

Conference Report

Advancing Preventive Medicine: Highlights from the First International Congress of Preventive Medicine

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Abstract

This article presents the report of the First International Congress of Preventive Medicine, organized by the Romanian Society of Preventive Medicine (SRMP) in March 2025, in Bucharest, Romania. The congress featured 11 discussion panels and workshops, bringing together over 85 experts from a wide range of medical disciplines, including oncology, vaccination, cardiology, endocrinology, gynecology, gastroenterology, surgery, family medicine, physical therapy, pulmonology, epidemiology, pediatrics, dentistry, pathology, ENT, genetics, pediatric cardiology, psychiatry, dermatology, plastic surgery, urology, infectious diseases, regenerative medicine, and other key stakeholders in preventive healthcare. The event served as a comprehensive platform for addressing critical public health challenges, with a focus on cancer prevention, anti-aging, oral health, genetics in preventive medicine, preventive cardiology and neurology, the correlation between craniofacial dysfunctions and posture, vaccination strategies, management of congenital malformations, neonatal screening, and the prevention of lifestyle-related diseases such as obesity and tobacco addiction. Furthermore, the congress highlighted the importance of interdisciplinary collaboration and evidence-based interventions in improving population health outcomes. It emphasized the urgent need for coordinated actions to address preventable diseases both at the national and international levels.

Keywords: preventive medicine; cancer prevention; vaccination; lifestyle diseases; multidisciplinary approach; public health; obesity; tobacco prevention; screening



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1. Introduction

The inaugural International Congress of Preventive Medicine, organized by the Romanian Society of Preventive Medicine (SRMP), took place in Bucharest, Romania, on 20–22 March 2025. It was structured under 11 panels and workshops where specialists in various branches of medicine congregated.

The topics covered were diverse, with a focus on prevention, screening, and health promotion in order to enhance multidisciplinary collaboration and bring into focus the role of preventive medicine. Each panel was an arena for discussing current challenges, innovation, and strategic planning for prevention and early disease detection. A switch from therapy to prevention is necessary as the average life expectancy has increased worldwide. Effective methods are needed to implement technological advances in support

of disease prevention, aiming to extend the healthy lifespan of individuals—this is the medicine of the future.

The congress was officially opened by prominent figures from Romania's medical and academic fields: Prof. Viorel Jinga, Rector of the Carol Davila University of Medicine and Pharmacy in Bucharest; Prof. Adrian Streinu-Cercel, Chair of the Health Commission of the Romanian Senate; Senator Nicoleta Pauliuc, Chair of the Senate's Defense Commission; Prof. Diana Loreta Păun, Vice-Dean of the Faculty of Medicine at Carol Davila University of Medicine and Pharmacy; and Dr. Silvia Gatscher, Health Operations Manager of the World Health Organization (WHO) in Romania. In their speeches, they emphasized the crucial importance of preventive medicine and the need to prioritize early intervention and health promotion to improve population health outcomes.

2. Scientific Panels and Key Discussions

The first panel, titled "Roundtable—Strategies for Implementing the National Screening Plan", was presided over by SRMP President Associate Prof. Roxana Bohîlțea. The session featured a lively debate on the strengths and weaknesses of having an efficient national screening program in Romania, with contributions from Prof. Dimitrie Pelinescu-Onciul, a leading specialist in obstetrics and gynecology, known as a promoter of maternal–fetal medicine and ultrasonography in Romania and a mentor to many generations of specialists and residents; Prof. Cristian Gheorghe, a gastroenterologist and coordinator of the ROCCAS projects, actively involved in developing the national colorectal cancer screening program; Associate Prof. Dragoș Georgescu, a urologist with expertise relevant to cancer screening; Associate Prof. Nicolae Bacalbașa, a specialist in general surgery; Assistant Prof. Dragoș Huțanu, a pulmonologist; and Dr. Silvia Gatscher.

The context to the debate was guided by shocking data provided in the 2025 Country Report, prepared by the OECD in collaboration with the European Commission, and which indicates that cancer is the second most common cause of death in Romania, after cardiovascular diseases, and accounts for 19% of all deaths in 2019. Cancer deaths in Romania were significantly higher than the EU average for certain cancers in 2021. Lung cancer was the leading oncological cause of mortality in men (75/100,000, 8% above the EU average), followed by colorectal cancer (49/100,000, +35%), prostate cancer (34/100,000, –2%), and gastric cancer (23/100,000, +66%). In women, the leading cause of mortality was breast cancer (31/100,000, +2%), followed by colorectal (23/100,000, +13%), lung cancer (20/100,000, –33%), and cervical cancer (12/100,000, +239%) [1].

