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| **PERSONAL INFORMATION** | Tamer Mahmoud Samy Mohamed |
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|  | 10 Amin Othman St, Assuit City, Egypt |
| +20 – 88 – 2068837+20 – 1123212821 |
| tamersamy1990@gmail.com |
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| SexMale | Date of birth2/9/19900| Nationality Egyptian |

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| **POSITION** | **Academic appointment*** Assistant lecturer of radiation oncology, South Egypt Cancer Institute, AssuitUniversity, Egypt (since July 2019).

**Clinical appointment*** Specialist at radiotherapy unit,Assuit university cancer hospital,Egypt(since July 2019 till now).
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| **WORK EXPERIENCE** |  |

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| From 2017 – 2019From 2015 – 2017 | **Demonstrator**, radiation oncology department, south Egypt cancer institute, Assuit University, Egypt. |
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| **Resident**, radiation oncology department, south Egypt cancer institute, Assuit University, Egypt. |

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| **EDUCATION AND TRAINING** |  |

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| From 2015 – 2019From 2007 – 2013 | **Master of science (M.Sc.) in Clinical Oncology and Nuclear Medicine**Faculty of Medicine - Assiut University, Egypt***Thesis:*** “Cardiac toxicity of hypofractionated radiotherapy in left breast cancer at South Egypt Cancer Institute (Retrospective Study)” |  |
| **Bachelor of Medicine, Bachelor of Surgery (M.B.B.ch)**Faculty of Medicine - Assiut University, Egypt**Excellent degree with Honor** |

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| **PERSONAL SKILLS** |  |

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|  Mother tongue | Arabic |
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|  | SELF-ASSESSMENT |
| Other language | UNDERSTANDING  | SPEAKING  | WRITING  |
| **English** | Excellent | Good | Excellent |

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| Communication skills | Good communication skills as physician-physician (team work), or physician-patient (managing, counselling) communication skill. |

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| Organisational / managerial skills | **Actively involved in academic and clinical teaching programs in radiation oncology department, South Egypt Cancer Institute:*** **For junior residents, since 2017;** Clinical training to gain skills in management of different clinical scenarios in radiotherapy unit, in-patients ward and out-patients clinics. Academic teaching to gain knowledge in decision making in oncological cases and palliative care. And Responsible for the night shift management, with team of 2 specialists and 4 residents.
* **For house officers, since March 2015;** lectures and discussions about cancer screening and diagnosis in primary health care facilities.
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| Digital skills | SELF-ASSESSMENT |
| Information processing | Communication | Content creation | Safety | Problem solving |
|  | Proficient | Proficient | Independent | Basic | Independent |
|  Job-related skills | * Excellent skills in using Microsoft Word, Power Point and Excel and fair in the Microsoft Access.
* Good skills in using SPSS for academic research data collection and entry

**Participation in Multi-Disciplinary Clinic;*** By case presentations for variety of newly diagnosed patients. (2 days per week, 3-5 cases per day)

**Cancer Screening and Early Diagnosis Clinic;*** By examination, counselling and teaching for attendant visitor to the hospital. (5 days per month, 10-15 person per day)

**Decision Making for Radiotherapy Treatment;*** Attendance of daily department board for new cases presented to the radiotherapy unit.
* Case presentations in department board for discussion and decision making.
* Discussion of variety of cases with consultants and other specialists.

**Patient Education and Counselling during Radiotherapy Course;*** Through multiple visits before, during and after finishing radiotherapy treatment. (3 days per week, 5-10 patients per day)

**Palliative Radiotherapy;*** Most cases treated for **whole brain irradiation**, **bone metastases**. (2-5 cases per week)
* Other cases include;
	+ Large rib metastatic lesion.
	+ Skull metastasis with intra-cranial extension.
	+ Fungating neck mass.
	+ Dysphagia for esophageal carcinoma.
	+ Metastatic cancer cervix for pain relief.
* Using Conventional simulator machine, 3D-CRT in special situations.
* Assurance of different methods for fixation and localization.
* Ensuring daily treatment delivery for critically ill patients, with in-patients supportive care.
* Re-irradiation for persistent painful pain metastasis. (5 cases)

**3D-Conformal Radiotherapy;*** Breast Cancer; both for chest wall and whole breast irradiation. (6-12 cases per month)
* Bladder Cancer; both Bladder conservative and adjuvant sittings. (4-8 cases per month)
* Ractal Cancer; in neoadjuvant or adjuvant sittings. (3-6 cases per month)
* Gynaecological Tumours;
	+ Cancer Cervix. (3 cases)
	+ Uterine Cancer. (9 cases)
	+ Cancer Vulva. (1 cases)
* Prostate Cancer. (5 cases)
* Other GIT Tumours;
	+ Pancreatic Cancer. (2 cases)
	+ Gastric Cancer. (6 cases)
	+ Esophageal Cancer. (4 cases)
	+ Gall Bladder Cancer. (3 cases)
	+ Anus carcinoma (1 case)
* Head and Neck Tumours;
	+ Laryngeal Cancer. (8 cases)
	+ Hypopharyngeal Cancer. (3 cases)
	+ Tongue Cancer. (7 cases)
	+ Nasopharyngeal Cancer. (11 case)
	+ Parotid Cancer. (3 case)
* Lymphoma; both HD and NHL. (10 cases)
* Thoracic Tumours; Lung cancer (1 palliative case) – Thymic carcinoma (1 case)
* Brain Tumours; GBM (5 cases) – Recurrent Meningioma (1 case) – Brain stem glioma (2 case)
* Testicular Tumours. (3 cases)
* Sarcomas. (10 cases)
* Others benign conditions as villo-nodular synovitis
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|   | **Radiosensitizers prescribing and delivery;*** Using different agents like; cisplatin, gemcitabine, capecitabine, paclitaxel, carboplatin and cetuximab.
* Evaluation of patients’ condition and work-up in radiotherapy unit and manage toxicity.
* Follow-up of prescribed treatment in day treatment unit.

**Radiotherapy using Electron Beam;*** Boost for breast cancer cases. (26 cases)
* Skin Cancer; of squamous or basal cell pathology. (5 cases)
* Recurrent Breast cancer. (3 cases)
* Boost for Surgical scar in soft tissue sarcoma cases. (7 cases)

**Emergency Radiotherapy;*** Mediastinal syndrome. (2 cases)
* Heamostatic doses for bleeding from; rectal cancer (2 cases), bladder cancer (3 cases), Cervical Cancer (3 cases).
* Cord compression. (22 cases)

**Radiotherapy in Paediatric Cases;*** Craniospinal irradiation; conventional and 3D-CRT. (2 cases)
* Medulloblastoma. (1 case)
* Wilm’sTumor. (1 case)
* Palliative radiotherapy. (3 cases)

**Cancer Survivorship Follow-up;*** By attending the survivorship clinic, counselling patients. (4 days per month)
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| **ADDITIONAL INFORMATION** |  |

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| Publications | Tamer M Samy1, Samia Abdelkareem2, Marwa Abdelgawad2, Shimaa Ahmed1 ., Cardiac toxicity of hypofractionated radiotherapy in left breast cancer, Cancer Biology , Vol. 8 - No. 2, 2018. |
| References | 1. **Prof. Dr. Mostafa**  **Elsayed Abdelwanis, M.D.**

Head of Radiation Oncology and Nuclear Medicine Department, South Egypt Cancer Institute,Assuit University, Egypt.Mobile: +20-1221133032Email: mostafawanis@yahoo.com1. **Dr.Osama MostafaAbd El-Badee, M.D.**

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