5 meters.

- ✓ Avoid using capital letters except at the beginning of sentences and proper nouns.
- ✓ Use a black *sans serif* font e.g. Arial or Gill Sans throughout.

- ✓ Use a bolder, larger typeface for the main titles and headings. It can be effective to use a different typeface for headings and subheadings.

- ✓ To emphasize body text, use a bold or italic font.
- ✓ Check the draft of your poster very carefully to ensure that there are no typographical or style errors.

DISPLAY, PRESENTATION AND REMOVAL TIMES

All posters should be on display throughout the day.
Poster presenters should refer to the list of poster presentations in the program for their board numbers.
Poster presenters are requested to be present at their designated poster board(s) during breaks and poster sessions to answer questions.
Please remove your poster after each session. The Organizing Committee will not be responsible for posters that are not removed by the end of each session.
We would like to thank you in advance for your valuable contribution to this Conference.
Please do not hesitate to contact the Conference Secretariat at the address below should you require any assistance before or during the Conference.

Conference Secretariat
Drug Discovery & Therapy World Congress 2016
Web: www.ddtwc.com
Email: info@ddtwc.com

Eureka Conferences, Inc.

An innovative international event management specialist, Eureka Conferences Inc., offers a range of services to its clients varying from individuals to large multinational corporations, strengthened by our core values of quality, efficiency and client service.

Event Management Services

Equipped with a full fledged Event Management Division, Eureka Conferences offers a complete solution for the management and marketing of conferences and symposia from lining up resource persons and participants in disciplines of science, social science and humanities to promotional activities and managing funds. Eureka Science can assist in:

- Development of the Idea
- Following up Post-Event Matters
- Management of the Full/Partial Event

Conference Organization

Conference organization includes but is not limited to:

- Communication
- Exhibition Sales & Management
- Event Marketing Services & Press Release (PR)
- Fund Management and Sponsorships
- Housing Services/Venue Location
- Program Administration & Management
- Payment & Fee collection (both online & offline)
- Preparation of Delegate Packs & Badges
- Preparing Conference Documents
- Quality Control
- Registration Services / Delegate Registration (both online & offline)
- Technical and AV Support
- Transportation
- Value Added Event Management and Production
- Website Designing & Maintenance

Exhibition and Sponsorship Management

Prospective exhibitors are offered the following services:

- Advice and assistance for exhibition and sponsorship opportunities
- Booking exhibition and sponsorship space
- Budgeting, finance and accounts
- Direct communication with registered exhibitors
- Email and direct contact with potential exhibitors / sponsors
- Identifying potential exhibitors and sponsors
- Identification and development of a client data-base in direct collaboration with the organizers
- Logistics solutions
- Managing direct mailing
- On-site assistance for exhibitors
- Preparing sponsorship and exhibition contracts /sponsors
- Production and handling of exhibitors manual
- Practical organization for exhibitors: hotel recommendation/reservation, coffee breaks, lunches, dinners and social programs
- Production and handling of exhibitors manual
- Venue search & site inspection: preparing floor plans and exhibition space distribution
- Web design and website maintenance: floor plan and list of exhibitors

Publishing Services

Our experience and expertise in publishing and related ancillary Information Technology fields ideally places us to convert your concepts and ideas into reality.

Publishing services include but are not limited to:

- ✓ Pre-Publishing (Editing, Proofreading)
- ✓ Desktop Publishing (Composing, Graphics, Printing, Online Publishing)
- ✓ Post-Publishing (Indexing, Distribution)
- ✓ E-Publication (Website Designing, Data Conversion, CD ROM Publishing)

Contact

Eureka Conferences, Inc.
One Boston Place
26th Floor
Boston, MA, 02108
United States

Phone: +1-857-2398855
Fax: +1-857-2398801

Email: hasinahabib@eurekaconference.com

Eureka Conferences, Inc.

Conference Venue & Other Details

Meeting Venue

John B. Hynes Veterans Memorial Convention Center Boston, USA

★ **Dates**

Monday 22nd- 25th Thursday, August 2016

★ **Language**

The Official language of the Conference will be English and no simultaneous translation will be provided.

★ **Climate**

Boston has a mild climate in August and temperatures range between 18°C- 26°C. Rainfall is possible.

★ **Badges**

All participants, accompanying persons and exhibitors are kindly requested to wear their badges during the conference in order to enter the venue and other scheduled activities.