While cervical cancer death declined by 25% from 2011 to 2021 (versus the 16% EU average), it is still three times the EU average. HPV vaccination is an important factor in preventing death; however, coverage remains low: in 2022, just 5% of girls aged 11–14 and 6% of girls aged 15–18 were fully vaccinated under the national program [1].

The panel's conclusions pointed out major challenges faced by cancer screening programs in Romania as a lack of sustainable financing, fragmented coverage, and the absence of an effective strategy. These factors have resulted in inefficiencies and delayed cancer diagnoses, which negatively impact the survival rate of patients and increase the healthcare cost. Moreover, economic and social determinants were identified as the determinants of health inequities, and approximately one-third of Romanians were vulnerable to poverty and social exclusion. According to Dr. Silvia Gatscher, low education levels limit access to work, which creates a poverty cycle and increases health disparities. Economic barriers such as unequal distribution of healthcare professionals and excessive out-of-pocket payments for 18% of the population also play a role in these factors. Lack of proper transport infrastructure and limited access to electronic health services also hinder healthcare accessibility, particularly in rural areas. Risk factors of alcohol abuse, poor diet, and physical

inactivity are higher among underserved populations, whereas environmental risks of polluted water and unsanitary living conditions also exacerbate the situation. Tackling these inequalities will require evidence-based policy-making, taking a Well-Being Economy approach, and placing rural health infrastructure investment at the center. Concerted action through policy dialog and the EU institutions for rural health programs as well as reduced health inequalities are matters of pressing urgency.

During this panel, the book “National Screening Plan—The Romanian Society of Preventive Medicine Initiative” was introduced as well. The book recommends an integrated national screening plan for cancer, consistent with the guidelines of the European Union. The five priority types of screening are addressed in the book: colorectal, cervical, breast, prostate, and lung cancer, with policy suggestions and mechanisms for implementation that can be utilized by the competent authorities from Romania in attempt to build a sustainable and effective oncological prevention system.

The second panel, “Establishing and Developing Multidisciplinary Centers for Screening and Prevention”, was presided over by Associate Prof. Roxana Bohîlțea. The speakers included Associate Prof. Izabella Petre, a gynecologist and coordinator of the Subprogram for Early Active Detection of Cervical Cancer through Pap smear testing in the eligible female population; Dr. Mihaela Badea, a recognized expert in cervical pathology, primary obstetrics-gynecology specialist, and founder of the Micomi Clinic in Bucharest, considered one of the best clinics in Romania in this field, as well as co-founder of the Romanian Society of Colposcopy; Dr. Maria Olimpia Oprea, a gynecologist; Dr. Daniela Luminița Zob, an oncologist and secretary of the Oncology Commission at the Ministry of Health; Dr. Mădălina Mitroiu, a gynecologist; and Dr. Răzvan Nichitelea, a primary obstetrics-gynecology physician and coordinator of the screening and vaccination program covering half of Sweden. All these professionals are actively involved in all five types of screening. The panel discussed the current situation in Romania, where no functional national screening program exists, engaging in a debate on the challenges and opportunities related to establishing multidisciplinary centers for effective screening and prevention. The panel emphasized the need for an integrated and coordinated policy of preventive medicine, highlighting the need to establish multidisciplinary centers that bring together specialists from various medical disciplines, adequate infrastructure, and computer tools to efficiently manage screening programs.

The Romanian Society of Preventive Medicine actively promotes the concept of such centers, which should form the core of a national network for disease prevention and early detection. According to the Society’s vision, Romania should have eight regional centers corresponding to the country’s eight development regions, complemented by urban centers and, when necessary, mobile units to reach disadvantaged or hard-to-access areas. Romania has one of the largest rural populations in Europe, which makes outreach efforts especially important [2].

The objectives of this hybrid network, composed of both fixed and mobile components, are to ensure equitable access to screening and prevention services, reduce regional disparities, and enable truly functional nationwide coverage. In partnership with hospitals, local authorities, and the family medicine network, the centers will offer personalized counseling, screening tests, risk assessment, and medical follow-up within an integrated framework. The SRMP project for Romania envisions a legislative plan that guarantees state budget funding for screening programs, dedicated personnel, and specialized equipment.

