CURRICULUM VITAE

Name:	ZACHARENIA (ZENIA)
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1990:	"Apolytirion" from the Greek General High School (Grade 19.5/20)
1991:	Admission to the University of Crete, Medical School (numerous claussus) after National Examination
1994:	Pre-graduate three-month clinical activity with the ERASMUS student exchange program in the Department of Pneumology at Hôpital Civil de Strasbourg, Université Louis-Pasteur, Faculté de Medecine de Strasbourg (France)
1996:	Pre-graduate three-month clinical activity with the ERASMUS student exchange program in the Pediatric Department at Hôpital Universitaire des Enfants "Reine Fabiola", Université Libre de Brusseles, Faculté de Medecine (Belgique)
1997:	Medical Degree from the University of Crete with the score 8.01/10 – duration of studies: 6 years
1997:	Approval by the council of Medical School, University of Crete (18/12/1997) of the elaboration of the PhD Thesis entitled: "Genetic analysis of microsatellite DNA in skin neoplastic lesions". Supervisor: Prof. D.A. Spandidos
1997:	Beginning of rural medical practice (one year)

1999: Beginning of the first 3-year period of specialization in Internal Medicine, of which 6 months in Haematology, for the specialization of Medical Oncology (3/11/99) at the University Hospital of Heraklion – Overall duration of the specialization of Medical Oncology: 6 years

2001: Visitor scientist in the Genomic Instability Group of the Roy Castle International Center for Lung Cancer Research, Liverpool, UK from 20/10/2001 to 16/11/2001

2002: Completion of the first 3-year period of specialization in Internal Medicine, of which 6 months in Haematology, for the specialization of Medical Oncology (4/11/2002)

2002: Award of Ph.D. Thesis entitled: "Genomic analysis of microsatellite DNA sequences in skin cancer". University of Crete, Medical School, 6/11/2002 – Grade: "Distinction"

2002: Research fellow in the Clinical Trials Unit, Department of Medical Oncology, University Hospital of Heraklion, Crete (5/11/2002-14/9/2003)

2003: Beginning of the second 3-year period of specialization in Medical Oncology at the University Hospital of Heraklion, Fellow in Medical Oncology (15/9/2003)

2006: Training in the Department of Radiotherapy, University Hospital of Heraklion, Crete (1/12/2006-31/1/2007)

2007: Between February and June 2007 academic visitor at Oxford University, in the Medical Oncology Unit of the Churchill and John Radcliffe Hospitals and in the Department of Clinical Pharmacology in the Radcliffe Infirmary under the supervision of Professor David J Kerr

2007: Completion of the second 3-year period of specialization in Medical Oncology at the University Hospital of Heraklion, Fellow in Medical Oncology (11/7/2007)

2007: Medical Oncology Specialty Certification (24/9/2007)

2007: European Certification in Medical Oncology (ESMO Examination) achieved on 23 September 2007 (Validity of certificate: September 2007 – September 2012)

2007: Co-investigator in the Clinical Trials Unit, Department of Medical Oncology, University Hospital of Heraklion, Crete and Post Doc in the Laboratory of Tumor Biology, Medical School, University of Crete, Heraklion, Crete, from October 2007 until November 2010

2010: Paid full time postdoctoral scientific researcher in the Center for Human Genetics O&N1, Katholieke Universiteit Leuven and the Department of Digestive Oncology, University Hospital Gasthuisberg, Leuven, Belgium, from December 2010 until the end of November 2011 (1 year)

2010: Recipient of a research fellowship from the Hellenic Society of Medical Oncology for 1-year of post-graduating training abroad (protocol no: 2936/17-02-2011)

2011: Scientific associate (un-paid) of the Department of Medical Oncology, University Hospital of Heraklion, Crete, regarding research programmes in oncology

2012: Scientific Director of the Oncology Department «Asklepios» (Private Practice, since March 2012) and postdoctoral research fellow in the Laboratory of Tumor Biology, Medical School, University of Crete

2013: Elected Member of the Board of Directors of the Hellenic Society of Medical Oncology (HeSMO) from April 2013

LABORATORY AND CLINICAL EXPERIENCE ABROAD

1. Between 20/10/2001 and 16/11/2001 I was a visitor scientist at the Roy Castle International Center for Lung Cancer Research (Director: Prof. J.K. Field) in the Genomic Instability Group under Dr T. Liloglou, the Genomic Instability Group Leader. During this time I was trained in fluorescent microsatellite analysis and automated fluorescent sequencing using the applied biosystems 377 and 310 Sequencer Platforms. I performed a series of successful experiments regarding genomic instability, as well as, mutational analysis of the *p16* and *p14* genes in Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) skin tumors.
2. I have attended the course/conference 6th Masterclass in Clinical Oncology, which was held in Malta between the 24th of February and the 2nd of March 2007 and of which I claimed 30 out of 30 hours of European external CME credits.
3. Between February and June 2007 I worked as an academic visitor at Oxford University. I participated in the clinical activities of the Medical Oncology Unit of the Churchill and John Radcliffe Hospitals and I carried out laboratory work in the Department of Clinical Pharmacology in the Radcliffe Infirmary under the supervision of Professor David J Kerr (CBE, MA, MD, DSc, FRCP (Glas & Lon) FMedSci, Rhodes Professor of Cancer Therapeutics and Clinical Pharmacology, Head of Department of Clinical Pharmacology). The clinical activities involved my participation in the Lower GI Multidisciplinary Team meetings in the John Radcliffe Hospital and the Colorectal Cancer X-ray Multidisciplinary Team meetings in the Churchill Hospital. In addition, I participated in the Melanoma and Oesophagogastric Clinic and in the Phase I and HPB Clinic of the Medical Oncology Unit in the Churchill Hospital. In the laboratory, I worked on developing genotyping assays to detect DNA polymorphisms within the *TYMS* gene that may be implicated in efficacy and toxicity of 5-FU based chemotherapy. I established a two-stage PCR-based assay to ascertain genetic variation within a 28 base pair repeat in the promoter region and a single nucleotide polymorphism within the second repeat region. I proceeded to genotype DNA extracted from blood samples of patients in the

Victor Trial (a Phase III, placebo-controlled study of rofecoxib to prevent recurrence in colorectal cancer patients following potentially curative therapy), some of who, received 5-FU based chemotherapy.

4. From the 1st of December 2010, until the 30th of November 2011 I was working as a paid full time postdoctoral scientific researcher at the Research fellow in the Center for Human Genetics O&N1, Katholieke Universiteit Leuven and the Department of Digestive Oncology, University Hospital Gasthuisberg, Leuven, Belgium, where my principal project involved detailed mapping of oncogenes mutations in colon cancer, combined with attempts to associate mutational and expression profile with clinical outcomes, including response to current drug regimens. Furthermore, since clinical parameters seem to be inadequate for patient selection a major challenge of my project was the identification of specific biomarkers that were likely to predict response in the era of molecular targeted therapies.

TEACHING EXPERIENCE

1. Member of faculty of the educational seminar **"Seminar on Cancer Research"**.
   Lecture entitled: **"Molecular basis of skin cancer"** in the English language of 1hour duration
   Organized by: Balcan School of Oncology, Athens, November 1998
2. Training of pre-graduate students in Internal Medicine (3rd year of Medical School) during their rotation in the Department of Medical Oncology, Spring Semester 2003 and 2008
3. Participation at the post graduate educational program of the Department of General Surgery, University of Crete, March 2004
   Lecture entitled: **"Principles of systemic chemotherapy of cancer. Chemotherapeutic agents"**
4. Participation at the pre-graduate course of Medical School (5th and 6th year of Medical School) "Principles and mechanisms of Ongogenesis" with the lesson **"Neoplasia in genetic syndromes"**, December 2006, December 2007, December 2009
5. Participation at the pre-graduate course of Medical School (5th and 6th year of Medical School) "Therapeutic strategies of neoplastic diseases" with the lesson **"Hereditary cancer syndromes"**, November 2008
6. Participation at the Nurses Educational Program regarding the nursing internal medicine qualification of 2008-2009, November 2009
7. Participation at the post graduate educational program 2011-2012 of the 2nd Surgical Department, University of Athens with the lecture **"Regional chemotherapy of the breast"** in the round table discussion on "Intra-arterial therapies of neoplasias", February 2012
8. Participation at the educational seminars of surgery, organized by the Hellenic Society of Surgery, with the lecture **"Regional oncotherapies of breast cancer"** in the round table discussion on "Locally advanced breast cancer", June 2012
9. Participation at the educational program of the Department of Surgical Oncology, of the University Hospital of Heraklion with the lecture **«Genetic counseling in colon cancer»**, July 2013

10. Participation in the writing of the educational material and the theoretical training of the ESPA program number **KA3643 Subunit 1: Telesforos. Training program for medical doctors and nurses that work in the primary care health system regarding the support of cancer patients during treatment.** Time of the program's realization November Νοέμβριος 2013 – February 2014

ORGANIZING EXPERIENCE

1. **3rd World Congress on Advances in Oncology and 1st International Symposium on Molecular Medicine**
   Organized by: International Journal of Oncology, Oncology Reports and the International Journal of Molecular Medicine
   October 1998, Hersonisos, Crete
2. **4th World Congress on Advances in Oncology and 2nd International Symposium on Molecular Medicine**
   Organized by: International Journal of Oncology, Oncology Reports and the International Journal of Molecular Medicine
   October 1999, Vouliagmeni, Athens
3. **6th Postgraduate Seminar Course on Liver Neoplasias - Therapeutic Options (International Participation)**
   Organized by: Department of General Surgery, University of Crete
   October 1999, Agia Pelagia, Crete
4. **1st Mediterranean Melanoma Meeting**
   Organized by: University of Crete and WHO Melanoma Programme
   May 2003, Aegean Sea, Greece
5. **16th Postgraduate Congress on Clinical Oncology**
   Organized by: Department of Medical Oncology, University Hospital of Heraκlion
   November 2008, Hersonisos, Crete
6. **17th Postgraduate Congress on Clinical Oncology**
   Organized by: Department of Medical Oncology, University Hospital of Heraκlion
   November 2009, Heraklion, Crete
7. **18th Postgraduate Congress on Clinical Oncology**
   Organized by: Department of Medical Oncology, University Hospital of Heraκlion
   November 2010, Heraklion, Crete
8. **19th Postgraduate Congress on Clinical Oncology**

Organized by: Department of Medical Oncology, University Hospital of Heraκlion

November 2011, Heraklion, Crete

PUBLICATIONS IN CITED JOURNALS
(ANALYSIS)

1. **Surgical repair of incisional ventral hernias: tension-free technique using prosthetic materials (expanded polytetrafluoroethylene Gore-tex Dual Mesh)®**

   Chrysos E, Athanasakis E, Saridaki Z, Kafetzakis A, Dimitriadou D, Koutsoumpas V, Chalkiadakis G, Xynos E, Zoras O

   American Surgeon 2000;66:679-682

   This paper refers to the application of the tension-free technique for the surgical repair of incisional ventral hernias with the use of prosthetic materials in 52 patients. This is considered to be a safe, easy and reliable technique, deprived of important complications and recurrence.

2. **Surgical repair of inguinal hernia: tension free technique with prosthetic materials (Gore-tex Mycro Mesh expanded polytetrafluoroethylene)®**

   Athanasakis E, Saridaki Z, Kafetzakis A, Chrysos E, Prokopakis G, Vrahasotakis N, Xynos E, Chalkiadakis G, Zoras O

   American Surgeon 2000;66:728-731

   This paper refers to the application of the tension-free technique for the surgical repair of inguinal hernias with the use of prosthetic materials in 104 patients. This is considered to be a safe, easy and reliable technique. The procedure can be done under local or epidural anesthesia and the patient may stay in the hospital for less than a day. The patient can return to his normal life activities within 4-5 days. This technique can be also applied for the simultaneous repair of bilateral inguinal hernias.

3. **High frequency of loss of heterozygosity on chromosome region 9p21-p22 but lack of $p16^{INK4a}$ / $p19^{ARF}$ mutations in Greek patients with basal cell carcinoma of the skin**

   Saridaki Z, Koumantaki El, Liloglou T, Sourvinos G, Papadopoulos O, Zoras O, Spandidos DA

   Journal of Investigative Dermatology 2000;115:719-725

In this paper 67 samples of sporadic Basal Cell Carcinoma (BCC) of the skin were examined for loss of heterozygosity (LOH) of microsatellite DNA on chromosome regions 9p21-p22, 17q13 and 17p21 where the tumor-suppressor genes *p16, p53 και BRCA1* harbor. For region 9p21-p22 the percentage of LOH reached 55%, and it is the highest reported, while for regions 17q13 and 17p21 it is 11% and 34%, respectively. In addition, 28 of these specimens were examined for mutations in genes $p16^{INK4a}$ / $p19^{ARF}$. Two of the 28 LOH positive cases were heterozygous for a previously described polymorphism, Ala148Thr, in exon 2 of $p16^{INK4a}$. Our results provide evidence of a high LOH percentage locus 9p21-p22; however, lack of $p16^{INK4a}$ / $p19^{ARF}$ mutation suggests that these genes are probably not implicated by mutational inactivation in the development of BCC. Other(s), yet unidentified, tumor-suppressor gene(s) located in this region may be related to this specific type of skin cancer.

4. Mutational analysis of CDKN2A genes in patients with squamous cell carcinoma of the skin

Saridaki Z, Liloglou T, Zafiropoulos A, Koumantaki El, Zoras O, Spandidos DA

British Journal of Dermatology 2003;148:638-648

Non-melanoma skin cancers, squamous cell carcinomas (SCC) and basal cell carcinomas (BCC), are the most common neoplasias of the Caucasian population. The purpose of our study was to determine the involvement of CDKN2A genes in the development of sporadic non-melanoma skin cancer of Greek patients. Allelic imbalance was performed in 22 SCC and 5 Bowen's disease specimens. Mutational analysis was performed in exons 1α, 1β and 2 of the CDKN2A locus in 22 SCC, 5 Bowen's disease and 39 BCC specimens. Exon 1α was additionally screened in 28 BCC specimens to complete the mutational analysis of a previous study. Overall, 52% (14 of 27) of the SCC and Bowen's disease specimens exhibited loss of heterozygosity (LOH) in at least one microsatellite marker, whereas, only 2 of 27 (7.5%) exhibited MI. 9p LOH appears to be equally involved in both BCC and SCC tumors. Exons 1α, 1β and 2 of the CDKN2A locus were screened for mutations. A Val28Gly substitution in exon 1α and a CCC →TTT (Ala57Val and Arg58Ter) substitution in exon 2, resulting in a change in the amino acid sequence are reported for the first time in two SCCs, the

latter being indicative of a combination of a UV radiation-induced mutation and a point mutation. A previously described polymorphism of the *p16^{INK4a}* gene, Ala148Thr, was also detected in an allelic frequency of 3.72%. No mutation was found in any of the 5 Bowen's disease specimens, or in exon 1β of the *p14^{ARF}* gene. Mutations and high incidence of 9p LOH detected in our SCC samples imply that inactivation of CDKN2A, via allelic loss and/or mutation (probably UV induced) may play a significant role in non melanoma skin cancer development, particularly in the more aggressive SCC type.