★ **Banking and Exchange**

- The official currency in USA is Dollars ($)
- Banking Days are Monday to Friday 08:00 - 14:00. Note the weekend here is Saturday and Sunday.
- Automated cash dispensers are located outside every bank and other areas and cash can be withdrawn 24 hours a day.
- Foreign currency may be changed at banks, hotels, airports and in exchange offices.
- All major credit cards are accepted in most hotels, restaurants and shops.

★ **Liability and Insurance**

The organizers are not liable for any injury or damage involving people and property during the conference. Participants are advised to take out their own personal travel and health insurance for their trip.

Visa Requirements

Participants are requested to check with the US Consulate in their home country or with their travel agency for visa requirements. It is the responsibility of the participant to obtain a visa, if required.

TRANSPORTATION IN THE CITY

Boston offers a variety of transportation modes for residents and visitors to navigate in and around the city.

Bus:

There are scheduled buses available at bus stations which can be conveniently found all over Bostan.

Taxi:

Taxis are available outside the arrival gate, at the air port.

The journey to the city center takes approximately 20/30 minutes depending on the traffic and costs approximately USD 10-15.

Exhibition:

A commercial exhibition will take place within the framework of the Conference.

SPONSORSHIP & EXHIBITION SALES & LIAISON:

Contact: info@ddtwc.com

ORGANIZING SECRETARIAT:

Contact: info@ddtwc.com

About Boston, USA

Boston, first incorporated as a town in 1630 and as a city in 1822, is one of America's oldest cities, with a rich economic and social history. What began as a homesteading community eventually evolved into a center for social and political change. Boston has since then become the economic and cultural hub of New England. As the region's hub, Boston is home to over 617,000 residents, many institutions of higher education, some of the world's finest inpatient hospitals, and numerous cultural and professional sports organizations. Boston-based jobs, primarily within the finance, health care, educational, and service areas, numbered nearly 660,000 in 2002. Millions of people visit Boston to take in its historic neighborhoods, attend cultural or sporting events, and conduct business.

Population

617,594 (Official Estimate from U.S. Census Bureau, March 2011)

Climate

Boston has a mild climate in August and temperature ranges between 18°C-26°C. (64°F-81 °F) Rainfall is possible.

Neighborhoods

While many cities are defined by their skylines, Boston is distinguished by its vibrant neighborhoods. Indeed, Boston's strength, diversity and vitality are all rooted in her neighborhoods, where neighborhood pride and cultures from all over the world are cherished and celebrated. Although each neighborhood has its own personality and distinct appeal, all of the neighborhoods demonstrate Boston's changing face, as this historic capital has become a magnet for citizens all over from the world.

Landmarks

- **The John F. Kennedy Presidential Library and Museum** is the presidential library and museum of the 35th President of the United States, John F. Kennedy. It is located on Columbia Point in the Dorchester neighborhood of Boston, Massachusetts, USA, next to the Boston campus of the University of Massachusetts and the Massachusetts Archives.

- **The Museum of Science** is a Boston, Massachusetts landmark, located in Science Park, a plot of land spanning the Charles River. Along with over 500 interactive exhibits, the Museum features a number of live presentations throughout the building every day, along with shows at the Charles Hayden Planetarium and the Mugar Omni IMAX theater, the only domed IMAX screen in New England.

- **The Harvard Bridge** (also known locally as the MIT Bridge, the Massachusetts Avenue Bridge, and the "Mass. Ave." Bridge) is a steel haunched girder bridge between Back Bay, Boston to Cambridge, Massachusetts, USA, carrying Massachusetts Avenue (Route 2A) over the Charles River. It is the longest bridge over the Charles River at 659.82 meters. It is locally known for being measured, inaccurately, in the idiosyncratic unit of length called the smoot.

Recreation

Boston offers a wide array of recreational opportunities including golfing, canoeing, sailing, skiing, fishing, kayaking, whale watching, bowling, and skating.

EUREKA CONFERENCES, INC.

Drug Discovery & Therapy World Congress 2016

August 22 - 25, 2016, Boston, MA, USA

www.ddtwc.com

REGISTRATION FORM

Please use CAPITAL letters!

