

PERSONAL INFORMATION



Sharif Ahmad Abdelkarim

 11 maragi street Port Tawfik, 43522 Suez (Egypt)

 +20 1223820017

 sharifaalkarim@cu.edu.eg

 Skype freedrugbank

Sex Male | Date of birth 21 Nov 1981 | Nationality Egyptian

WORK EXPERIENCE

01/04/2005–01/04/2006

House officer in Kasr Al Aini medical school

Kasr Al Aini medical school, Cairo (Egypt)

Hands - On training on basic surgical and medical bedside procedures,

Hands - On training on basic management of acute trauma and burn cases,

Hands - On training on basic management of gastrointestinal, pediatric and other general medical emergencies

Training was on average 8 hours per day 6 days a week

01/07/2006–01/07/2009

General surgical oncology resident

The National Cancer Institute Cairo university, Cairo (Egypt)

Hands - On training in surgical procedures in management of different types of malignant and benign tumors of the head and neck, thorax, abdomen, pelvis and limbs excluding neurosurgical, orthopedic and open heart procedures.

Preoperative and postoperative management of patients with the above mentioned situations.

Ward rounds with senior staff.

Attending multidisciplinary team and tumor boards meetings

Attending the surgical oncology clinics

01/03/2010–05/12/2016

Assistant lecturer of general surgical oncology

The National Cancer Institute Cairo University, Cairo (Egypt)

Working under supervision to perform surgical operations in the aforementioned fields

Supervising and training more junior trainees in different procedures of surgical oncology

05/03/2009–Present

Senior registrar of pediatric surgical oncology

Children Cancer Hospital Egypt, Cairo (Egypt)

Working Under supervision in the field of diagnosis and management of pediatric soft tissue tumors

Supervising and training the residents and registrars in the same field

18/01/2009–02/08/2010

Trauma and general surgery specialist

Sheikh Zayed specialized hospital, Cairo (Egypt)

Assessment and initial surgical management for trauma victims

Inpatient patient care in the general surgery department.

Performing minor general surgical procedures.

Assisting in major surgical procedures.

- 06/12/2016–Present **Lecturer of surgical oncology**
The national cancer institute, Cairo (Egypt)
Decision taking during ward rounds and clinics.
Participating in committee and multidisciplinary team meetings in the different surgical oncology branches.
Performing breast, gynecological and urological oncology surgeries without direct supervision of senior staff
Teaching postgraduate students the surgical oncology curriculum in the national cancer institute
Supervising and discussing different essays and theses in the field of surgical oncology
- 01/01/2014–Present **Consultant of surgical oncology**
Zohour private hospital, Giza (Egypt)
Surgical oncology clinic (2 hours per week).
Surgical oncology (mainly gynecological) operations carried out.
- 01/11/2015–Present **Member of the robotic surgery team**
The National Cancer Institute, Cairo (Egypt)
Preparing and assisting in the robotic pelvic surgeries
Managing the labaroscopic assistant ports during robotic surgeries
Basic knowledge and management over the console of robotic control
Working with DaVinci II robotic system
- 01/01/2016–Present **Endourology team member**
The national cancer Institute, Cairo (Egypt)
Office cystoscopy at the clinic
Rigid cystoscopy in the 1st installment branch
Rigid uretroscopy and stent placement
Transurethral resection and biopsies of bladder tumors
Cystolithotomy and visual internal urethrotomy

EDUCATION AND TRAINING

- 05/12/2016–Present **Medical doctorate MD in surgical oncology**
The national cancer institute, Cairo (Egypt)
- 01/09/2008–01/02/2011 **Masters degree in surgical oncology**
The National cancer Institute Cairo University, Cairo (Egypt)
Diagnosis & management of patients with benign or malignant conditions surgically
Diagnosis & management of patients with general surgical conditions
Clinical skills and basic surgical techniques required to achieve such diagnosis and management.
- 01/09/1998–01/12/2004 **Bachelor of science degree in medicine and surgery**
Kasr Al Aini school of medicine, Cairo (Egypt)