5. **Successful treatment of rhinocerebral mucormycosis with liposomal amphotericin B and surgery in two diabetic patients with renal dysfunction**

   Kofteridis DP, Karabekios S, Panagiotides JG, Bizakis J, Kyrmizakis D, Saridaki Z, Gikas A

   J Chemother 2003;15:282-6

   The zygomycetes are a class of fungi that can cause a variety of infections in humans. Rhinocerebral mucormycosis is a rare disease and usually affects diabetic or immunosuppressed patients. The disease progresses rapidly and is usually fatal despite aggressive surgical and medical therapy. We report the management of two cases of rhino-sinusal and orbital mucormycosis in diabetic patients on treatment with corticosteroids, and mild renal impairment, successfully treated with a combination of aggressive surgical debridement and liposomal amphotericin B.

6. **First-line intra-arterial chemotherapy (IAC) with epirubicin and mitoxantrone in locally advanced breast cancer**

   Fiorentini G, Tsetis D, Bernardeschi P, Varveris C, Rossi S, Kalogeraki A, Athanasakis E, Dentico P, Kanellos P, Biancalani M, Almarashdah S, Zacharioudakis G, Saridaki Z, Chalkiadakis G, Xynos E, Zoras O

   Anticancer Res 2003;23:4339-4345

   Approximately 20% of patients with breast cancer present with locally advanced disease without distant metastases. This phase II double-center trial aimed at investigating the activity of epirubicin (Farmorubicin)--mitoxantrone (Onkotrone/Novantrone) combination as first-line intra-arterial chemotherapy (IAC) in locally advanced breast cancer patients. Thirty-six patients with locally

advanced disease and no prior exposure to anthracyclines received the following regimen: epirubicin (Farmorubicin) 30 mg/mq and mitoxantrone (Onkotrone/Novantrone) 10 mg/mq by IAC short infusion on day 1, every 3 weeks for up to six cycles. Prior to IAC an arteriogram of subclavian, internal mammary and lateral thoracic arteries was obtained in all patients, followed by infusion of a blue dye solution into the arteries to determine the most appropriate vessel that supplies the tumor area. Objective responses, confirmed at least 4 weeks after the first documentation, were observed in 25 patients (70%; 95%CI, 62% to 80%): 3 CR, 22 PR. Although three of the patients showed complete tumor regression, operative removal or toilet mastectomy became feasible in 25 patients since tumor shrinkage ranged over 75%. A total of 25 mastectomies were carried out for 36 patients. Four patients had bulky tumors (> 13 cm tumor diameter), while 8 patients had ulcerated tumors, two of which presented with complete infiltration of normal breast tissue. The median time to progression and median overall survival were 11 and 27 months, respectively. The time to local response was 3 weeks and time to mastectomy was 9 weeks. Transient neurological disorders developed in six patients and skin chemical burns with painful inflammatory reactions were encountered in ten patients. No systemic toxicity was observed in terms of bone marrow depression and hair loss. No cardiotoxicity was observed. In all specimens necrosis was reported (complete 3 cases, partial 16 and minimal 6). A combination of epirubicin (Farmorubicin) and mitoxantrone (Onkotrone/Novantrone) as IAC appears to be a safe and well tolerated treatment for locally advanced breast cancer without clinical evidence of distant metastases. When combined with surgery it offers interesting results in terms of local control and allows a high rate of mastectomies in otherwise inoperable cases.

7. Intestinal ischemia as the first manifestation of vasculitis

Passam FH, Diamantis ID, Perisinaki G, Saridaki Z, Kritikos H, Georgopoulos D, Boumpas DT

Semin Arthritis Rheum 2004;34:431-441

The objective was to summarize current knowledge regarding the diagnosis and management of gastrointestinal vasculitis. Three cases of gastrointestinal vasculitis with acute abdominal ischemia as their first manifestation are presented.

Underlying diseases were microscopic polyangiitis, systemic lupus erythematosus (SLE), and polyarteritis nodosa (PAN). Relevant English-language articles collected from the PubMed database were reviewed. Among the angiitides, PAN, SLE, and Henoch-Schonlein are those most commonly accompanied by gastrointestinal complications. Intestinal vasculitis usually occurs when there is evidence of generalized disease activity. Abdominal computerized tomography is a valuable tool for diagnosing intestinal ischemia and suspected vasculitis. In young patients presenting with intestinal ischemia, it is essential to assess the possibility of an underlying systemic disease. With prompt initiation of immunosuppressive treatment, surgery may be avoided. Prognosis is improved when there is minimal delay in surgical intervention.

8. **Endothelial p21(WAF1/CiP1) cell cycle inhibitor is down-regulated in breast cancer**

   Vrekoussis T, Stathopoulos EN, Kafousi M, Saridaki Z, Sanidas E, Zoras O

   Anticancer Res 2005;25:2743-2748

   Tumor angiogenesis is considered a multi-pathway process, while p21(WAF1/CiP1) is a CDK inhibitor involved in cell division and survivaL Herein the tumor environment effect on endothelial p21(WAF1/Cip1) expression is examined. The EA.hy 926 endothelial cell line and tumor-conditioned medium (TCM) from the MDA-MB-468 breast cancer cell line were used. Endothelial cells grown alone and in TCM were immunostained for p21(WAF1/Cip1) and analyzed by RT-PCR Forty-four cases of breast cancer and forty-three cases of normal breast tissue were immunostained for p21(WAF1/Cip1). Endothelial p21(WAF1/Cip1) is transcriptionally down-regulated under the influence of TCM. Moreover, it seems that breast cancer tumor endothelium does not express p21(WAF1/Cip1). P21(WAF1/Cip1) plays a major role in angiogenesis, since tumor cells seem to down-regulate endothelial p21(WAF1/Cip1), compared to endothelial cells grown in serum-free medium. The verification of the tissue culture experiment results by immunohistochemistry on tissue sections indicates p21(WAF1/Cip1) as a target of modern molecular therapy.

9. **Phase I study of weekly docetaxel and liposomal doxorubicin in patients with advanced solid tumors**

Kouroussis Ch, Androulakis N, Vamvakas L, Kalykaki A, Spiridonakou S, Kentepozidis N, Saridaki Z, Xiropoulou E, Georgoulias V

Oncology 2005;69:202-207

To determine the maximum-tolerated doses (MTDs) and the dose-limiting toxicities (DLTs) of the weekly administration of docetaxel and pegylated liposomal doxorubicin (PEG-LD) in patients with advanced solid tumors. Forty-eight patients with solid tumors were enrolled in the study. Dose escalations of both drugs were given on a weekly basis for 3 consecutive weeks in cycles of 4 weeks. The starting dose for docetaxel was 20 mg/m(2)/week and for PEG-LD 6 mg/m(2)/week. The MTD was 35 mg/m(2)/week for docetaxel and 14 mg/m(2)/week for PEG-LD. The DLTs at this level were grade 3 diarrhea (n=1 patient) and grade 3 mucositis (n=2 patients). There was no grade 4 hematologic or non-hematologic toxicity. Grade 3 neutropenia and thrombocytopenia occurred only in 1 and 2 patients, respectively. The non-hematologic toxicity was also mild with grade 2/3 fatigue in 8 patients, grade 2/3 neurotoxicity in 4, grade 2/3 mucositis in 8, grade 2/3 diarrhea in 4 and grade 2/3 nausea and vomiting in 5 patients. Two (5.7%) complete and 6 (17%) partial responses (overall response rate=22.7%; 95% confidence interval 9.6--32.4%) were observed among 35 evaluable patients. In 12 (63%) of 19 patients with hormone-refractory prostate cancer, a decline in serum levels of prostate-specific antigen of >50% was observed. The weekly administration of docetaxel with PEG-LD is a well-tolerated regimen that merits further evaluation.

10. A dose escalating study of oxaliplatin and high dose weekly leucovorin and 5-Fluorouracil in patients with advanced solid tumors

Souglakos J, Kakolyris S, Vardakis N, Androulakis N, Mavroudis D, Vamvakas L, Kouroussis C, Agelaki S, Saridaki Z, Georgoulias V

Cancer Invest 2005;23:505-510

To determine the dose-limiting toxicities (DLTs) and the maximum tolerated doses (MTD) of L-OHP plus 5-FU and LV in patients with advanced solid malignancies. Patients received escalated doses of L-OHP (starting dose 50 mg/m2) as a 2-hour IV infusion on Days 1 and 15, and LV (500 mg/m2 as a 2-hour IV infusion) followed by escalated doses of 5FU (starting dose 1,800 mg/m2) as a 22-hour continuous IV infusion on Days 1, 8, 15, 21 every 6 weeks. DLTs

were evaluated in the first cycle. Fifty-two patients [median age: 66 years; PS (ECOG) 0-1 in 90 percent] were treated on 12 dose-levels. Five (10 percent) patients had received 2 prior chemotherapy regimens, 24 (46 percent) one, and 23 (44 percent) were chemo-naive. The DLT was reached at the dose of LOHP 100 mg/m2 and 5FU 2,200 mg/m2. Dose-limiting events were G3 diarrhea, G3 asthenia, G4 neutropenia, and G4 thrombocytopenia. Grade 3 diarrhea was observed in 6 (12 percent) patients and Grade 3 fatigue in 6 (12 percent). One (2 percent) patient developed Grade 4 neutropenia and another (2 percent) Grade 4 thrombocytopenia. The MTD were L-OHP 95 mg/m2 on d1 and d15 and 5FU 2,200 mg/m2/week for 4 consecutive weeks every 6 weeks.

11. **Idiopathic CD4+ T lymphocytopenia disclosed by recurrent cryptococcal meningitis. First case report from Greece**

    Kofteridis DP, Saridaki Z, Kazakou I, Lazaridou S, Alegakis D, Milaki G, Gikas A

    Int J Infect Dis 2005;9:347-348

12. **Central nervous system relapse in patients with breast cancer is associated with advanced stages, with the presence of circulating occult tumor cells and with the HER2/neu status**

    Souglakos J, Vamvakas L, Apostolaki S, Perraki M, Saridaki Z, Kazakou I, Pallis A, Kouroussis C, Androulakis N, Kalbakis K, Millaki G, Mavroudis D and Georgoulias V

    Breast Cancer Res 2006;8:R36

    To evaluate the incidence of central nervous system (CNS) involvement in patients with breast cancer treated with a taxane-based chemotherapy regimen and to determine predictive factors for CNS relapse. The medical files of patients with early breast cancer (n = 253) or advanced stage breast cancer (n = 239) as well of those with other solid tumors (n = 336) treated with or without a taxane-based chemotherapy regimen during a 42-month period were reviewed. HER2/neu overexpression was identified by immunohistochemistry, whereas cytokeratin 19 (CK-19) mRNA-positive circulating tumor cells (CTCs) in the peripheral blood were identified by real-time PCR. The incidence of CNS relapse was similar in patients suffering from breast cancer or other solid tumors (10.4% and 11.4%, respectively; P = 0.517). The incidence of CNS relapse was significantly higher in

breast cancer patients with advanced disease (P = 0.041), visceral disease and bone disease (P = 0.036), in those who were treated with a taxane-containing regimen (P = 0.024), in those with HER2/neu-overexpressing tumors (P = 0.022) and, finally, in those with detectable CK-19 mRNA-positive CTCs (P = 0.008). Multivariate analysis revealed that the stage of disease (odds ratio, 0.23; 95% confidence interval, 0.007-0.23; P = 0.0001), the HER2/neu status (odds ratio, 29.4; 95% confidence interval, 7.51-101.21; P = 0.0001) and the presence of CK-19 mRNA-positive CTCs (odds ratio, 8.31; 95% confidence interval, 3.97-12.84; P = 0.001) were independent predictive factors for CNS relapse. CNS relapses are common among breast cancer patients treated with a taxane-based chemotherapy regimen, patients with HER2/neu-positive tumor and patients with CK-19 mRNA-positive CTCs.

13. **Dose escalating clinical study of high dose infusional 5-fluorouracil and leukovorin (AIO regimen) plus alternate weekly administration of oxaliplatin and irinotecan in patients with advanced tumors of the gastrointestinal tract**
Gkioulbasanis I, Souglakos J, Vardakis N, Kotsakis A, Saridaki Z, Kentepozidis N, Polyzos A, Giassas S, Ignatiadis M, Bozionelou V, Christophylakis C, Georgoulias V
J BUON 2007;12:197-202

To determine the dose-limiting toxicities (DLTs) and the maximum tolerated doses (MTDs) of weekly high dose 5-fluorouracil (5FU) continuous infusion and leukovorin (LV) alternatively combined with oxaliplatin and irinotecan in patients with advanced tumors of the gastrointestinal (GI) tract. Patients received a fixed dose of LV (500 mg/m(2)) over 2 h infusion on weeks 1 to 4 and escalated doses of: oxaliplatin (starting dose 65 mg/m(2): 120 min i.v. infusion on weeks 1 and 3); irinotecan (starting dose 80 mg/m(2); 90 min i.v. infusion on weeks 2 and 4) and 5FU (starting dose 1500 mg/m(2); 22 h continuous i.v. infusion, on weeks 1 to 4), in cycles of 5 weeks. DLTs were evaluated during the first cycle. Twenty-eight patients were treated on 8 dose levels and all but two patients received the regimen at least as second-line treatment. The DLT level was reached at the oxaliplatin dose of 90 mg/m(2), irinotecan dose of 110 mg/m(2), LV dose of 500 mg/m(2) and 5FU dose of 1750 mg/m(2); the recommended MTDs were 85

mg/m(2) for oxaliplatin, 110 mg/m(2) for irinotecan, 1750 mg/m(2) for 5FU and 500 mg/m(2) for LV. Grade 3 or 4 diarrhea and grade 3 nausea/vomiting were the dose-limiting events. Diarrhea was the most common toxicity of the regimen, occurring in 12 (42.8%) patients. Hematological toxicity was mild and there were no treatment- related deaths. This weekly regimen showed a favorable toxicity profile and merits further investigation in patients with advanced/metastatic tumors of the GI tract.

14. A dose escalation study of gemcitabine plus pemetrexed administered biweekly in patients with solid tumors

A Kalykaki, L Vamvakas, S Agelaki, K Kalbakis, N Vardakis, G Sfakiotaki, M Ignatiadis, Z Saridaki, A Karabeazis, D Mavroudis, V Georoulias

Oncology 2006;71:197-203

The study aimed to determine the maximum tolerated doses (MTDs) and identify the dose-limiting toxicities of the biweekly administration of pemetrexed plus gemcitabine in patients with solid tumors. Patients with advanced malignancies were treated with escalated doses of gemcitabine and pemetrexed (starting doses 1,250 and 300 mg/m(2), respectively) both given on days 1 and 15 in cycles of 4 weeks. Forty-one patients were treated at 7 dose levels. The MTD was reached at the dose of 1,750 mg/m(2) for gemcitabine and 450 mg/m(2) for pemetrexed. Dose-limiting events were grade IV neutropenia, febrile neutropenia and treatment delay due to grade III hematological toxicities. One partial response in a pretreated patient with ovarian cancer was observed, while 4 other patients experienced stable disease. The biweekly administration of gemcitabine plus pemetrexed at the recommended MTDs is safe, well tolerated and demonstrates antitumor activity which merits further evaluation in phase II studies.

