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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](mailto: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 – 2019  From 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 – 2019  From 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: +20-1221133032  Email: mostafawanis@yahoo.com   1. **Dr.Osama MostafaAbd El-Badee, M.D.**   Lecturer, Radiation Oncology and Nuclear Medicine Department, South Egypt Cancer Institute, Assuit University, Egypt.  Mobile: +20-1013428780  Email: osamarth@yahoo.com |