- 14/01/2011–15/01/2011 **European pediatric life support provider**
European resuscitation council, Cairo (Egypt)
- 13/06/2010–15/06/2010 **Scientific proposal writing**
Sustainable sciences institute and Children's Cancer hospital 57357, San Francisco California (United States)
A workshop with 25 hours credit hours on scientific proposal writing
- 24/03/2008–26/03/2008 **Basic surgical skills**
Ethicon a Johnson and Johnson company, Cairo (Egypt)
A three day training program including practical sessions on animal tissues (dry and wet lab)
- 07/12/2011–07/12/2011 **Submitting a manuscript to an international journal**
Cairo university, journal of advanced research, Giza (Egypt)
Attending a workshop entitled (Step by step guide to submit a manuscript to an international journal)
- 26/03/2012–27/03/2012 **Breast reconstructive surgery**
The Euro-Arab school of oncology, Cairo (Egypt)
The 4th EASO educational workshop on breast reconstructive surgery
- 08/10/2011–10/10/2011 **Quality standards in teaching**
Faculty and leadership development center Cairo University, Giza (Egypt)
A 3 day workshop with 18 credit hours
- 11/10/2011–13/10/2011 **Student evaluation**
FLDC (faculty and leadership development center) Cairo University, Giza (Egypt)
18 credit hours workshop
- 31/10/2011–02/11/2011 **E-learning** CT certified
FLDC, Giza (Egypt)
18 credit hours workshop
- 22/11/2011–24/11/2011 **International publishing of research** CT certified
FLDC, Giza (Egypt)
18 credit hours workshop
- 02/2006–04/2006 **Team work, change management and time management**
Alashanek Ya Balady in association with Vodafone and the Faculty of economics and political science Cairo University, Giza (Egypt)
A 3 months workshop with a minimum of 75 credit hours
- 13/06/2016–14/06/2016 **Credit hour system in teaching**
FLDC faculty of leadership and development center Cairo university, Giza (Egypt)
12 credit hours workshop

- 07/12/2016–08/12/2016 **Competing for research funds**
 FLDC, Giza (Egypt)
 12 credit hours workshop
- 23/02/2013–25/02/2013 **Communication skills**
 FLDC Cairo university, Cairo (Egypt)
 18 credit hours workshop
- 07/07/2012–09/07/2012 **Managing research teams**
 FLDC Cairo university, Giza (Egypt)
 18 credit hours workshop
- 05/09/2017–29/09/2017 **Observership in urology**
 Cleveland clinic
 9500 Euclid Avenue, Cleveland, Ohio, 44195 Cleveland (United States)
www.ccf.org
 General and minimally invasive urology procedures perceptive experience.
 Laparoscopic and robotic uro-oncology procedures perceptive experience.
 Training three times weekly on laparoscopic and robotic simulators.
 Endourology perceptive experience
 Attending two national conferences

PERSONAL SKILLS

Mother tongue(s) Arabic

Other language(s)

	UNDERSTANDING		SPEAKING		WRITING
	Listening	Reading	Spoken interaction	Spoken production	
English	C1	C1	C1	C1	C1
French	A1	A1	A1	A1	A1
Turkish	A1	A1	A1	A1	A1

Levels: A1 and A2: Basic user - B1 and B2: Independent user - C1 and C2: Proficient user
 Common European Framework of Reference for Languages

Communication skills Leading a team for organized charity medication delivery service for those who cannot afford has given me a good experience in communication skills and teamwork in addition to time management and emotional intelligence
 This was also enforced by working as a volunteer in a Non Governmental Organization for sustainable development in Egypt

Organisational / managerial skills Team Leader in the Free Drug Bank team for delivery of medications for those in need but cannot afford
 Volunteer in the medical division of Alashanek Ya Balady NGO for sustainable development

Job-related skills Mentoring skills gained from close contact with the new residents, helping them with the common issues of time management, pre and postoperative care, study guides and personal advice from the

commonly shared circumstances

Digital skills

SELF-ASSESSMENT				
Information processing	Communication	Content creation	Safety	Problem solving
Proficient user	Proficient user	Basic user	Independent user	Basic user

Digital skills - Self-assessment grid

Good command of Microsoft Office tools
 Proficient user in Cerner hospital information system

Other skills

Professional table tennis player: train and practice once or twice weekly

ADDITIONAL INFORMATION

Publications

- The Y shaped ileal neobladder as a simple and practical solution for Egyptian bladder cancer patients
- Parotid neoplasms, A case series study in the national cancer institute, Cairo University