Title: Prof. /Dr. /Mr. /Mrs. /Ms. _____

First Name: _____ Middle Name: _____ Last Name: _____

Company: _____

Mailing Address: _____

Zip Code: _____ City: _____ Country: _____

Phone: _____ Cell Phone: _____ Home Phone: _____

Fax: _____ E-Mail: _____

Accompanying Person *(Only paying accompanying persons will be registered)*

First Name: _____ Middle Name: _____ Last Name: _____

Special Instructions for Speakers/Poster Presenters: Delegates interested in registration as Plenary, Keynote, Invited, Session Speakers or Poster Presenters are requested to submit their abstracts for review before registration. Please send your abstract to info@ddtwc.com or info@eurekaconference.com, **clearly stating the name of the conference,** for evaluation by the Advisory Board. Alternatively, you can also submit the abstract online below.

Instructions for Registrants

1. All **Nobel Laureates, Plenary Speaker, Keynote Speaker** and Invited Speakers will be registered by the Organizing Secretariat.
2. All **Session Speakers, Poster Presenters** and **Delegates** will need to register themselves online (https://www.eurekaconferenceregistration.com/ddtwc2016/). Registrants from universities and other educational institutions will fall in the 'Academic' category. While those from the pharmaceutical companies, hospitals, etc. will be enrolled in the 'Corporate' category.
3. **Students** –Students from academia may also register at a preferential student rate, provided a copy of their student status/ID is submitted along with their registration form.
4. **Accompanying Person** may use the registration category (Academic or Corporate) of the principal applicant. They will have access to all facilities availed by the principal applicant after registration.

Registration information

How to Register:

Please register on-line. Alternatively, please print this PDF version of the registration form, complete it, scan it and e-mail it to: registration@eurekaconference.com or fax it back to +1-857-239-8801. As soon as your payment is processed, you will receive a confirmation with a registration number. Expected processing time is 7 days. Once you have the registration number you can proceed for hotel booking on the 'Travel and Accommodation' page or by clicking the BOOK NOW button on the conference website.

Final Deadline for Registration:

Registration forms received after 16th July, 2016 will be processed as on-site. Also there will be no guarantee that their abstract and name will be included in the printed list of delegates and abstract book.

Cancellation & Refund Policy for Registration:

1. Notification of cancellation, **clearly stating the name of the conference**, must be made in writing and sent to registration@eurekaconference.com.
2. Before 16th July 2016, a refund will be made after deduction of 25% as administrative fee.
3. Between 16th July and 15th August 2016, a refund will be made after deduction of 50% as administrative fee.
4. After 15th August 2016, no refund will be possible.

All refunds will be made within 60 days post conference after the applicable deduction.

Registration fee: All in US Dollars (US$)

S. No.	Registration Type	Early Bird Registration Expires on 15th June 2016	After 15th June 2016 to 15th July, 2016	16th July 2016 to 22nd August, 2016 (Onsite)
1.	Students (Special students four day rates if register before 15th June 2016)	$450	$500	$550
2.	Accompanying Person (Academic)	$400	$450	$600
3.	Accompanying Person (Corporate)	$400	$450	$600
4.	Session Speaker Academic	$790	$990	$1090
5.	Session Speaker Corporate	$1390	$1590	$1690
6.	Invited Speaker Academic	$790	$990	$1090
7.	Invited Speaker Corporate	$1390	$1590	$1690
8.	Plenary Speaker Academic	$790	$990	$1090
9.	Plenary Speaker Corporate	$1390	$1590	$1690
10.	Exhibitor Additional Nominee	$1390	$1590	$1690
11.	Poster Presenter Academic	$790	$990	$1090
12.	Poster Presenter Corporate	$1390	$1590	$1690
13.	Delegate Academic	$790	$990	$1090
14.	Delegate Corporate	$1390	$1590	$1690

Those participants wishing to attend on any two days of the conferences can participate on concessionary rates as follows:

S. No.	Registration Type	Early Bird Registration Expires on 15th June 2016	After 15th June 2016 to 15th July, 2016	16th July 2016 to 22nd August, 2016 (Onsite)
1.	Students	$300	$300	$330
2.	Accompanying Person (Academic)	$300	$300	$360
3.	Accompanying Person (Corporate)	$300	$300	$360
4.	Session Speaker Academic	$474	$594	$654
5.	Session Speaker Corporate	$834	$954	$1014
6.	Invited Speaker Academic	$474	$594	$654
7.	Invited Speaker Corporate	$834	$954	$1014
8.	Poster Presenter Academic	$474	$594	$654
9.	Poster Presenter Corporate	$834	$954	$1014
10.	Delegate Academic	$474	$594	$654
11.	Delegate Corporate	$834	$954	$1014

