

# Update on current breakthroughs in oncology: Sorbonne Interactive Oncology School (SIOSC) Summer Course

**September 11<sup>th</sup>-15<sup>th</sup>, 2023 • Paris, France**

**Scientific director** : Assoc. Pr. Eleonor Rivin del Campo, MD, PhD,  
Associate professor of Radiation Oncology

**Scientific co-director** : Pr. Joseph Gligorov, MD, PhD, Professor of  
Medical Oncology, Executive Director of Institut Universitaire de  
Cancérologie AP-HP Sorbonne Université



## Target group

- Senior residents or specialists in Medical/Radiation Oncology
- At least 3 years of experience in the field
- Limit of 30 participants selected by application

## Faculty

- Experts in the field from Sorbonne Université (Pitié-Salpêtrière, Tenon, and Saint-Antoine Hospitals)

## Learning objectives

- A clear overview of latest indications and innovations in oncology
- Improve decision making in difficult cases

## 5-day update course on main cancer sites in English

- Concise and hands-on
- Strategies for difficult cases will be discussed
- Innovative approaches in oncology (from diagnosis to treatment and beyond)

## Course coordinator

- Dr. Diariétou Ndiaye-Gueye

<https://iuc-aphp-sorbonneuniversite.com/>



## How much does this course cost ?

- This 5-day course costs 1500 € (Employer or company support possible, contact us)
- This rate includes lunch and unlimited weekly transport coupon in Paris
- This rate also includes the gala dinner
- This rate does not include your accommodation in Paris (List of hotels on request) nor dinners

## How to apply?

- Please fill in the form below and send to [malika.achili@sorbonne-universite.fr](mailto:malika.achili@sorbonne-universite.fr) 01 44 27 82 83
- 1 page curriculum vitae including your level in English
- Letter of motivation
- Letter of recommendation by the head of the department/supervisor
- Deadline for applications : **June 15<sup>th</sup> 2023**

REGISTRATION FORM

Surname : ..... Birth name : .....

Forename: ..... Date of birth : .....

Email Address : .....

Mobile Phone Number : ..... Medical function and speciality : .....

Business address : .....

Individual payment  Employer or Company support (please specify)

TO BE COMPLETED