[Related document\(s\): 10.1016@S1569-90561731910-3.pdf, Poster Canada 2012.pdf](#)

Conferences

- 8th international conference on head and neck cancer.
 American head and neck society, Toronto (Canada) 21/07/2012–25/07/2012
- World congress on cancer and prevention methods, Dubai (United Arab Emirates)
 27/08/2015–29/08/2015
- living donor liver transplantation conference. Dar Al Fouad in collaboration with Cleveland clinic hospital, Giza (Egypt)
 02/04/2008–03/04/2008
- Intervention radiology in oncology and liver transplantation. The national cancer institute, Egypt
 28/05/2007–31/05/2007
- Children's cancer hospital 57357 scientific conference. Children's cancer hospital 57357, Cairo (Egypt)
 05/07/2009–11/07/2009
- 4th breast and gynecological international cancer conference.
 European society for medical oncology, Cairo (Egypt)
 12/01/2012–13/01/2012
- 5th breast gynecological international cancer conference. European society for medical oncology, Cairo (Egypt)
 17/01/2013–18/01/2013
- Ambulatory urology symposium
 Cleveland clinic foundation, Cleveland (United States)
 15/09/2017–15/09/2017
- The 2017 National Urology resident perceptorship NURP in Adult and pediatric reconstructive and prosthetic urologic surgery. Glickman urological and kidney institute, Cleveland Clinic, Cleveland (United States)
 28/09/2017–29/09/2017

Memberships

- Egyptian society of surgical oncology (EGSSO)

- European society of gynecological oncology (ESGO)
- Egyptian society of head and neck oncology (ESHNO)

ANNEXES

- 10.1016@S1569-90561731910-3.pdf
- Poster Canada 2012.pdf

10.1016@S1569-90561731910-3.pdf 

9th European Multidisciplinary Meeting on Urological Cancers

P130

The Y shaped ileal neobladder as a simple and practical solution for Egyptian bladder cancer patients

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Abd Alkarim S. ^{1, 2,} Hussien E.S. ^{2,} Desouky E. ³

¹The National Cancer Institute, Dept. Of Surgery, Cairo, Egypt, ²The National Cancer Institute, Dept. of Surgery, Cairo, Egypt, ³The National Cancer Institute, Dept. of medical statistics, Cairo, Egypt

Introduction & Objectives: Description of the results of using the Y (Fontana) pouch ileal neobladder for reconstruction after radical cystectomy in a subset of patients in the national cancer institute of Cairo university in Egypt in terms of operative time, post-operative complications, urodynamic studies and patient satisfaction.

Materials & Methods: In 2014, A prospective interventional study was carried out in the National Cancer Institute involving 29 patients with bladder cancer who met the criteria for neobladder reconstruction after radical cystectomy for whom a modified Y shaped ileal neobladder was created after tumor exaneration aiming at exploring the operative time, complications and patient satisfaction rates for a period of one year in such a group of patients compared to other reconstructive options. Complications were assessed per the Clavien-Dindo classification system(CDC).

Results: The mean time to create the Y pouch ileal neobladder was 34 minutes. Early complications were reported in 14 patients (48%) with a highest CDC grade of III while late complications (after 30 days) were reported in 17 patients (58%) with a highest CDC grade of V (three patients died during the follow up course). The mean value of maximum neobladder capacity was 445ml, the mean pressure at maximum neobladder capacity was 22cmH₂O and the mean post-voiding urine residual was about 20ml. By 6 months' post operatively, about 85% of the cases expressed having a good quality of life evidenced by satisfaction about their body image, daily maintenance and general satisfaction.

Conclusions: Orthotopic neobladder reconstruction using the Y (Fontana) ileal neobladder can be considered as a simple and practical solution for neobladder reconstruction after radical cystectomy in Egyptian bladder cancer patients.

Poster Canada 2012.pdf

PAROTID NEOPLASMS, A CASE SERIES STUDY AT THE NATIONAL CANCER INSTITUTE, CAIRO UNIVERSITY

S.A.Abdelkarim, T.ElBaradei
Department of surgery, The National Cancer Institute, Cairo University

Abstract

Tumors of the salivary glands are relatively rare, comprising slightly less than 3 per cent of all head and neck neoplasms. Their relative infrequency and tendency to histological variability continue to contribute to a grave lack of hard data on which to pursue an 'evidence-based approach' to the subject. A review of literature including epidemiology of parotid tumors, anatomy of the parotid gland, pathology of different parotid tumors, different preoperative investigational methods and a detailed review of parotid surgery aspects was done to provide a matrix for the study.