15. A dose escalation study of the biweekly administration of paclitaxel, oxaliplatin and capecitabine in patients with advanced solid tumors

Z Saridaki, V Bozionelou, N Kentepozidis, A Kotsakis, N Vardakis, A Kalykaki, I Gioulbasanis, A Karabeazis, L Vamvakas, V Georoulias, D Mavroudis

Oncology 2007;72:45-50

To determine the dose-limiting toxicities (DLTs) and the maximum-tolerated doses of the paclitaxel, oxaliplatin (LOHP) and capecitabine combination in patients with advanced solid tumors. Patients received escalating doses of paclitaxel (starting dose 100 mg/m2) and LOHP (starting dose 40 mg/m2) on days 1 and 15 and capecitabine (starting dose 800 mg/m2/day) on days 1-7 and 15-21 every 28 days. DLTs were evaluated in the first cycle. Sixteen patients were treated at four dose-escalating levels. Eleven (68.7%) patients had received two or more prior chemotherapy regimens. The DLT level was reached at paclitaxel 110 mg/m2, LOHP 50 mg/m2 and capecitabine 1,000 mg/m2/day. DLTs due to grade 2-3 neutropenia resulted in treatment delays. No febrile neutropenia or treatment-related death occurred. Grade 2-3 neutropenia occurred in 3 (19%) patients each, grade 2-4 fatigue affected 6 (37.5%) patients, and grade 2-3 neurotoxicity was observed in 2 (12.5%) and 1 (6%) patients, respectively. Two partial responses and four disease stabilizations were achieved. The recommended doses for phase II studies are paclitaxel 100 mg/m2 and LOHP 50 mg/m2 on days 1 and 15 and capecitabine 1,000 mg/m2/day on days 1-7 and 15-21 every 4 weeks. This regimen is well tolerated and merits further evaluation.

16. **Gefitinib in combination with gemcitabine and vinorelbine in patients with metastatic breast cancer pre-treated with taxane and anthracycline chemotherapy: a phase I/II trial**

Gioulbasanis I, Saridaki Z, Kalykaki A, Vamvakas L, Kalbakis K, Ignatiadis M, Amarantidis K, Kakolyris S, Georgoulias V, Mavroudis D

Anticancer Res 2008;28:3019-3025

To determine the tolerability and efficacy of the combination of gefitinib with gemcitabine plus vinorelbine in metastatic breast cancer (MBC) patients, pretreated with anthracyclines and taxanes. Women with measurable MBC pretreated with anthracycline- and taxane-based chemotherapy received oral gefitinib (250 mg/day) continuously combined with intravenous gemcitabine

1000 mg/m2 and vinorelbine 25 mg/m2 on day 1, every 2 weeks. The first 10 enrolled patients were evaluated for the safety and tolerability of the proposed fixed-dose regimen. The study was discontinued prematurely due to low accrual. Twenty-five (71%) of the originally scheduled 35 patients received a total of 154 chemotherapy cycles. All the patients had previously received taxane- and 72% additionally anthracycline-based chemotherapy and 64% of them had progressive disease as best response to first-line treatment. Three episodes of dose-limiting toxicities (one non-febrile neutropenia grade 4 and two non-neutropenic infections grade 3) were observed in the safety analysis of the first 10 patients. In an intent-to-treat analysis, the overall response rate was 12% (95% CI, 0-24.7%), the median time to tumour progression was 3.5 months (range 1.0-11.5) and the median overall survival was 10.4 months (range 1.0-46.0). The main toxicity was hematological, with grade 3 and 4 neutropenia occurring in 6 (24%) and 4 (16%) patients, respectively. Febrile neutropenia occurred in 2 (8.0%) patients. Although well tolerated, the gefitinib plus gemcitabine and vinorelbine regimen achieved a low response rate in this prematurely terminated trial and therefore cannot be recommended for women with pretreated MBC.

17. Continuous administration of daily low-dose temozolomide in pretreated patients with advanced non-small cell lung cancer: a phase II study

Kourousis C, Vamvakas L, Vardakis N, Kotsakis A, Kalykai A, Kalbalis K, Saridaki Z, Kentepozidis N, Giassas S, Georgoulias V

Oncology 2009;76:112-117

PURPOSE: Temozolomide, a novel triazene derivative, has shown activity in vitro against lung cancer as well as against brain metastases from a variety of solid tumors including non-small cell lung cancer (NSCLC). The aim of the study was to evaluate the efficacy and safety of temozolomide in pretreated patients with NSCLC. PATIENTS AND METHODS: Thirty-one pretreated patients (median age 60 years) with histologically confirmed NSCLC were enrolled. Sixteen (52%) patients had a performance status (ECOG) of 0-1, 12 (39%) had pretreated brain metastases and 28 (90.3%) had received >2 lines of treatment. Temozolomide was administered at a dose of 75 mg/m(2) daily for 21 days every

28 days. A total of 73 chemotherapy cycles were administered. RESULTS: In an intention-to-treat analysis, 2 patients (6.5%; 95% CI: -2.2 to 15.1%) achieved a partial response and 3 (10%) stable disease. The median time to progression was 2.4 months, the median survival time 3.3 months and the 1-year survival rate 22.5%. There was a toxic death due to grade 4 neutropenia. Grade 3 and 4 lymphopenia occurred in 4 (13%) and 2 (6%) patients, respectively. Nonhematological toxicity was mild, consisting of grade 2-3 asthenia (n = 14 patients) and grade 3 diarrhea (n = 1 patient). CONCLUSION: Prolonged low daily doses of temozolomide demonstrate minimal activity as salvage therapy in patients with advanced NSCLC. The combination of low daily doses of temozolomide with other anticancer drugs probably merits further evaluation.

18. A dose escalation and pharmacokinetic study of the biweekly administration of paclitaxel, gemcitabine and oxaliplatin in patients with advanced solid tumors

Saridaki Z, Pappas P, Souglakos J, Nikolaidou M, Vardakis N, Kotsakis A, Marselos M, Georgoulias V, Mavroudis D

Cancer Chemother Pharmacol 2009;65:121–128

PURPOSE: To determine the dose-limiting toxicities (DLTs) and the maximum tolerated doses (MTDs) of the paclitaxel, gemcitabine, oxaliplatin combination administered biweekly in patients with advanced solid tumors. PATIENTS AND METHODS: Patients received escalated doses of paclitaxel (starting dose: 100 mg/m(2)), gemcitabine (starting dose: 800 mg/m(2)) and oxaliplatin (starting dose: 50 mg/m(2)) on days 1 and 15 in cycles of every 4 weeks. DLTs were evaluated during the first cycle. RESULTS: Twenty-seven patients (median age 65 years) with performance status 0-1 were treated on six dose escalation levels. Eleven patients (40.7%) were chemotherapy naïve, six (22.2%) had received 1 prior chemotherapy regimen and ten (37.1%) 2 or more. The DLT level was reached at the doses of paclitaxel 110 mg/m(2), gemcitabine 1,150 mg/m(2) and LOHP 70 mg/m(2). The dose-limiting events were grade 4 neutropenia and grade

3 febrile neutropenia. Neutropenia was the most common adverse event. A median of 3 cycles per patient was administered. One complete and five partial responses were observed in patients with ovarian carcinoma, NSCLC, urothelial cancer, mesothelioma and cancer of unknown primary. No pharmacokinetic drug interactions were detected. CONCLUSIONS: The recommended doses for future phase II studies of this combination are paclitaxel 110 mg/m(2), gemcitabine 1,000 mg/m(2) and oxaliplatin 70 mg/m(2) every 2 weeks. The regimen is generally well tolerated and merits further evaluation.

19. Prognostic and predictive value of common mutations for treatment response and survival in patients with metastatic colorectal cancer.

Souglakos J, Philips J, Wang R, Marwah S, Silver M, Tzardi M, Silver J, Ogino S, Hooshmand S, Kwak E, Freed E, Meyerhardt JA, Saridaki Z, Georgoulias V, Finkelstein D, Fuchs CS, Kulke MH, Shivdasani RA.

Br J Cancer 2009;101:465-472

BACKGROUND: We address the prognostic and predictive value of KRAS, PIK3CA and BRAF mutations for clinical outcomes in response to active agents in the treatment of metastatic colorectal cancer (mCRC). METHODS: We determined KRAS, BRAF and PIK3CA mutations in tumours from 168 patients treated for mCRC at two institutions. All patients received 5-FU-based first-line chemotherapy and treatment outcome was analysed retrospectively. RESULTS: KRAS, BRAF and PIK3CA mutations were present in 62 (37%), 13 (8%) and 26 (15%) cases, respectively. Multivariate analysis uncovered BRAF mutation as an independent prognostic factor for decreased survival (hazard ratio (HR) 4.0, 95% confidence interval (CI) 2.1-7.6). In addition, patients with BRAF-mutant tumours had significantly lower progression-free survival (PFS: HR 4.0, 95% CI 2.2-7.4) than those whose tumors that carried wild-type BRAF. Among 92 patients treated using chemotherapy and cetuximab as salvage therapy, KRAS mutation was associated with lack of response (P=0.002) and shorter PFS (P=0.09). BRAF (P=0.0005) and PIK3CA (P=0.01) mutations also predicted

reduced PFS in response to cetuximab salvage therapy. CONCLUSIONS: These results underscore the potential of mutational profiling to identify CRCs with different natural histories or treatment responses. The adverse significance of BRAF mutation should inform patient selection and stratification in clinical trials.

20. Circulating tumor cells with a putative stem cell phenotype in peripheral blood of patients with breast cancer

Theodoropoulos PA, Polioudaki H, Agelaki S, Kallergi G, Saridaki Z, Mavroudis D, Georgoulias V

Cancer Lett 2010;288:99-106

The CD44(+)/CD24(-/low) and ALDH1(+) cell phenotypes are associated with stemness and enhanced tumorigenic potential in breast cancer. We assessed the expression of CD44, CD24 and ALDH1 on tumor cells circulating in the peripheral blood (CTCs) of patients with metastatic breast cancer using triple-marker immunofluorescence microscopy. Among a total of 1439 CTCs identified in 20 (66.7%) out of 30 patients, 35.2% had the stem-like/tumorigenic phenotype CD44(+)/CD24(-/low), whereas 17.7% of the CTCs analyzed in seven patients, were ALDH1(high)/CD24(-/low). In conclusion, we report the existence of a subpopulation of CTCs with putative stem cell progenitor phenotypes in patients with metastatic breast cancer.

21. Mechanisms of resistance to anti-EGFR monoclonal antibody treatment in metastatic colorectal cancer

Saridaki Z, Georgoulias V, Souglakos J

World J Gastroenterol 2010;16:1177-1187

Metastatic colorectal cancer (mCRC) continues to be counted as a major health problem. The introduction of newer cytotoxics, irinotecan and oxaliplatin, has

achieved a significant improvement in survival rates. Novel targeted therapies (bevacizumab, and cetuximab) in combination with most efficient chemotherapy regimens have pushed the median survival beyond the 2-year mark and increased the proportion of patients which could benefit from resection of metastatic lesions. In addition, several studies have proved that the CRC mutation profiles should influence patient selection or stratification in prospective trials. KRAS mutational status represents a paradigm for biomarker development in the era of molecular targeted therapies. The present article is an overview of the most important studies in the development of biomarkers for the optimization of anti-epidermal growth factor receptor (anti-EGFR) treatment in mCRC, beyond KRAS mutations, which is a work in progress. The aim will be to identify molecular markers that might be used to select patients with a higher probability of response to anti-EGFR monoclonal antibodies. Overall the accumulating evidence of the molecular biology of CRC has substantially changed the approach to mCRC treatment and has given clinicians more rational options for treating this illness.

22. BRAF mutations, microsatellite instability status and cyclin D1 expression predict metastatic colorectal patients' outcome

Saridaki Z, Papadatos-Pastos D, Tzardi M, Mavroudis D, Bairaktari E, Arvanity H, Stathopoulos E, Georgoulias V, Souglakos J

Br J Cancer 2010;102:1762-1768

BACKGROUND: The significance of BRAF mutations, microsatelite instability (MSI) status and cyclin D1 expression in patients with metastatic colorectal cancer (mCRC) was evaluated. METHODS: Primary tumours from 144 patients treated for mCRC were assessed for BRAF (V600E) mutation, MSI status and cyclin D1. The data were correlated with progression-free survival (PFS) and overall survival (OS). RESULTS: BRAF mutations were detected in 10 (out of 22, 45%) patients with MSI-H tumours compared with 2 (out of 122, 1.6%) in those with microsatellite stable tumours ($P<0.001$). The presence of BRAF mutations was

correlated with cyclin D1 overexpression (7 out of 26 patients, 58% vs 5 out of 118 patients, 14%; P=0.001). Patients with BRAF-mutated primary tumours had a significantly decreased PFS (2.7 vs 9.8 months; P<0.001) and median OS (14 vs 30 months; P<0.001) than patients with wild-type (wt) tumours. Patients with MSI-H and BRAF-mutated tumours experienced significantly lower PFS (3.1 vs 11.4 months; P=0.008) and OS (14.5 vs 35.5 months; P=0.004) than patients with MSI-H and BRAF wt tumours. Similarly, BRAF mutations and cyclin D1 overexpression were correlated with decreased PFS (3.1 vs 8.6 months; P=0.03) and OS (17.8 vs 39.2 months; P=0.01). CONCLUSION: BRAF V600E mutations are associated with MSI-H status and cyclin D1 overexpression and characterize a subgroup of patients with poor prognosis.

23. A retrospective analysis of non-platinum-based first- and second-line chemotherapy in patients with advanced non-small cell lung cancer

Kotsakis A, Hatzidaki D, Vamvakas L, Vardakis N, Kalykaki A, Bozionelou V, Androulakis N, Kalbakis K, Saridaki Z, Georgoulias V, Agelaki S

Anticancer Res 2010;30:4335-4342

BACKGROUND: Platinum-based chemotherapy represents the standard of care for advanced non-small cell lung cancer (NSCLC) while non-platinum-based regimens are frequently administered in patients with relapse. A retrospective analysis of the sequence administration of these regimens in the first- and second-line setting was performed. PATIENTS AND METHODS: The records of patients enrolled in the Hellenic Oncology Research Groups's randomized advanced NSCLC trials from February 1997 to September 2006 were retrospectively reviewed. The efficacy of non-platinum-based chemotherapy administered as first- or second-line treatment (n=94, cohort A) was compared to that of non-platinum-based first-line followed by platinum-based second-line chemotherapy (n=267, cohort B), and the reverse sequence (n=123, cohort C). RESULTS: The objective response rate (ORR) to first-line chemotherapy was

higher in cohort C compared to cohort A (45.5% vs. 25.5%, respectively, p=0.002) and cohort B (45.5% vs. 21.3%, p=0.0001). The ORR to second-line therapy was 17%, 13.1% (p=0.349) and 7.3% (p=0.027) in cohorts A, B and C, respectively. Time to progression and the overall survival were comparable among the three cohorts in both first- and second line therapy. CONCLUSION: Platinum-based first-line chemotherapy improved response rate compared to non-platinum-based regimens; however, the overall survival was comparable, irrespective of the sequence administration of these regimens is the first- and second-line setting.