Registration Category

Total Registration Fee Applicable: US$

Exhibitor: I am representing _____ in the Exhibition

Payment:

A) By credit card

Please charge the following credit card **USD $**:

☐ VISA Master AMEX

Card No:

Expiry Date:

Control numbers (3 or 4 last numbers on the back of card):

Name of cardholder (please use CAPITAL letters)

Billing Address (for AMEX Card Holders only):

Date: Signature:

B) Payment by Telegraphic Transfer: USD $

The above total amount has to be transferred to:	In USD $ only
Beneficiary Name:	EUREKA CONFERENCES, INC
Account Number:	004634635766
ABA Routing No. (for transfers within the US):	026009593
CHIPS Participant No. (for transfers within the US):	Bank of America – 0959
Bank Details:	Bank of America, 100 Federal Street, Boston, MA 02110
Swift code:	BOFAUS3N

- ✓ All bank charges are the responsibility of the participant.
- ✓ Please ensure that the bank transfer includes your name and please state "***DDTWC 2016***"
- ✓ A copy of the bank transfer, **clearly stating the name of the conference,** should be faxed to +1-857-239-8801 or emailed to registration@eurekaconference.com.

If you are sending a Fax then please clearly mention the name "**Eureka Conferences, Inc.**" on top of the fax so that it can reach the correct person.

Contact:
For queries about hotel accommodation & travel:
Eureka Conferences, Inc.
Tel: +1-617-6007127
Fax: +1-617-6007129 & +1-857-2398801
Email: hotel@eurekaconference.com

DEADLINES TO MEET

Conference Dates	22nd – 25th August, 2016
Early Bird Registration	15th June, 2016
Last date for accommodation Request	15th July, 2016
Last date of abstract submission for Lecture and Poster Presentation	22nd July, 2016
Last date of article submission for the Conference Proceedings	25th August, 2016

I hereby authorize the debit to my VISA, MasterCard or AMEX Account in favor of Eureka on behalf of Eureka Conferences, Inc. I hereby confirm that I have read and agree to the terms and conditions above.

Eureka Conferences, Inc. is hosting the Drug Discovery & Therapy World Congress 2016. Eureka Conferences, Inc. in its sole discretion at any time, reserves the right to postpone or cancel (in full or in part) any or all of the Conference and/or modify the list of speakers at the Conference. Where Eureka Conferences, Inc. cancels the Conference in full, it shall refund a maximum of seventy-five percent (75%) of the registration monies paid by you to attend or exhibit at the Conference. Notwithstanding the above, in no event shall Eureka Conferences, Inc. or any of its partners, officers, employees, agents or affiliates be liable, directly or indirectly, under any theory of law (contract, tort, negligence or otherwise), to you or anyone else, for any claims, losses or damages, direct, indirect, special, incidental, punitive or consequential, resulting from or occasioned by its right to postpone or cancel the Conference or modification to the list speakers at the Conference. The information and the presentations given at the Conference is for general information only and does not constitute any type of advice, financial, business, legal or otherwise. Eureka Conferences, Inc. makes no representations or warranties of any kind, express or implied, as to the content expressed in the presentations, or as to the correctness, accuracy, reliability or otherwise of such content. In no event shall Eureka Conferences, Inc. or any of its partners, officers, employees, agents or affiliates be liable, directly or indirectly, under any theory of law (contract, tort, negligence or otherwise), to you or anyone else, for any claims, losses or damages, direct, indirect, special, incidental, punitive or consequential, resulting from or occasioned by your use of or reliance on any of the content contained within the presentations. You are fully responsible for all acts, decisions and/or lack thereof arising from your decision to register and attend the Conference whether as a participant or an exhibitor. The organizers are not liable for any injury or damage involving persons and property during the conference. Participants are strongly advised to take out their own personal travel and health insurance for their trip.

Name: _____

Signature: _____

www.ddtwc.com

Eureka Conferences, Inc.

One Boston Place, 26th Floor, Boston, MA, 02108

USA

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