A retrospective – prospective case series study including all the patients who presented with parotid tumors to NCI-Cairo University in the period from January 2004 to December 2008 have been conducted, data was retrieved from the pathology and statistics departments as well as the inpatient files for new cases.

This study was mainly considered with studying the different criteria in parotid neoplasms in the patients presenting to NCI – Egypt and comparing them to the findings abroad in a trial to know the points of variation and the reasons for that difference hoping to present a better management for patients with parotid tumors.

The mean age for benign tumors was around 39 years, which is less than the average abroad, while the mean age for malignant cases exactly equals the average outside (47 years). Generally, females are more affected by parotid neoplasms, but our study shows a significant male predominance in malignant tumors. There has been a longer duration of symptoms at presentation in our study (10 months) compared to 5 months in similar studies abroad. Pain was the main presenting symptom in only 25 cases (%), 14 of which turned out to have malignant tumors. Facial palsy was the main presenting symptom of only one case that turned out to be benign, one third of the presenting patients to NCI had some sort of previous parotidectomy (32.8%), most radiological preoperative assessment was done using CT scan, for which the best statistical results were obtained (P value of 0.005).

Facial nerve was preserved in most of the cases (82.9%), it was intentionally sacrificed in 25 cases where immediate reconstruction was reported in only two cases. Sternomastoid muscle reconstruction was used in reconstruction of small defects, mostly in benign tumors. Other types of reconstruction, namely the myocutaneous flaps (10 cases in our series) were used in reconstruction of major defects resulting from resection of large malignant tumors. The flaps used were either pectoralis major or Temporalis flaps. SMAS flaps and free flaps were not reported in the surveyed registry.

Pleomorphic adenomas were the most common post-operative pathological finding, followed by Warthin's tumor, then Muco-epidermoid carcinoma.

Key words
Review, Case series, Parotid tumors, NCI- Cairo University.

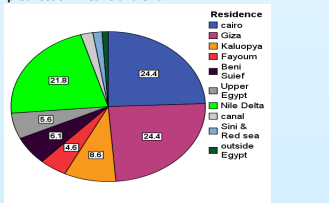
Patients & Methods

A retrospective – prospective case series study including all the patients who presented with parotid tumors to NCI-Cairo University in the period from January 2004 to December 2008 have been conducted, data was retrieved from the pathology and statistics departments as well as the inpatient files for new cases.

Analysis of data was done using SPSS (statistical program for social science version 15) Data were expressed as mean \pm standard deviation or median and range as appropriate. Qualitative data were expressed as frequency and percentage. Chi-square test was used to examine the relation between qualitative variables. Fisher exact test was used instead of chi-square when one or more expected cell < 5 . For quantitative data, comparison between two groups was done using student t-test or the corresponding non-parametric one (Mann-Whitney test) for variables not normally distributed.

Results

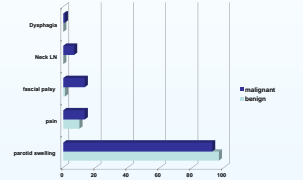
The median age at presentation was 47 years with a male predominance of 108 patients to 90 females in a ratio of 1.2: 1 respectively. The distribution of the presenting patients across Egypt showed specific governorate predilection in Cairo and Giza.



Pie chart representing the regional distribution of patients with parotid tumors presenting to NCI

The mean age of the benign cases was 39 years \pm a standard deviation of 14 years compared to 47 years for malignant cases \pm a standard deviation of 17 years. 61% of the malignant cases were males compared to 39% females. 44.4% of the patients were self referred compared to 55.6% of the patients referred from other medical facilities. The duration of the presenting symptoms was found to have a median of 1 year and a range of 15 days to 30 years, further analysis showed that benign cases had symptoms for a median of 2.5 years compared to 10 months in malignant cases (P value < 0.001). We found that 96.7% of the benign cases and 92.4% of the malignant ones presented by a swelling, and that pain was present in just 10% of benign cases and 13.3% of malignant cases.