24. Prognostic significance of the detection of peripheral blood CEACAM5mRNA-positive cells by real-time polymerase chain reaction in operable colorectal cancer

Vardakis N, Messaritakis I, Papadaki C, Agoglossakis G, Sfakianaki M, Saridaki Z, Apostolaki S, Koutroubakis I, Perraki M, Hatzidaki D, Mavroudis D, Georgoulias V, Souglakos J

Clin Cancer Res 2011;17:165-173

PURPOSE: To evaluate the clinical relevance of circulating CEACAM5mRNA-positive cells in patients with operable colorectal cancer (CRC). METHODS: Peripheral blood was obtained from 265 patients with operable CRC before the initiation of adjuvant systemic therapy from 96 normal donors and RNA prepared from the Lovo and ARH-77 CRC and leukemic cell lines, respectively, was used as positive and negative controls. The detection of CEACAM5mRNA-positive cells was done using a real-time PCR assay. The association with known prognostic factors and the effect of CEACAM5mRNA-positive cells on patients' prognosis was investigated. RESULTS: The analytical detection limit of the method was found to correspond to 0.7 Lovo cell equivalence/5 μg RNA, with a sensitivity of 1 tumor cell/10(5) normal cells and a specificity of 97%. Ninety-eight (37%) patients had detectable circulating CEACAM5mRNA-positive cells.

Detection of CEACAM5mRNA-positive cells was significantly associated with higher relapse rate (P < 0.001), decreased disease-free survival (DFS; P < 0.001), higher death rate (P = 0.017), and decreased median overall survival (P = 0.025). Multivariate analysis revealed that the detection of circulating CEACAM5mRNA-positive cells was an independent prognostic factor for decreased DFS [HR = 3.4; 95% CI: 2.0-5.9; P < 0.001]. CONCLUSIONS: Detection of peripheral blood CEACAM5mRNA-positive cells is an adverse prognostic factor correlated with poor clinical outcome in patients with operable CRC.

25. Impact of KRAS, BRAF, PIK3CA mutations, PTEN, AREG, EREG expression and skin rash in ≥ 2 line cetuximab-based therapy of colorectal cancer patients

Saridaki Z, Tzardi M, Papadaki C, Sfakianaki M, Pega F, Kalikaki A, Tsakalaki E, Trypaki M, Messaritakis I, Stathopoulos E, Mavroudis D, Georgoulias V, Souglakos J

PLoS One 2011;6:e15980

BACKGROUND: To investigate the predictive significance of KRAS, BRAF, PIK3CA mutational status, AREG- EREG mRNA expression, PTEN protein expression and skin rash in metastatic colorectal cancer (mCRC) patients treated with cetuximab containing salvage chemotherapy. METHODS: Primary tumors from 112 mCRC patients were analyzed. The worst skin toxicity during treatment was recorded. RESULTS: KRAS, BRAF and PIK3CA mutations were present in 37 (33%), 8 (7.2%) and 11 (9.8%) cases, respectively, PTEN was lost in 21 (19.8%) cases, AREG and EREG were overexpressed in 48 (45%) and 51 (49%) cases. In the whole study population, time to tumor progression (TTP) and overall survival (OS) was significantly lower in patients with KRAS (p = 0.001 and p = 0.026, respectively) or BRAF (p = 0.001 and p<0.0001, respectively) mutant tumors, downregulation of AREG (p = 0.018 and p = 0.013, respectively) or EREG (p = 0.002 and p = 0.004, respectively) and grade 0-1 skin rash (p<0.0001

and p<0.0001, respectively). In KRAS wt patients TTP and OS was significantly lower in patients with BRAF (p = 0.0001 and p<0.0001, respectively) mutant tumors, downregulation of AREG (p = 0.021 and p = 0.004, respectively) or EREG (p = 0.0001 and p<0.0001, respectively) and grade 0-1 skin rash (p<0.0001 and p<0.0001, respectively). TTP was significantly lower in patients with PIK3CA mutations (p = 0.01) or lost PTEN (p = 0.002). Multivariate analysis revealed KRAS (Hazard Ratio [HR] 4.3, p<0.0001), BRAF mutation (HR: 5.1, p<0.0001), EREG low expression (HR: 1.6, p = 0.021) and absence of severe/moderate skin rash (HR: 4.0, p<0.0001) as independent prognostic factors for decreased TTP. Similarly, KRAS (HR 2.9, p = 0.01), BRAF mutation (HR: 3.0, p = 0.001), EREG low expression (HR: 1.7, p = 0.021), absence of severe/moderate skin rash (HR: 3.7, p<0.0001) and the presence of undifferantited tumours (HR: 2.2, p = 0.001) were revealed as independent prognostic factors for decreased OS. CONCLUSIONS: These results underscore that KRAS-BRAF mutations and EREG expression can be used as biomarkers to further select patients undergoing anti-EGFR treatment.

26. Second-line Paclitaxel/Carboplatin Versus Vinorelbine/Carboplatin in Patients Who Have Advanced Non-Small-Cell Lung Cancer Pretreated With Non-Platinum-Based Chemotherapy: A Multicenter Randomized Phase II Study

Pallis AG, Syrigos K, Kotsakis A, Karachaliou N, Polyzos A, Chandrinos V, Varthalitis I, Christophyllakis C, Ardavanis A, Vamvakas L, Vardakis N, Saridaki Z, Samonis G, Giassas S, Georgoulias V, Agelaki S.

Clin Lung Cancer 2011;12:100-105

PURPOSE: This study evaluates the activity and toxicity of the paclitaxel/carboplatin (PC) doublet versus vinorelbine/carboplatin (VC) doublet as second-line treatment in patients who have advanced non-small-cell lung cancer (NSCLC). PATIENTS AND TREATMENT: Patients pretreated with

front-line docetaxel and gemcitabine were randomized to receive either PC (n = 75), which consisted of paclitaxel at a dose of 140 mg/m(2) and carboplatin area under the curve (AUC3), or VC (n = 78), which consisted of vinorelbine at a dose of 45 mg/m(2) orally and carboplatin AUC3; both drugs were administered on days 1 and 15. RESULTS: The overall response rate was 18.6% (95% confidence interval, 9.85%-27.49%; one complete and 13 partial responses) in the PC arm and 7.7% (95% confidence interval, 1.78%-13.61%; one complete and five partial responses) in the VC arm (P = .056). Median time to tumor progression was 3.5 months (range, 0.3 - 23.73 months) and 3.07 months (range, 0.37-18.5) in the PC and VC arm, respectively (P = .287). Median overall survival was 7.83 months (range, 0.3-45.03 months) and 7.60 months (range, 0.5-30.27 months) for PC and VC arms, respectively (P value = .633). Chemotherapy was well-tolerated and grade III/IV toxicities were relatively infrequent. No toxic deaths were observed. CONCLUSIONS: Platinum-based doublets with either paclitaxel or vinorelbine in patients with advanced/metastatic NSCLC pretreated with front-line docetaxel/gemcitabine show comparable efficacy when used in the second-line setting.

27. A phase I trial of oral metronomic vinorelbine plus capecitabine in patients with metastatic breast cancer

Saridaki Z, Malamos N, Kourakos P, Polyzos A, Ardavanis A, Androulakis N, Kalbakis K, Vamvakas L, Georgoulias V, Mavroudis .

Cancer Chemother Pharmacol 2012;69:35-42

PURPOSE: To determine the dose-limiting toxicities (DLTs) and the maximum tolerated doses (MTD) of oral metronomic vinorelbine with capecitabine in patients with metastatic breast cancer (MBC). PATIENTS AND METHODS: Escalated doses of oral metronomic vinorelbine (starting dose 30 mg) every other day continuously and capecitabine (starting dose 800 mg/m(2) bid) on days 1-14 every 21 days were administered. DLTs were evaluated during the first cycle. RESULTS: Thirty-six women were enrolled at eight escalating dose levels. For

twenty-four patients, treatment was first line, for eight second line, and for four third line. The DLT level was reached at oral metronomic vinorelbine 70 mg and capecitabine 1,250 mg/m(2), and the recommended MTD doses are vinorelbine 60 mg and capecitabine 1,250 mg/m(2). DLTs were febrile neutropenia grade 3 and 4, diarrhea grade 4, and treatment delays due to unresolved neutropenia. There was no treatment-related death. The main toxicities were grade 2-3 neutropenia in 16.6% of patients each, grade 2-3 anemia 16.5%, grade 2-4 fatigue 27.5%, grade 2-3 nausea/vomiting 11%, and grade 3-4 diarrhea 8.2%. Two complete and 10 partial responses were documented. CONCLUSION: Oral metronomic vinorelbine with capecitabine is a well-tolerated and feasible regimen that merits further evaluation in MBC.

28. Microsatellite instability, prognosis and drug sensitivity of stage II and III colorectal cancer: more complexity to the puzzle

Tejpar S, Saridaki Z, Delorenzi M, Bosman F, Roth AD

J Natl Cancer Inst 2011;103:841-844

29. Metronomic vinorelbine plus bevacizumab as salvage therapy for patients with metastatic breast cancer

Saloustros E, Kalbakis K, Vardakis N, Kalykaki A, Milaki G, Rovithi M, Agelaki S, Saridaki Z, Georgoulias V, Mavroudis D

J BUON 2011;16:215-218

PURPOSE: Continuous administration of oral vinorelbine, given 3 times a week (metronomic), is feasible and exceptionally well tolerated at doses up to 50 mg with clinical activity against refractory tumors. In this phase II study oral metronomic vinorelbine and bevacizumab were evaluated as salvage therapy in women with pretreated metastatic breast cancer (MBC). METHODS: Patients received oral vinorelbine (50 mg 3 times a week) and bevacizumab (10 mg/kg) biweekly in cycles of 28 days. The primary endpoint was objective response rate (ORR). A preplanned analysis was performed when the first 13 patients were

evaluated for tumor response. RESULTS: One patient (7.7%) achieved partial response (PR) and 6 (46.1%) stable disease (SD). The combination was very well tolerated but, as per protocol, the study was closed prematurely due to lack of efficacy. CONCLUSION: The combination of oral metronomic vinorelbine and bevacizumab has good tolerance but minimal activity in terms of objective responses in pretreated patients with MBC.

30. Aretaeus of Cappadocia and the first description of diabetes.

Laios K, Karamanou M, Saridaki Z, Androutsos G

Hormones (Athens) 2012;11:109-113

The name Aretaeus of Cappadocia has been linked with diabetes more than that of any other physician of antiquity, his texts forming a sophisticated synthesis of the previous knowledge on this disease copiously supplemented by his own observations. Gifted with a unique faculty for observing pathologic phenomena, he was able to elaborate upon earlier texts enriching them with his own original findings and numerous thoughtful reflections. Among the many diseases he dealt with, Aretaeus has bequeathed to us an outstandingly vivid and accurate description of diabetes.

31. Cytopathologic interpretation of ascites due to malignancy

Kalogeraki A, Karvela-Kalogeraki I, Tamiolakis D, Petraki P, Papathanasiou A, Saridaki Z, Stathopoulos EN, Tzardi M

J BUON 2012;17:446-51

The diagnosis of metastatic cancer in peritoneal fluid is of great importance for the patient and the attending physician. A cytopathologist's responsibility is twofold: (1) to accurately identify malignant cells; (2) to interpret tumor type and if possible the site of its origin even in the absence of complete clinical history of other clues. The difficulty in the diagnosis of metastatic neoplasms in peritoneal fluid is due to 2 factors: (1) abnormal mesothelial cells or macrophages may simulate cancer cells, or may conceal tumor cells; and (2) peritoneal fluid

constitutes a natural and hitherto inadequately explored medium of cell culture, in which neoplastic cells may proliferate free of the boundaries imposed upon them by the framework of organs and tissues. Immunocytochemistry (ICC) and molecular techniques are essential to establish an accurate diagnosis. From a great many points of view malignant peritoneal fluid is suitable for continuous study of cancer cells, thus providing knowledge about biologic aspects of human solid tumors.

32. A triplet combination with irinotecan (CPT-11), oxaliplatin (LOHP), continuous infusion 5-fluorouracil and leucovorin (FOLFOXIRI) plus cetuximab as first-line treatment in KRAS wt, metastatic colorectal cancer: a pilot phase II trial

Saridaki Z, Androulakis N, Vardakis N, Vamvakas L, Kabouraki E, Kalbakis K, Hatzidaki D, Voutsina A, Mavroudis D, Georgoulias V, Souglakos J

Br J Cancer. 2012 Nov 20. doi: 10.1038/bjc.2012.509. [Epub ahead of print]

BACKGROUND: We conducted an open-label, pilot phase II trial to evaluate the efficacy and safety of FOLFOXIRI plus cetuximab as first-line treatment of patients with metastatic colorectal cancer (mCRC). METHODS: Thirty patients with KRAS wild-type mCRC, <70 years and with performance status 0-1 were included in the trial. RESULTS: Complete and partial responses were observed in 4 (13.3%) and 17 (56.7%) patients, respectively (overall response rate (ORR)=70%; 95% confidence interval (CI): 53.6%-86.4%); 8 patients (26.7%) had stable disease and 1 had progressive disease. The median time to tumour progression was 10.2 months (95% CI: 7.1-13.4) and the overall median survival time was 30.3 months (95% CI: 18.8-41.9). Secondary R0 resection was performed in 11 (37%) patients. Grade 3 or 4 diarrhoea and neutropenia were observed in 16 (53%) and 7 (23.3%) patients, respectively, and febrile neutropenia observed in 2 (6.6%) patients. Neurotoxicity grade 2 or 3 was reported in 7 (23.3%) and in 2 (6.7%) patients, respectively, and grade 3 rush was reported in 1 patient. CONCLUSION: The FOLFOXIRI/cetuximab combination presented increased activity in terms of response rate and R0 secondary liver

metastases resection, and merits further investigation, especially in patients with initially unresectable disease confined to the liver.

33. Postoperative Treatment with Docetaxel, Cisplatin, and Capecitabine (DCX) and Chemoradiotherapy (CRT) With Capecitabine for Resected Gastric Adenocarcinoma.

Saridaki Z, Lambrodimou G, Kachris S, Makrantonakis P, Boukovinas I, Polyzos A, Anagnostopoulos A, Athanasiadis A, Stoltidis D, Georgoulias V, Souglakos J.

Am J Clin Oncol. 2013 Apr 3

We conducted a feasibility study on docetaxel/capecitabine/cisplatin (DCX) with chemoradiotherapy as adjuvant treatment for gastric cancer patients. Patients were scheduled to receive 2 cycles of DCX, followed by 50.4 Gy plus capecitabine as radiotherapy, followed by an additional 2-DCX cycles. From the 40 enrolled patients, 26 (65%) completed treatment as per protocol and 14 (35%) discontinued with the treatment (patients' refusal: n=6; adverse events: n=8). There were 2 toxic deaths. Grade >3 toxicity was 12.1% before and 13.3% after chemoradiotherapy. Disease progression was documented in 11 (27.5%) patients. No further development of this regimen is justified on the basis of poor tolerability in patients.

34. The great surgeon Jean-Louis Faure (1863-1944) and his contribution in the treatment of uterine cancer.

Karamanou M, Saridaki Z, Piagkou M, Laios K, Androutsos G.

J BUON. 2013 Jan-Mar;18(1):296-8

At the beginning of the 20th century, Professor Jean-Louis Faure, one of the leading surgeons of the innovative Parisian Medical School, published an exhaustive work on uterine cancer. He was the first to perform in France the procedure of total abdominal hysterectomy by median section of the uterus contributing to the evolution of cancer surgery.

35. The eminent dermatologist Moriz Kaposi (1837-1902) and the first description of idiopathic multiple pigmented sarcoma of the skin.

Karamanou M, Antoniou C, Stratigos AJ, Saridaki Z, Androutsos G.

J BUON. 2013 Oct-Dec;18(4):1101-5

In 1872, the Hungarian born dermatologist Moriz Kaposi that was practicing in Vienna first described a rare endemic disease that bears his name, among elderly persons of Central European or Mediterranean origin named "idiopathic multiple pigmented sarcoma of the skin". Ten years later the Italian dermatologist Tommaso de Amicis confirms Kaposi's findings. For more than a century the disease was known as a rare lowgrade malignancy till the 1980s AIDS epidemic.

36. BRAFV600E mutation analysis in patients with metastatic colorectal cancer (mCRC) in daily clinical practice: correlations with clinical characteristics, and its impact on patients' outcome.

Saridaki Z, Tzardi M, Sfakianaki M, Papadaki C, Voutsina A, Kalykaki A, Messaritakis I, Mpananis K, Mavroudis D, Stathopoulos E, Georgoulias V, Souglakos J.

PLoS One 2013 Dec 18;8(12):e84604. doi: 10.1371/journal.pone.0084604. eCollection 2013

The aim of the study was to prospectively evaluate the usefulness of the BRAFV600E mutation detection in daily clinical practice in patients with metastatic Colorectal Cancer (mCRC). 504 mCRC patients treated with systemic chemotherapy ± biologics were analyzed. A statistically significant higher incidence of the BRAF mutation was observed in patients with ECOG-PS 2 ($p=0.001$), multiple metastatic sites ($p=0.002$),> 65 years old ($p=0.004$), primary tumors located in the colon ($p<0.001$), high-grade tumors ($p=0.001$) and in those with mucinous features ($p=0.037$). Patients with BRAFV600E mutated tumors had a statistically significantly reduced progression-free survival (PFS) compared to wild-type (wt) ones (4.1 and 11.6 months, respectively; $p<0.001$) and overall survival (OS) (14.0 vs. 34.6 months, respectively; $p<0.001$). In the multivariate

analysis the BRAFV600E mutation emerged as an independent factor associated with reduced PFS (HR: 4.1, 95% CI 2.7-6.2; p<0.001) and OS (HR: 5.9, 95% CI 3.7-9.5; p<0.001). Among the 273 patients treated with salvage cetuximab or panitumumab, the BRAFV600E mutation was correlated with reduced PFS (2.2 vs. 6.0 months; p<0.0001) and OS (4.3 vs. 17.4 months; p<0.0001). The presence of BRAFV600E-mutation in mCRC characterizes a subgroup of patients with distinct biologic, clinical and pathological features and is associated with very poor patients' prognosis.

37. ERCC1 expression correlated with EGFR and clinicopathological variables in patients with non-small cell lung cancer. An immunocytochemical study on fine-needle aspiration biopsies samples.

[Article in English, Portuguese]

Kalogeraki A, Karvela-Kalogeraki I, Tamiolakis D, Petraki P, Saridaki Z, Tzardi M

Rev Port Pneumol. 2014 Feb 6. pii: S0873-2159(13)00165-7. doi: 10.1016/j.rppneu.2013.11.002. [Epub ahead of print]

Expression of ERCC1 has not been well described in fine-needle aspiration biopsies (FNABs) in patients with non-small cell lung cancer (NSCLC). We investigated the expression of ERCC1 in correlation with EGFR expression and clinicopathological factors in patients with NSCLC in order to determine if these play a role in the prognosis of the disease. We studied 45 patients, 34 with adenocarcinoma and 11 with squamous cell carcinoma. Of these 45 patients, 35 were males and 10 females, aged between 45 and 83 years, 30 smokers and 15 non-smokers. Eighteen (18) tumors were of stage I, twelve (12) stage II and fifteen (15) stage III. To investigate the expression of ERCC1 and EGFR (scores 0, 1, 2, 3), immunocytochemistry was performed on air dried specimens (FNABs) using monoclonal antibodies by alkaline-phosphatase (APAAP) method. ERCC1 expression was detected in tumors from 27 patients (60%) and EGFR in 10 patients (22.2%). ERCC1 was expressed more frequently in males (65.7%) in patients >65 years old (64%), in smokers (66.7%) and in stage I (66.7%). Negative ERCC1 expression was significantly associated with the presence of EGFR. EGFR was expressed only in adenocarcinomas and more frequently in

women (70%) and non smokers (53.3%). ERCC1 expression was identified as positive (scores 2+ and 3+) in the majority of NSCLCs and seems to be an independent prognostic marker of longer survival. In addition EGFR expression was positive (scores 2+ and 3+) in the minority of NSCLCs and only in adenocarcinomas, more frequently in ERCC1-negative (scores 0 and 1+) tumors, suggesting that it is not an independent prognostic marker for the outcome of the patients suffering from NSCLC.

ΠΛΗΡΕΙΣ ΔΗΜΟΣΙΕΥΣΕΙΣ ΣΕ CITED ΠΕΡΙΟΔΙΚΑ
(CITATIONS ΚΑΙ IMPACT FACTORS)

Scopus: Συνολικός αριθμός citations: **471**
h factor: **12**

ISI Web of Knowledge: Συνολικός αριθμός citations: **351**
h factor: **10**

Impact factors

Journal Title	Impact Factor 2013	# paper	total
American Surgeon	0,918	2	1,836
Anticancer Research	1,713	4	6,852
Breast Cancer Research	5,245	1	5,245
British Journal of Cancer	5,082	3	15,246
British Journal of Dermatology	3,759	1	3,759
CANCER LETTERS	4,258	1	4,258
Cancer Chemotherapy and Pharmacology	2,795	2	5,59
Cancer Investigation	2,238	1	2,238
INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES	2,357	1	2,357
Journal of B.U.ON.	0,761	5	3,805
JOURNAL OF CHEMOTHERAPY	0,825	1	0,825
JOURNAL OF INVESTIGATIVE DERMATOLOGY	6,193	1	6,193
Oncology	2,165	4	8,66
SEMINARS IN ARTHRITIS AND RHEUMATISM	3,806	1	3,806
Word Journal of Gastroenterology	2,547	1	2,547
Clinical Cancer Research	7,837	1	7,837
Journal of National Cancer Institute	14,336	1	14,336
Clinical Lung Cancer	2,038	1	2,038
PLOS ONE	3,73	2	7,46
Hormones	2,013	1	2,013
Rev Port Pneumon	0,562	1	0,562
American Journal of Clinical Oncology	2,552	1	2,552
		37	97,428

Total impact factor: 97,428

Average impact factor: 2,633

PUBLICATIONS IN NON-CITED JOURNALS

1. Cryosurgical ablation for hepatic metastases from colorectal cancer. The hellenic experience and brief review of the literature

E Chrysos, S Al Marashdah, Z Saridaki, H Athanasakis, N Tzavaris, A Hatzidakis, G Michalopoulos, R Ablin, O Zoras

Cryosurgery (European Society of Cryosurgery), Issue 8 / January 2003; Section 3: 12-15

2. The influence of genetic polymorphisms in the use of molecular targeted anti-neoplastic agents

Z Saridaki, E Kontopodis, E Saloustros, S Agelaki, J Souglakos, V Georgoulias, D Mavroudis

Forum of Clinical Oncology 2008;7(2):156-166

3. PAZOPANIB: a second generation antiangiogenic multitargeted tyrosine kinase inhibitor

N Karahaliou, Z Saridaki

Forum of Clinical Oncology 2010;1(1):32-39

4. Clinical Implications and Quality Assurance of Molecular Testing for EGFR-Targeting Agents in Colorectal Cancer

L Vecchione, Z Saridaki, S Tejpar

Curr Colorectal Cancer Rep DOI 10.1007/s11888-011-0112-3

AUTHORSHIP IN SCIENTIFIC BOOKS

1. Author of the chapter **"Locoregional breast chemotherapy"** in the medical book **"Regional Oncotherapies" ISBN 960-399-474-X**
2. Co-author of the chapter **"Adjuvant Therapy"** in the medical book **"ABC of Colorectal Cancer"** Second Edition, **Wiley-Blackwell BMJ Books, ISBN 978-1-4051-7763-4**

ORAL PRESENTATIONS IN NATIONAL CONGRESSES

1. **The quality of life in respiratory patient**
   Saridaki Z
   1^{o} Panhellenic Medical Student Congress, Athens, April 1995
2. **The assessment of teaching the lesson of Therapeutics in the Medical School of the University of Crete under the European Network of Therapeutics Teachers (ENTT)**
   Saridaki Z, Froudarakis M, Bouros D
   1^{o} Panhellenic Medical Student Congress, Athens, April 1995
3. **Diagnostic approach of breast cancer**
   Saridaki Z
   3^{o} Panhellenic Medical Student Congress, Ag. Pelagia, April 1997
4. **Compartmentectomy of the medial thigh. Technique and post-operative functionality of the limb**
   Zoras O, Tsiaousis I, Saridaki Z, Xynos E, Chalkiadakis G, Vassilakis S
   9^{o} Panhellenic Congress of Oncology, Athens, November 1997
   Abstract publication – Hellenic Oncology Volume 33, Supplement 3. July – September 1997
5. **Surgical repair of inguinal hernia: tension free technique with prosthetic materials (Gore-tex Mycro Mesh expanded polytetrafluoroethylene)®. Interim results after follow up of the patients**
   Athanasakis E, Saridaki Z, Kafetzakis A, Prokopakis G, Vrahasotakis N, Xynos E, Chalkiadakis G, Zoras O
   Meeting "Hernias of the Abdominal Wall" – Hellenic Surgical Society, Athens, June 1999
   Full document publication – "Surgery of hernias of the Abdominal wall", p44, Athens 1999
6. **Surgical repair of incisional ventral hernias: tension-free technique using prosthetic materials (expanded polytetrafluoroethylene Gore-tex Dual Mesh)®. Interim results after follow up of the patients**
   Kafetzakis A, Saridaki Z, Athanasakis E, Dimitriadou D, Koutsoumbas V, Chalkiadakis G, Zoras O

Meeting "Hernias of the Abdominal Wall" – Hellenic Surgical Society, Athens, June 1999

7. **Cryosurgical ablation modalities for hepatic metastases from colorectal cancer. The Hellenic experience**

   Tsiaousis J, Chrysos E, Prokopakis G, Athanasakis E, Saridaki Z, Tzavaris N, Chalkiadakis A, Michalopoulos G, Georgoulias V, Vasilakis SJ, Zoras O

   7^{o} Panhellenic Congress of Surgical Oncology, Athens, May 2001

   Abstract publication – Abstract Book, #84, p90, May 2001

8. **UV-induced mutations of INK4a-ARF locus in Greek patients with squamous cell carcinoma of the skin**

   Saridaki Z, Liloglou T, Zafiropoulos A, Koumantaki E, Zoras O, Spandidos DA

   11^{o} Pancretan Medical Congress, with international participation, Chania, November 2002

   2nd price of the "Odysseas Kalligiannis" Award

9. **Microsatelite instability (MSI) status in colorectal cancer patients treated with the combination irinotecan (CPT-11), oxaliplatin (L-OHP) plus 5FU/Leucovorin (DeGramont regimen)-FOLFOXIRI: correlation of allelic imbalance with clinical parameters and treatment outcomes**

   Z Saridaki, M Tzardi,, M Peraki, D Mavroudis, N Vardakis, A Kalikaki, G Milaki, A Pallis, V Bozionelou, V Georgoulias

   12th Panhellenic Congress of Clinical Oncology, Athens, April 2004

   Proceedings Forum of Clinical Oncology Volume 3(B) Supplement, #40, p158, April 2004

10. **Phase I study of oxaliplatin (LOHP) alternating with irinotecan (CPT-11) in combination with weekly administration of leukovorin (LV) and continuous 5-fluoruracil (5-FU) infusion in patients with gastrointestinal malignancies**

    N Androulakis, A Kotsakis, N Kentepozidis, Z Saridaki, T Kokkinakis, N Katsougris, G Milaki, Ch Kouroussis, V Georgoulias

    12th Panhellenic Congress of Clinical Oncology, Athens, April 2004

    Proceedings Forum of Clinical Oncology Volume 3(B) Supplement, #44, p160, April 2004

11. **Genetic counseling in cancer**

    Saridaki Z

1st Scientific and Social Congress of the Post Graduate Students of the Medical School, University of Crete, Heraklion, June 2006

12. **Phase I study if the combination of paclitaxel, oxaliplatin and capecitabine administered every two weeks in patients with advanced solid tumors**
Z Saridaki, V Bozionelou, K Kalbakis, N Vardakis, A Kotsakis, L Vamvakas, A Kalykaki N Kentepozidis, S Giassas, D Mavroudis, V Georgoulias
3rd Panhellenic Dual Society Anticancer Congress, Athens, April 2007

13. **Prognostic significance of the detection of peripheral blood CEACAM5mRNA-positive cells in operable colorectal cancer**
Vardakis N, Messaritakis I, Papadaki C, Sfakianaki M, Saridaki Z, Apostolaki S, Perraki M, Koutroubakis I, Mavroudis D, Georgoulias V, Souglakos J
16th Panhellenic Congress of Clinical Oncology, Athens, April 2010
Proceedings Book, #EA09, p56, April 2010

14. **Prognostic value of *BRAF* mutations, DNA microsatellite instability and cyclin D1 expression in metastatic colorectal cancer**
Saridaki Z, Papadatos-Pastos D, Tzardi M, Bairaktari E, Arvaniti I, Stathopoulos E, Georgoulias V, Mavroudis D, Souglakos J
16th Panhellenic Congress of Clinical Oncology, Athens, April 2010
Proceedings Book, #B04, p68, April 2010
Awarded with the 1st Award for Oral Presentations