Concerning facial palsy, just 1% of the presenting benign cases had a facial palsy while 13.3% of malignant cases had facial palsy. Neck mass was not the main presenting symptom in patients whose pathology turned out to be benign, while it was the main presenting symptom in 6.7% of cases who turned out to be malignant.



Bar chart representing the relation of the main presenting symptom to the pathological behavior for patients presenting to NCI with parotid tumors

It was also found that 32.8% of the presenting patients to NCI had some sort of previous parotidectomy with a total amount of about 65 patients most of them were malignant representing 58% of the cases compared to 42% of either benign pathology or even no tumor found.

Of the 198 patients who sought medical advice in NCI, 154 had some sort of an imaging modality. 81.2% of patients had a CT done for them, 9.7% had a U/S done for them, and 9.1% had an MRI done for them. 72.4% of the truly benign cases were radiologically benign, and that 64.9% of the malignant cases were radiologically malignant. Further analysis for different modes of radiological examination showed that 55.1% of the CT-proven benign cases were truly benign, and that 72.9% of the CT-proven malignant cases were truly malignant.

CT finding	Pathological behavior		P value
	Benign N=40	Malignant N=57	
Benign N=49 Row (%)	27 (55.1)	22 (44.9)	0.005
Malignant N=48 Row (%)	13 (27.1)	35 (72.9)	
Column (%)	(67.5)	(38.6)	
Column %	(32.5)	(61.4)	

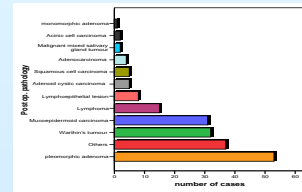
Nature by CT versus pathological behavior for patients presenting to NCI with parotid tumors

171 patients were operated upon inside NCI by some sort of parotidectomy including biopsy either by fine needle or tru-cut needle, if the latter were excluded, we get 158 who underwent some sort of surgical parotidectomy in NCI. 77.4% of the benign cases had superficial parotidectomy done for them versus 53% of the malignant cases, the facial nerve was preserved in 87.7% of the benign cases and in 72% of the malignant cases, reconstruction was done in just 2.5% of the benign cases versus 14.9% of the malignant cases. The facial nerve was spared in 81.4% of the cases with superficial parotidectomy compared to 64.2% in non superficial cases.

Criteria	Benign	Malignant	P value
Type of parotidectomy	n=84	n=86	0.026
Superficial	65(77.4)	53(61.6)	
Not superficial	19(22.6)	33(38.4)	
Type of incision	n=81	n=75	0.08
Modified Blair	64(79)	50(66.7)	
Other	17(21)	25(33.3)	
Great auricular nerve status	N=81	N=75	0.8
Preserved	67(4)	6(8)	
Unpreserved	75(92.6)	69(92)	
Facial nerve status			0.01
Preserved	71(87.7)	54(72)	
Not preserved	10(12.3)	21(28)	
Reconstruction			0.005
Present	2(2.5)	11(14.9)	
Absent	79(97.5)	63(85.1)	
Neck dissection			< 0.001
Present	4(4.9)	23(30.7)	
Absent	77(95.1)	52(69.3)	
Post operative Radiotherapy			< 0.001
Present	5(6.1)	35(46.5)	
Absent	47(90.4)	33(43.5)	

Analysis of the operative details in relation to the pathological behavior for patients presenting to NCI with parotid tumors

It was found that 51 cases out of 158 had some sort of facial palsy with only less than half of this number with permanent changes (neurotmesis), six cases showed metastasis, six showed post operative wound infection, sloughing occurred in four cases and Frey's syndrome was reported in just one case. Pathologically 46.2% of the cases were found benign compared to 53.8% malignant cases. The margins were found positive in 39.1% of cases versus 60.9% in which the margins were found negative.



Different post operative pathologies of the resected tumors for patients presenting to NCI with parotid tumors

Conclusion

There has been some differences between the results of our study and those published worldwide such as in the gender presentation, main presenting symptom and radiological diagnostic tools owing to the difference in cultural, diagnostic and management ways. We still find the combination of clinical manifestation and radiological examination the main factors for diagnosis and management of a parotid mass. The adoption of a standard evidence based protocol for management of parotid neoplasms with individualization when needed will result in homogenous results with the best benefit for the patient.