15. **Predictive significance of *BRCA1, ERCC1, ATP7B, PARP1, RAP80, DAXX, TRX, TXR1* and *TSP1* gene expression in patients with epithelial ovarian cancer who received 1st line chemotherapy with paclitaxel and carboplatin**
S Pontikakis, C Papadaki, M Tzardi, Z Saridaki, A Kalykaki, L Giannikaki, M Sfakianaki, D Mavroudis, M Trypaki, E Stathopoulos, V Georgoulias, J Souglakos
17th Panhellenic Congress of Clinical Oncology, Athens, April 2011
Awarded with the 1st Award for Oral Presentations

16. ***BRAFV600E* mutation analyses in metastatic colorectal cancer patients in the daily clinical practice: correlations with clinical and histology data, prognostic and predictive value**

    Z Saridaki, M Sfakianiaki, C Papadaki, M Tzardi, I Messaritakis, E Tsakalaki, M Trypaki, D Mavroudis, E Stathopoulos, V Georgoulias, J Souglakos

    18th Panhellenic Congress of Clinical Oncology, Athens, April 2012

17. **The prognostic value of the detection of CEACAM5mRNA – positive cells in the peripheral blood of patients with metastatic colorectal cancer**

    I Messaritakis, N Vardakis, Z Saridaki, K Bananis, A Koulouridi, C Fokoloros, C Papadaki, M Sfakianiaki, A Voutsina, A Kalykaki, D Mavroudis, V Georgoulias, J Souglakos

    19th Panhellenic Congress of Clinical Oncology and 13th Panhellenic Congress of Radiation Oncology, Athens, April 2013

    Awarded with the 1st Award for Oral Presentations

ORAL PRESENTATIONS IN INTERNATIONAL CONGRESSES

(Total citations' number: 32)

1. **Human basal cell carcinomas show distinct patterns of allelic imbalance in chromosome regions 9p21-22, 17q21 and 17p13**
   Saridaki Z, Zoras O, Koumantaki El, Spandidos DA
   4th World Congress on Advances in Oncology and 2nd International Symposium on Molecular Medicine, Athens, October 1999
   Proceedings International Journal of Molecular Medicine Volume 4, Supplement 1, #227, p36, October 1999
2. **Surgical repair of incisional ventral hernias (I.V.H.) tension-free technique by using prosthetic materials (ePTFE Gore-tex Dual Mesh)®**
   Athanasakis H, Saridaki Z, Dimitriadou D, Kafetzakis A, Koutsoumpas V, Halkiadakis G, Xynos E, Zoras O
   XXI International Congress of the European Hernia Society, Madrid, November 1999
   Proceedings Hernia Volume 3, Supplement 2, #170, p90, November 1999
3. **The Hellenic experience of Cryosurgical Ablation modalities for hepatic metastases of colorectal cancer**
   Chrysos E, Prokopakis G, Athanasakis H, Saridaki Z, Tzavaris N, Hatzidakis A, Tsetis D, Georgoulias V, Vassilakis JS, Zoras O
   Focus on locoregional cancer therapy: from neoadjuvant to palliative treatments – Organized by the International Society for Regional Cancer Therapy (ISRCT), Ravenna, March 2000
   Abstract Book p155
4. **Cryosurgical ablation modalities for hepatic metastases from colorectal cancer. The Hellenic experience**
   Michalopoulos G, Chrysos E, Prokopakis G, Athanasakis H, Saridaki Z, Tzavaris N, Hatzidakis A, Georgoulias V, Ablin R, Zoras U
   International and European Congress of Cryosurgery, Lisbon, October 2001
5. **Image – guided surgery by cryodestruction for colorectal hepatic metastases**
   U Zoras, Z Saridaki, C Vagianos

15th International Congress on Anti-Cancer Treatment, Paris, February 2004 Proceeding Book p286

6. **Liver and central nervous system metastatic lesions treated by cryoablation**
   O Zoras, S Almarashdah, Z Saridaki, A Vakis
   7th International Conference of Anticancer Research, Corfu, October 2004 Proceedings Anticancer Research International Journal of Cancer Research and Treatment, Volume 24, Number 5D, #573, p3680, September-October 2004
7. **HER2 mRNA-positive circulating tumor cells in patients with stage I and II breast cancer: evaluation of their prognostic significance**
   A Pallis, S Apostolaki, M Perraki, L Kalmanti, N Xenidis, V Bozionellou, K Kalbakis, A Kotsakis, S Agelaki, M Ignatiadis, Z Saridaki, E Stathopoulos, E Lianidou, V Georgoulias, D Mavroudis
   18th International Congress on Anti-Cancer Treatment, Paris, February 2007 Abstract Book #446, p254
8. **Folfoxiri (folinic acid, 5-fluorouracil, oxaliplatin and irinotecan) versus folfiri (folinic acid, 5-fluorouracil and irinotecan) as first line treatment in metastatic colorectal cancer (MCC): a subgroup analysis for elderly patients of a multicenter randomized phase III trial from the hellenic oncology research group (HORG)**
   A Karampeazis, L Vamvakas, J Souglakos, N Vardakis, A Kalykaki, A Pallis, Z Saridaki, J Gioulbasanis, V Markos, V Georgoulias
   18th International Congress on Anti-Cancer Treatment, Paris, February 2007 Abstract Book #449, p299-300

POSTER PRESENTATIONS IN INTERNATIONAL CONGRESSES

1. **High frequency of Loss of Heterozygosity in Human Basal Cell Carcinoma of the skin implies the involvement of the *p16* and *BRCA1* genes**
   Saridaki Z, Koumantaki El, Zoras O, Spandidos DA
   49th Congress of the Hellenic Biochemical and Biophysical Society, Heraklion 1998
   Newsletter of the Hellenic Biochemical and Biophysical Society
2. **High frequency of loss of heterozygosity in human basal cell carcinoma of the skin implies the involvement of the *p16* genes**
   Saridaki Z, Koumantaki El, Zoras O, Spandidos DA
   3rd World Congress on Advances in Oncology and 1st International Symposium on Molecular Medicine, Hersonissos, October 1998
   Proceedings International Journal of Molecular Medicine Volume 2, Supplement 1, #272, p47, October 1998
3. **Loss of Heterozygosity in Basal Cell Carcinoma implies involvement of *p16* and *BRCA1* genes**
   Saridaki Z, Zoras O, Koumantaki E, Spandidos DA
   52nd Annual Cancer Symposium of the Society of Surgical Oncology (SSO), Orlando Florida, March 1999
   Abstract Book, #118, p64
4. **Tension-free surgical repair of inguinal hernia (I.H.) by using prosthetic materials (ePTFE Gore-tex Mycro Mesh)®**
   Athanasakis H, Saridaki Z, Kafetzakis A, Prokopakis G, Vrahasotakis N, Xynos E, Halkiadakis G, Zoras O
   XXI International Congress of the European Hernia Society, Madrid, November 1999
5. **Neutropenia due to *Coxiella Burnetii*, *Rickettsia Typhi* and *Brucella melitensis* infection**
   Kofteridis DP, Doukakis S, Kalikaki A, Saridaki Z, Kazakou I, Gikas A, Tselentis Y
   The 1st Neutropenia Network Conference, Heraklion, April 2001
   Abstract Book, #1, p2

6. **Urinary tract infections in adults with diabetes mellitus**

   D Kofteridis, E Papadimitraki, S Lazaridou, Z Saridaki, I Mixaki, I Kazakou, E Ganotakis

   12th European Congress of Clinical Microbiology and Infectious Diseases, Milan, April 2002

   Proceedings Clinical Microbiology and Infection Volume 8, Supplement 1, #P974, p214-215, 2002

7. **Mutational analysis of the p16 gene in patients with squamous cell carcinoma of the skin**

   Z. Saridaki, T. Liloglou, A. Zafiropoulos, E. Koumantaki, O. Zoras and D.A. Spandidos

   7th World Congress on Advances in Oncology and 5th International Symposium on Molecular Medicine, Hersonissos, October 2002

   Proceedings International Journal of Molecular Medicine Volume 10, Supplement 1, #413, pS83, October 2002

8. **Mutations of p16INK4a and p14ARF Tumor Suppressor Genes in SCC of the Skin and Lack of Mutation in BCC**

   U Zoras, Z Saridaki, T Liloglou, A Zafiropoulos, E Koumantaki, DA Spandidos

   56th Annual Cancer Symposium of the Society of Surgical Oncology (SSO), Los Angeles, March 2003

   Proceedings Annals of Surgical Oncology Volume 10, No 1, #P129, pS78-S79, January 2003

9. **Recurrence of cryptococcal meningoencephalitis in a patient with idiopathic CD4+ T lymphocytopenia**

   D Kofteridis, Z Saridaki, I Kazakou, I Mixaki, A Gikas

   13th European Congress of Clinical Microbiology and Infectious Diseases, Glasgow, May 2003

   Proceedings Clinical Microbiology and Infection Volume 9, Supplement 1, #P819, p184, 2003

10. **Phase I study of biweekly oxaliplatin (LOHP) alternating with irinotecan (CPT-11) in combination with weekly administration of leukovorin (LV) and continuous 5-fluoruracil (5-FU) infusion in patients with advanced solid malignancies**

J Souglakos, N Vardakis, A Pallis, N Androulakis, Ch Kouroussis, S Kakolyris, Z Saridaki, N Tzenakis, N Xenidis, V Georgoulias

5th International Congress Perspectives in Colorectal Cancer, Barcelona, June 2003

Abstract Book, #65, p126

11. Microsatelite instability (MSI) status in 31 colorectal cancer patients treated with a triplet combination with irinotecan (CPT-11), oxaliplatin (L-OHP) plus bolus and infusional 5FU/Leucovorin (DeGramont regimen)-FOLFOXIRI- as first line treatment: correlation of allelic imbalance with clinical parameters and treatment outcomes

Z Saridaki, J Souglakos, M Tzardi, M Peraki, D Mavroudis, V Georgoulias

5th International Congress Perspectives in Colorectal Cancer, Barcelona, June 2003

Abstract Book, #66, p127

12. Paclitaxel, carboplatin and gefitinib (Iressa, ZD1839) as first-line chemotherapy in patients with advanced breast cancer: a phase II study

Fountzilas G, Pectasides D, Skarlos DV, Kalofonos HP, Papadimitriou C, Linardou H, Kalogera-Fountzila A, Saridaki Z, Briassoulis E, Papadopoulos S, Lambropoulos S, Kosmidis P, Razis E, Gogas H

26th Annual San Antonio Breast Cancer Symposium, December 2003

13. Phase I study of alternating Oxaliplatin (OXA) with Irinotecan (IRI) in combination with weekly Leucovorin (LV)-modulated continuous infusion 5-Fluoruracil (5-FU) in patients with gastrointestinal malignancies: Final results

N Androulakis, A Kotsakis, N Kentepozidis, Z Saridaki, T Kokkinakis, N Katsougris, G Milaki, L Vamvakas, Ch Kouroussis, V Georgoulias

15th International Congress on Anti-Cancer Treatment, Paris, February 2004

14. A phase I-II trial of gefitinib in combination with vinorelbine and oxaliplatin as salvage therapy in women with advanced ovarian cancer (AOC)

D Mavroudis, E Efstathiou, A Polyzos, A Athanasiadis, G Milaki, E Kastritis, A Kalykaki, Z Saridaki, A Dimopoulos, V Georgoulias

ASCO 40th Annual Meeting, New Orleans, June 2004

Journal of Clinical Oncology Supplement, Volume 22, No 14S, #5020 (Poster Discussion), p454s, July 2004

15. **Preliminary results of a pilot phase II of chronomodulated FOLFOX as salvage treatment for pretreated patients with metastatic colorectal cancer (MCC)**

    I Souglakos, N Androulakis, D Tsetis, Th Kokkinakis, D Mavroudis, Ch Kourousis, S Agelaki, K Kalbakis, Z Saridaki, V Georgoulias

    World Congress on Gastrointestinal Cancer, Barcelona, June 2004

    Abstract Book, #P87

16. **Combination of irinotecan (CPT-11) and gefitinib (ZD1839) for patients with metastatic colorectal cancer (MCC) refractory to irinotecan-based 1st line chemotherapy: a pilot phase II study**

    I Souglakos, Z Saridaki, A Pallis, L Vamvakas, K Kalbakis, D Mavroudis, G Milaki, A Kotsakis, M Ignatiadis, V Georgoulias

    World Congress on Gastrointestinal Cancer, Barcelona, June 2004

    Abstract Book, #P89

17. **A phase II study with XELOX as salvage treatment for patients with metastatic colorectal cancer (MCC) pretreated with FOLFIRI**

    Ch Kouroussis, A Athanasiadis, S Giassas, S Spiridonakou, Z Saridaki, G Sfakiotaki, N Kentepozidis, I Makridis, L Hellis, C Mikropoulos, V Georgoulias

    5th Congress of the Balcan Union of Oncology, Belgrade, October 2004

18. **A non-comparative study of gefitinib in combination with vinorelbine and oxaliplatin as salvage therapy in women with cisplatin sensitive and – refractory advanced ovarian cancer**

    D Mavroudis, E Efstathiou, G Aravantinos, M Karina, A Polyzos, E Kastritis, A Kalykaki, Z Saridaki, M A Dimopoulos

    29th ESMO Congress, Vienna, October-November 2004

    Annals of Oncology, Abstract Book, Volume 15, Supplement 3, #487P, piii130, 2004

19. **Increase incidence of central nervous system (CNS) involvement for patients with breast cancer (BC) treated with Taxanes based chemotherapy**

    J Souglakos, L Vamvakas, Z Saridaki, I Kazakou, A Pallis, K Kalbakis, A Kalikaki, V Bozionelou, V Georgoulias

    29th ESMO Congress, Vienna, October-November 2004

    Annals of Oncology, Abstract Book, Volume 15, Supplement 3, #114P, piii30, 2004

20. **Phase I study of weekly docetaxel and liposomal doxorubicin in patients with advanced solid tumors**

    Kouroussis Ch, Androulakis N, Vamvakas L, Kalykaki T, Spiridonakou S, Kentepozidis N, Saridaki Z, Xiropoulou E, Georgoulias V

    16th International Congress on Anti-Cancer Treatment, Paris, February 2005

    Proceeding Book p333

21. **Cetuximab plus Xelox as salvage treatment for patients with metastatic colorectal cancer (CRC) relapsing after combination chemotherapy including Oxaliplatin (LOHP), Irinotecan (CPT-11) and 5-fluorouracil (5-FU) or Capecitabine (CAP)**

    J Souglakos, N Androulakis, A Kalykaki, Z Saridaki, N Vardakis, K Kalbakis, L Vamvakas, S Agelaki, N Kentepozidis, S Giassas, D Mavroudis, V Georgoulias

    3rd International Symposium on Targeted Anticancer Therapies (TAT), Amsterdam, March 2005

22. **First line treatment with docetaxel and cisplatin in non-small cell lung cancer patients: A retrospective analysis**

    Kentepozidis N, Agelaki S, Vamvakas L, Kotsakis A, Saridaki Z, Gioulbasanis J, Kalykaki A, Ignatiadis M, Sfakiotaki G, Mavroudis D

    11th World Conference on Lung Cancer, Barcelona, July 2005

23. **The docetaxel and gemcitabine combination as first line chemotherapy in elderly or poor performance status patients with advanced non-small cell lung cancer. The experience of the Hellenic Oncology Research Group (HORG)**

    M Ignatiadis, K Kalbakis, N Vardakis, S Giassas, G Sfakiotaki, Z Saridaki, V Bozionelou, J Gioulbasanis, A Pallis, V Georgoulias

    11th World Conference on Lung Cancer, Barcelona, July 2005

24. **First line chemotherapy with docetaxel plus gemcitabine in elderly or poor performance status patients with advanced non-small cell lung cancer: The experience of the Hellenic Oncology Research Group (HORG)**

    M Ignatiadis, K Kalbakis, N Vardakis, S Giassas, G Sfakiotaki, Z Saridaki, V Bozionelou, J Gioulbasanis, A Pallis, V Georgoulias

    ECCO 13 The European Cancer Conference, Paris, October-November 2005

    EJC, Abstract Book, Volume 3, No 2, #1150, p332, October 2005

25. **Sarcoidosis can imitate metastatic melanoma. Report of two cases**

Z Saridaki, A Koutsopoulos, G Maltezakis, A Gounaris, D Stamatiou, M Hatzikou, O Zoras

18th International Congress on Anti-Cancer Treatment, Paris, February 2007

Abstract Book #71, p371-372

26. A multicenter phase I trial of Gemcitabine, Docetaxel and Carboplatin administered every 2 weeks as first line treatment in patients with metastatic breast cancer

V Bozionelou, M Ignatiadis, Z Saridaki, A Karampeazis, G Sfakiotaki, A Pallis, J Gioulbasanis, V Markos, V Georgoulias, D Mavroudis

19th International Congress on Anti-Cancer Treatment, Paris, February 2008

Abstract Book #PO 9, p158

27. Prognostic and predictive significance of BRAF mutation in patients with metastatic colorectal cancer treated with 5-fluorouracil-based 1st line chemotherapy

Z Saridaki, M Tzardi, D Papadatos-Patsos, E Kampouraki, E Zois, E Stathopoulos, V Georgoulias, D Mavroudis, J Souglakos

Joint ECCO 15-34th ESMO Multidisciplinary Congress, Berlin, September 2009

European Journal of Cancer Supplements, Volume 7 No 2, Abstract No 1016, p91, September 2009

28. Use of BRAF mutations, microsatellite instability status, and cyclin D1 expression to predict metastatic colorectal (mCRC) patients' outcome

I Sougklakos, Z Saridaki, M Tzardi, D Papadatos-Patsos, E Bairaktari, H Arvanity, E Stathopoulos, V Georgoulias, D Mavroudis

ASCO 2010 Gastrointestinal Cancers Symposium, Orlando, Florida, USA, January 2010, General Poster Session C: Cancers of the Colon and Rectum Abstract No 355

29. Vinorelbine metronomic plus bevacizumab as salvage therapy for patients with metastatic breast cancer (MBC): A multicenter phase II study

E S Saloustros, K Kalbakis, N Vardakis, A Kalykaki, G Milaki, M Rovithi, S Agelaki, Z Saridaki, V Georgoulias, D Mavroudis

2010 ASCO Annual Meeting

Journal of Clinical Oncology Supplement, 28:15S, 2010 #1133 (General Poster Session)

30. **PKM2 as a biomarker for sensitivity to oxaliplatin-based chemotherapy in metastatic colorectal cancer (mCRC)**

    C Papadaki, Z Saridaki, M Tzardi, M Sfakianaki, G Sfakiotaki, M Trypaki, I Messaritakis, D Mavroudis, V Georgoulias, I Souglakos

    2011 ASCO Gastrointestinal Cancers Symposium

    Journal of Clinical Oncology Supplement, 29: 2011 (suppl 4; abstr # 434 (General Poster Session)

31. **Impact of *KRAS, BRAF* and *PIK3CA* mutations, PTEN, *AREG* and *EREG* expression and skin rash in metastatic colorectal cancer patients treated with cetuximab-containing salvage treatment**

    Z Saridaki, M Tzardi, C Papadaki, M Sfakianaki, F Pega, A Kalykaki, E Tsakalaki, D Mavroudis, V Georgoulias, I Souglakos

    2011 ASCO Gastrointestinal Cancers Symposium

    Journal of Clinical Oncology Supplement, 29: 2011 (suppl 4; abstr # 445 (General Poster Session)

32. **Folinic acid, 5-fluorouracil, irinotecan (FOLFIRI) plus chemoradiation (CRT) with 5-fluorouracil (5FU) as adjuvant treatment for patients with operable gastric cancer (OGC): A feasibility study with pharmacogenetic analysis**

    A Athanasiadis, I Boukovinas, M Sfakianaki, Z Saridaki, C Papadaki, M Tzardi, N Androulakis, A Polyzos, V Georgoulias, I Souglakos

    2011 ASCO Gastrointestinal Cancers Symposium

    Journal of Clinical Oncology Supplement, 29: 2011 (suppl 4; abstr # 44 (General Poster Session)

33. **PKM2 mRNA expression to predict disease recurrence in patients with stage II or III colon cancer treated with oxaliplatin in combination with fluoropyrimidines**

    C Papadaki, M Sfakianaki, Z Saridaki, G Giagas, K Mpananis, M Tzardi, E Tsakalaki, M Trypaki, V Georgoulias, I Souglakos

    2012 ASCO Gastrointestinal Cancers Symposium

    Journal of Clinical Oncology Supplement, 30: 2012 (suppl 4; abstr # 468 (General Poster Session)

34. BRAFV600E mutation analysis in patients with metastatic colorectal cancer (mCRC) in daily clinical practice: correlations with clinical characteristics, prognostic and predictive values

Z Saridaki, M Tzardi, M Sfakianaki, C Papadaki, K Mpananis, E Tsakalaki, M Trypaki, I Messaritakis, V Georgoulias, J Souglakos

37th ESMO Congress, Vienna, Austria, September-October 2012

Accepted for publication in the ESMO 2012 Abstract Book, abstract ID 631

POSTER PRESENTATIONS IN NATIONAL CONGRESSES

1. **The inhibition of multiplication of leuchemic cells HMC-1in the presence of retinoic acid is accompanied by reduced production of thryptase**
   Alexandrakis M, Psyllaki M, Christoforidou A, Saridaki Z
   11^{o} Panhellenic Hematological Congress of the Hellenic Society of Hematology, Thessaloniki, November 2000
   1st Poster Award
2. **Infections in Diabetes patients**
   Kofteridis D, Saridaki Z, Papadimitraki E, Kazakou E, Mixaki I, Fanti G, Ganotakis E
   8th Panhellenic Congress of Internal Medicine, Athens, October 2002
   Abstract Book – Proceedings "Nosokomeiaka Xronika" Vol 64, Supplement 2002, #185, p193, October 2002
3. **Analysis of 91 cases with acute diarrheic syndrome**
   Kazakou E, Papadimitraki E, Mixaki I, Saridaki Z, Kafarakis P, Lazaridou S, Reppa D, Kofteridis D
   8th Panhellenic Congress of Internal Medicine, Athens, October 2002
   Abstract Book – Proceedings "Nosokomeiaka Xronika" Vol 64, Supplement 2002, #45, p53, October 2002
4. **Oxaliplatin (LOHP) in combination with Irinotecan (CPT-11), Leucovorin (LV) and 5-Fluorouracil (5-FU) (FOLFOXIRI) against CPT-11, LV and 5-FU (FOLFIRI) as first line treatment for metastatic colorectal cancer: Preliminary results of safety and efficacy of a multicenter randomized clinical trial**
   J Souglakos, S Kakolyris, Ch Kouroussis, N Androulakis, N Vardakis, L Vamvakas, P Kafarakis, G Roditakis, Z Saridaki, V Georgoulias
   11th Pancretan Medical Congress, Chania, November 2003
5. **Microsatelite instability (MSI) status in colorectal cancer patients treated with irinotecan (CPT-11), oxaliplatin (L-OHP) and 5FU/Leucovorin (DeGramont regimen): correlation of allelic imbalance with clinical parameters and treatment outcomes**

Z Saridaki, J Souglakos, M Tzardi, D Papadatos, M Peraki, D Mavroudis, V Georgoulias

12th Pancretan Medical Congress, October 2004

6. **Preliminary results of a pilot phase II of chronomodulated FOLFOX as salvage treatment for pretreated patients with metastatic colorectal cancer**

   I Souglakos, D Tsetis, N Androulakis, Th Kokkinakis, Z Saridaki, N Katsougris, Ch Kouroussis, N Vardakis, M Ignatiadis, V Georgoulias

   12th Pancretan Medical Congress, October 2004

7. **Combination of Irinotecan (CPT-11) and Oxaliplatin (LOHP) as first line treatment in patients with locally advanced or metastatic gastric cancer: a multicenter study phase II**

   L Vamvakas, I Souglakos, A Potamianou, A Polyzos, I Boukovinas, N Androulakis, Ch Kouroussis, Z Saridaki, N Vardakis, S Giassas, Ch Christofyllakis, A Kotsakis, V Georgoulias

   12th Pancretan Medical Congress, October 2004

8. **Randomized phase III study of the combination Irinotecan/Gemcitabine and gemcitabine in patients with locally advanced or metastatic pancreatic cancer**

   G Stathopoulos, G Aravantinos, K Syriggos, K Kalbakis, N Karvounis, P Papakotoulas, I Boukovinas A Potamianou, A Polyzos, Ch Christofyllakis, S Giassas, N Vardakis, Z Saridaki, V Georgoulias

   2nd Anticancer Symposium, March 2005

INVITED SPEAKER IN NATIONAL AND INTERNATIONAL CONGRESSES

1. **Genetic counseling in colon cancer**

   Saridaki Z

   12th Panhellenic Congress of Clinical Oncology, Athens, April 2004

   Full document publication – Proceedings Forum of Clinical Oncology Volume 3(B) Supplement, p25-28, April 2004

2. **Molecular transformation of skin epithelial tumors**

   Saridaki Z

   30th Panhellenic Medical Congress, Athens, April-May 2004

3. **Molecular biology of non melanoma skin cancer**

   Z Saridaki

   1st Congress of Molecular Medicine, Istanbul, April 2005

   Full document publication – Advances in Molecular Medicine Volume 1 Supplement, #L81, p377-380, April 2005

4. **Genetic counseling in cancer**

   Z Saridaki

   1st Scientific and Social Congress of the Alumni Club of the Student of the Medical School, University of Crete, July 2006

5. **Imatinib: Indications for neo-adjuvant and adjuvant treatment**

   Z Saridaki

   2nd International Symposium Colorectal Games, Crete, October 2006

6. **Genetic counseling in cancer**

   Z Saridaki

   1st Panhellenic Students Meeting, 14th Postgraduate Congress on Medical Oncology, Crete, October 2006

7. **Genetic Counseling**

   Z Saridaki

   2nd Congress of Molecular Medicine, Istanbul, March 2007

   Full document publication – Abstract Book, p165-166, March 2007

8. **Genetic testing in colorectal cancer**

   Z Saridaki

   15th Postgraduate Congress on Medical Oncology, Crete, November 2007

9. **Hereditary breast cancer: Diagnosis and treatment**

   Z Saridaki

   10th Panhellenic Congress of Surgical Oncology, Crete, May 2008

10. **Genetic testing in colorectal cancer**

    Z Saridaki

    Summer School in Clinical Oncology, Crete, July 2008

11. **The clinical experience of HORG Group. Presentation of the HORG data in 1st line mCRC**

    Z Saridaki

    Greek-Austrian exchange experiences meeting on metastatic liver disease from colorectal cancer, Vienna, December 2008

12. **Neoadjuvant chemotherapy in breast cancer: agents and schedules**

    Z Saridaki

    Terapia Neoadiuvante nel Cancro della Mammella, Latina, November 2009

13. **Hereditary Colon Cancer**

    Z Saridaki

    Young Oncologist's Round Table on "Hereditary cancer"

    16th Panhellenic Congress of Clinical Oncology, Athens, April 2010

    Proceedings Book, p10, April 2010

14. **The decisive role of molecular biology in treatment decision making in colorectal cancer**

    Z Saridaki

    Round table discussion on "Colorectal Cancer"

    Current Themes in Oncology, Alexandroupoli, April-May 2010

    Proceedings Book, p19-24, April-May 2010

15. **Oncology-Gastro: State of the art treatment of colorectal cancer in 2011**

    Z Saridaki

    17th Scientific Greek Medical Students Congress and 5th International Medical Students and Young Doctors Forum, Heraklion, Crete, May 2011

16. **Therapeutic treatment algorithm of the metastatic colorectal cancer**

    Z Saridaki

    Round table discussion on "Colorectal Cancer"

    7th congress on "2011: What changes in Clinical Oncology Practice", Chalkidiki, June 2011

17. Colorectal cancer – metastatic

Z Saridaki

Round table discussion on "Personalized treatment approach in real cases"

"Continuing Education – Personalized treatment approach on the oncology patient in the era of molecular oncology", Chalkidiki, May 2012

18. Cancer epidemiology

Z Saridaki

Summer School in Clinical Oncology, Crete, July 2012

19. Solving the puzzle of anti-EGFR treatments' activity in the advanced colorectal cancer setting: Which clinical trials? Which mutations? Which biomarkers?

Z Saridaki

Round table discussion on: Colorectal Cancer

20th Postgraduate Congress on Medical Oncology, Crete, November 2012

20. Beyond *KRAS*

Z Saridaki

The diversity of the management of metastatic colorectal cancer, Thessaloniki, November 2012

21. Implications of Genomics in Cancer Research and treatment

Z Saridaki

Preceptorship in Clinical and Translational Cancer Research – Integrated Management of Cancer Patients, Medical School – University of Crete, Crete, November 2012

22. Implications of Genomics in Cancer Research and treatment

Z Saridaki

Integrated Management of Cancer Patients, Medical School – University of Crete, Crete, March 2013

23. Genetics and molecular biology of cancer for the clinical doctor. Basic genetic alterations in cancer, their significance and the methodology of their analyses

Z Saridaki

6th Panhellenic Congress of the Society of Liver Metastatic Diseases' Study, Karpenisi, March 2013

24. Microsatellite instability and cancer

Z Saridaki

Panhellenic Congress «Familial and Hereditary Neoplasmatic Syndromes: From Genetics to Targeted Therapies», Athens, May 2013

25. New drugs in Oncology – Regorafenib (Stivarga)

Z Saridaki

3rd Panhellenic Congress on Current Oncology Themes, Alexandroupoli, July 2013

26. Gastrointestinal (Colorectal) Cnacer – Best of ASCO 2013 abstract presenter

Z Saridaki

Best of ASCO 2013, event in Greece, September 2013

27. Emerging facts regarding the molecular subtypes of colorectal cancer: similarities, differences and their future clinical applicability

Z Saridaki

Round table discussion on: Colorectal Cancer

21st Postgraduate Congress on Medical Oncology, Crete, November 2013

28. Cancer epidemiology

Z Saridaki

Panhellenic Students Oncology Meeting, Crete, November 2013

29. Molecular analyses of colon cancer in the daily clinical routine

Z Saridaki

Round table discussion on: Genetics and Molecular Biology Seminar on colon cancer

1st Educational Seminar EM-KAPES «Reading the traces of the digestive tract cancers», Thessaloniki, November 2013

30. Current molecular evaluation of colon cancer and more accurate targeting beyond KRAS

Z Saridaki

Round table discussion on: Molecular targets in metastatic colorectal cancer

Multidisciplinary Care Discussions in Oncology, Athens, November 2013

31. Biomarkers' development in the treatment of metastatic colorectal cancer: Are we approaching targeted therapies?

Z Saridaki

4th Peiraiko Oncology Congress on the Multidisciplinary Approach of Digestive Cancers, Athens, November 2013

32. HeSMO Guidelines on the basic principles and prerequisites in biomarkers analyses in Oncology today

Z Saridaki

Round table discussion on: Can negotiation contribute in the improvement of efficiency and effectiveness? The biomarkers issue

9th Panhellenic Congress on administration, economics and politics of the Health System in 2013 – The National Health System: 30 years later, Athens, December 2013

33. Molecular analyses of colon cancer in the daily clinical routine: Η μοριακή ανάλυση του καρκίνου του παχέος εντέρου στην καθ' ημέρα κλινική πράξη: necessity, capacity and ability

Z Saridaki

Does the treatment of metastatic colon cancer differentiates the emerging facts on the RAS family genes? Athens, January 2014

CHAIRMANSHIP IN INTERNATIONAL CONGRESSES

1. **Chairperson** at the round table discussion entitled **"Molecular Oncology"**
   1st Congress of Molecular Medicine, Istanbul, April 2005
2. **Chairperson** at the round table discussion entitled **"Development and Translation"**
   2nd Congress of Molecular Medicine, Istanbul, March 2007
3. **Chairperson** at the lecture **«Monoclonal antibodies: past, present and future»**
   Scientific Meeting on «Scientific educational cooperation in the diagnosis and treatment of oncology patients», Chania, November 2013
4. **Chairperson** at the round table discussion entitled **«Adjuvant chemotherapy. Confrontation between Oncologists – biologic treatments in first line»**
   1st Educational Seminar EM-KAPES «Reading the traces of the digestive tract cancers», Thessaloniki, November 2013
5. **Chairperson** at the lecture **«Micrometastatic disease in breast cancer»**
   Panhellenic Congress of Cancer of the breast and the reproductive organs in women «Innovations in what ruined landscape will land?», Athens, December 2013

SUB AND CO-INVESTIGATOR IN CLINICAL TRIALS

- Mage-3 (MAGRIT) / HTC112791 SCOT / ALTTO-EGF106708 / BIG 2-06 / NO6D / VEG108838 / CT 07.15 Investigator Initiated / Lap112620 Vital (GlaxoSmithKline)
- START-BLP-25 / Stride EMR200038-10 / EMR52240-506 NEXT / EMR 200025-001 Future / EMR 63325-001 / CT/06.21 Investigator Initiated (Merck)
- BAY43-9006-13266 Mission / NX0802 Gideon Study / NX0601 Predict / BAY 43 - 9006 _12917 Search / BAY43-900612006 Nexus (Bayer)
- 1199.13 Lume Lung (Boehringer Ingelheim)
- 3144A2-3003-WW / 3144A2-3004-WW / 3144A2-3005-WW (Wyeth)
- CRAD001J2301 Bolero 1 / CASA404A2301 Attract 1 (Novartis)
- 20060317 / 20050244 (Amgen)
- BO21128 Rachel / BO20289 Beatrice / BO20906 Beth (Roche)
- MATURITY / EFC 6521 Save-Onco / EFC 10262 VELOUR / EFC 10261 VITAL / EFC 10547 / DIREG_R_04571 / EFC10547 Vanilla (Sanofi Aventis)
- M10-300 (Abbott)
- MORAb-003-004 (Morphotek-PPD)
- NIS-OEU-DUM-20081 Lung-EPICLIN / D4200C00032 Zactima (Astra Zeneca)
- A6181087 / A4021018 ADVIGO 1018 (Pfizer)
- 26866138-LUC-2006 Investigator Initiated (Janssen Cilag)
- E7389_G000_301 (Eisai Ltd)
- AP23573-07-302 Succed (Ariad Pharmaceuticals)
- VELOUR translational non-intervention trial (KU Leuven)

PARTICIPATION IN NATIONAL AND INTERNATIONAL CONGRESSES

1^{o} Panhellenic Medical Student Congress, Athens, April 1995

5th Annual Seminar Course "Perfusions and Infusions in Surgical Oncology", Delphi, June1996*

3^{o} Panhellenic Medical Student Congress, Ag. Pelagia, April 1997

9^{o} Panhellenic Congress of Oncology, Athens, November 1997

49th Congress of the Hellenic Biochemical and Biophysical Society, Heraklion 1998

3rd World Congress on Advances in Oncology and 1st International Symposium on Molecular Medicine, Hersonissos, October 1998

52nd Annual Cancer Symposium of the Society of Surgical Oncology (SSO), Orlando Florida, March 1999

Meeting "Hernias of the Abdominal Wall" – Hellenic Surgical Society, Athens, June 1999

4th World Congress on Advances in Oncology and 2nd International Symposium on Molecular Medicine, Athens, October 1999

6th Postgraduate Seminar Course on Liver Neoplasias - Therapeutic Options (International Participation), Agia Pelagia, Crete, October 1999*

XXI International Congress of the European Hernia Society, Madrid, November 1999

Seminar " Melanoma – The research in Greece today", Athens, December 1999*

Focus on locoregional cancer therapy: from neoadjuvant to palliative treatments – Organized by the International Society for Regional Cancer Therapy (ISRCT), Ravenna, March 2000

11^{o} Panhellenic Hematological Congress of the Hellenic Society of Hematology, Thessaloniki, November 2000

The 1st Neutropenia Network Conference, Heraklion, April 2001

7^{o} Panhellenic Congress of Surgical Oncology, Athens, May 2001

International and European Congress of Cryosurgery, Lisbon, October 2001

7th Panhellenic Congress of Internal Medicine, Athens, October 2001*

12th European Congress of Clinical Microbiology and Infectious Diseases, Milan, April 2002

7th World Congress on Advances in Oncology and 5th International Symposium on Molecular Medicine, Hersonissos, October 2002

8th Panhellenic Congress of Internal Medicine, Athens, October 2002

11^{o} Pancretan Medical Congress, with international participation, Chania, November 2002

10th Postgraduate Seminar Course on Medical Oncology, Heraklion, November 2002*

56th Annual Cancer Symposium of the Society of Surgical Oncology (SSO), Los Angeles, March 2003

13th European Congress of Clinical Microbiology and Infectious Diseases, Glasgow, May 2003

1st Mediterranean Melanoma Meeting, Aegean Sea, Greece, May 2003*

5th International Congress Perspectives in Colorectal Cancer, Barcelona, June 2003

2nd Symposium on New Molecules in Cancer Therapeutics, Athens, September 2003

11th Pancretan Medical Congress, Chania, November 2003

11th Postgraduate Seminar Course on Medical Oncology, Heraklion, November 2003*

26th Annual San Antonio Breast Cancer Symposium, December 2003

15th International Congress on Anti-Cancer Treatment, Paris, February 2004

12th Panhellenic Congress of Clinical Oncology, Athens, April 2004

ASCO 40th Annual Meeting, New Orleans, June 2004

World Congress on Gastrointestinal Cancer, Barcelona, June 2004

5th Congress of the Balcan Union of Oncology, Belgrade, October 2004

7th International Conference of Anticancer Research, Corfu, October 2004

12th Pancretan Medical Congress, October 2004

29th ESMO Congress, Vienna, October-November 2004

12th Postgraduate Seminar Course on Medical Oncology, Heraklion, November 2004*

III Corso Istituzionale SITILO, Trarramenti innovative e locoregionali per strategie integrate in oncologia, Empoli, November 2004*

16th International Congress on Anti-Cancer Treatment, Paris, February 2005

1st International Symposium Colorectal Games, Athens, February 2005*

3rd International Symposium on Targeted Anticancer Therapies (TAT), Amsterdam, March 2005

58th Annual Cancer Symposium of the Society of Surgical Oncology (SSO), Atlanta Georgia, March 2005

2nd Anticancer Symposium, March 2005

1st Congress of Molecular Medicine, Istanbul, April 2005

13th World Congress of the International Society of Cryosurgery, Heraklion, Crete, May 2005*

11th World Conference on Lung Cancer, Barcelona, July 2005

ECCO 13 The European Cancer Conference, Paris, October-November 2005

1st Scientific and Social Congress of the Post Graduate Students of the Medical School, University of Crete, Heraklion, June 2006

2nd International Symposium Colorectal Games, Crete, October 2006

1st Panhellenic Students Meeting, 14th Postgraduate Congress on Medical Oncology, Crete, October 2006

Postgraduate Seminar on Clinical Trials, Athens, January 2007*

18th International Congress on Anti-Cancer Treatment, Paris, February 2007

6th Masterclass in Clinical Oncology, Malta, February 2007

2nd Congress of Molecular Medicine, Istanbul, March 2007

43rd American Society of Clinical Oncology (ASCO) Annual Meeting, Chicago, June 2007*

15th Postgraduate Congress on Medical Oncology, Crete, November 2007

14th World Congress of the International Society of Cryosurgery, Beijing, China, November 2007*

2nd Sanofi-Aventis International Breast Cancer Conference, Paris, France, February 2008*

19th International Congress on Anti-Cancer Treatment, Paris, February 2008

10th Panhellenic Congress of Surgical Oncology, Crete, May 2008

Summer School in Clinical Oncology, Crete, July 2008

16th Postgraduate Congress on Medical Oncology, Crete, November 2008*

Society of Surgical Oncology's 62nd Annual Cancer Symposium, Phoenix-Arizona, USA, March 2009*

IMPAKT Breast Cancer Conference, Brussels, Belgium, May 2009*

EORTC course on "Clinical Trial Statistics for Non Statisticians", Brussels, Belgium, June 2009*

Joint ECCO 15-34th ESMO Multidisciplinary Congress, Berlin, Germany, September 2009

5th Educational Seminar on ASCO Review 2009, Porto Heli, Greece, September 2009*

8th Symposium on New Molecules in Cancer Therapeutics, Lagonissi, October 2009*

17th Postgraduate Congress on Medical Oncology, Crete, November 2009*

Terapia Neoadiuvante nel Cancro della Mammella, Latina, Italy, November 2009

2010 ASCO Gastrointestinal Cancers Symposium

16th Panhellenic Congress of Clinical Oncology, Athens, April 2010

2010 ASCO Annual Meeting, Chicago, USA, June 2010

35th ESMO Congress, Milan, Italy, October 2010*

18th Postgraduate Congress on Medical Oncology, Crete, November 2010*

2011 ASCO Gastrointestinal Cancers Symposium, San Francisco, USA, January 2011

17th Panhellenic Congress of Clinical Oncology, Athens, April 2011

17th Scientific Greek Medical Students Congress and 5th International Medical Students and Young Doctors Forum, Heraklion, Crete, May 2011

7th congress on "2011: What changes in Clinical Oncology Practice", Chalkidiki, June 2011

19th Postgraduate Congress on Medical Oncology, Crete, November 2011*

2012 ASCO Gastrointestinal Cancers Symposium, San Francisco, USA, January 2012

18th Panhellenic Congress of Clinical Oncology, Athens, April 2012

"Continuing Education – Personalized treatment approach on the oncology patient in the era of molecular oncology", Chalkidiki, May 2012

Summer School in Clinical Oncology, Crete, July 2012

Best of ASCO 2012 Greece, "Bringing the top-rated science from the world's premier oncology event close to you", Eretria, September 2012*

37th ESMO Congress, Vienna, Austria, September – October 2012

20th Postgraduate Congress on Medical Oncology, Crete, November 2012

11th Symposium on New Molecules in Cancer Therapeutics, Athens, November 2012*

Integrated Management of Cancer Patients, Crete, March 2013

6ο Panhellenic Congress of the Society of Liver Metastatic Disease Studies, Karpenisi March 2013

19ο Panhellenic Congress of Medical Oncology and 13th Panhellenic Congress of Radiation Oncology, Athens, April 2013

Panhellenic Congress «Familial and Hereditary Neoplastic Syndromes: From Genetics to Targeted treatment», Athens, May 2013

ESMO 15th World Congress on Gastrointestinal Cancer, Barcelona, Spain, July 2013*

3rd Panhellenic Congress on Current Oncology Issues, Alexandroupoli, July 2013

ESSO Advanced Course on Surgical and Medical Management of Melanoma, Santorini, Greece, October 2013

17th ECCO - 38th ESMO – 32nd ESTRO European Cancer Congress, Amsterdam, The Netherlands, September – October 2013*

Best of ASCO 2013, event in Greece, September 2013

Educational Meeting on «Scientific educational cooperation in the diagnosis and treatment of oncology patients», Chania, November 2013

21st Postgraduate Congress on Medical Oncology, Crete, November 2013

Panhellenic Students Oncology Meeting, Crete, November 2013

1st Educational Seminar EM-KAPES «Reading the traces of the digestive tract cancers», Thessaloniki, November 2013

Multidisciplinary Care Discussions in Oncology, Athens, November 2013

4th Peiraiko Oncology Congress on the Multidisciplinary Approach of Digestive Cancers, Athens, November 2013

9th Panhellenic Congress on administration, economics and politics of the Health System in 2013 – The National Health System: 30 years later, Athens, December 2013

Panhellenic Congress of Cancer of the breast and the reproductive organs in women «Innovations in what ruined landscape will land?», Athens, December 2013

* without presentation

MEMBER OF SCIENTIFIC SOCIETIES

1. Member of the **Hellenic Young Medical Oncologists Working Group (GYON)** (since March 2003)
2. Member of the **Hellenic Society of Medical Oncology (HeSMO)** (since December 2008) - **Elected Member of the Board of Directors** of the Hellenic Society of Medical Oncology (HeSMO) from April 2013
3. **ESMO Junior Member** (September 2006-December 2009)
4. **ESMO Member** (since January 2010)
5. **Active-Junior ASCO Member** (since January 2008)

FOREIGN LANGUAGES

English (Certificate of Proficiency, University of Cambridge)
French (Superérieur II and Diplôme Elémentaire de la Langue Française, Série A. DELFA1-A6)

VOLUNTEER WORK

1. Voluntary participation in the campaign: "Fashion Targets Breast Cancer", an initiative of the CFDA Foundation, INC., the philanthropic arm of the Council of Fashion Designers of America, an association of over 250 of America's leading fashion designers. Heraklion, Crete 13-17 May 2008 and November 2009

HOBBIES

Tennis
Yachting
Mountain ski