The panel, “Preventing Aging—Modern Strategies and Personalized Therapies for Menopause”, was moderated by Dr. Diana Mihai, President of the Romanian Society of Gynecological Aesthetics, who guided the discussion toward innovative approaches for

healthy aging, emphasizing the importance of personalized care and multidisciplinary collaboration in managing menopause and age-related changes.

Especially in light of falling fertility and emigration from Romania, Prof. Mircea Onofriescu, obstetrician-gynecologist and Founding Member of the Romanian Society of Reproductive Medicine, underlined the need for infertility screening and early diagnosis of gynecological disorders. Among the innovative therapies for Genitourinary Syndrome of Menopause, Dr. Diana Mihai presented CO₂ Laser, PRP, Radiofrequency, and Botulinum Toxin as effective treatment options. Dr. Andreea Cozma, endocrinologist, investigated the importance of hormones in aging prevention from an endocrinological perspective, while Dr. Călin Todoran, obstetrician-gynecologist, discussed the role of bioidentical hormone replacement therapy in preventing systemic aging.

While Dr. Iustin Preoteasa, dental medicine specialist with expertise in oxygenation therapies, photobiomodulation laser therapies, and regenerative cellular therapies, presented regenerative approaches such as Stem Cell Therapy and PRP, Dr. Oana Manciu, plastic surgeon, underlined cutting-edge technologies for facial and body anti-aging, including Sofwave™, Yokne'am Illit, Israel and Sculptra. Finally, Dr. Liana Claudia Barnos, general practitioner specialized in integrative medicine, quantum medicine, integrative phytotherapy, and functional medicine, discussed longevity in integrative care, emphasizing the importance of systemic balance for sustained health and well-being.

This panel showed the vital importance of an integrated vision in preserving long-term health by providing creative ideas and individualized strategies to aging prevention.

Prof. Simona Vladăreanu, neonatologist and Co-President of the Romanian Society of Fetal and Neonatal Medicine, moderated the panel "Neonatal Screening: Opportunities and Challenges", which included Associate Prof. Andrada Mirea, primary care pediatrician specialized in physical and rehabilitation medicine; Lecturer Vlad Dima, neonatologist, Vice President of the Romanian Society of Preventive Medicine and President of the Academic Society of Clinical Ultrasonography; Dr. Elena Neagu, senior specialist in medical genetics with a key role in implementing Romania's first neonatal genetic screening program for spinal muscular atrophy (SMA); Dr. Alexandra Neagu, senior ENT specialist with expertise in audiology; and Biologist Isabela Târcomnicu.

The panel discussed the need of neonatal screening as a main tool for the early identification of metabolic and genetic diseases in newborns, therefore highlighting both the possibilities this practice presents for enhancing public health and the obstacles experienced in its application in Romania. Talks underlined the advantages of early diagnosis of conditions possibly affecting a child's normal development, therefore enabling prompt interventions that could avoid major long-term effects.

In order to guarantee fair access to these services nationwide, the logistical, financial, and educational elements required for growing and enhancing neonatal screening programs were also examined. The panel emphasized the significance of adding more treatable conditions to the national screening program—conditions for which there are currently effective therapeutic solutions, such as modern treatments and specialized diets.

One of the most pertinent examples mentioned was spinal muscular atrophy (SMA), which highlighted the necessity of setting up specialized treatment facilities for conditions found through screening. To stop rapid degeneration and irreversible neuronal loss, SMA must be diagnosed and treated early. Patients' quality of life can be greatly enhanced and disease progression can be stopped with prompt intervention [3].

The panel also discussed the pressing national action required on the database of hearing-impaired patients. One of the most common congenital conditions in the world is hearing loss. The World Health Organization's World Report on Hearing estimates that by 2050, there will be 2.5 billion people worldwide who suffer from some form of

hearing impairment, up from the current 1.5 billion [4]. Hearing screening has to follow the “1–3–6” rule to ensure early diagnosis and quick intervention since 1 to 3 out of every 1000 newborns are identified with hearing loss. All newborns should have a hearing test within the first month of life, a full audiological assessment by three months, and, if a diagnosis is reached, early intervention (such as hearing aids) by six months under this principle [5].

75% of newborns in Romania are screened for hearing loss, which emphasizes how urgently a National Hearing Screening Registry must be established [6]. The early identification of hearing impairments and the enhancement of access to suitable treatment depend on such a registry. It would help improve patients’ quality of life and encourage greater accessibility to care. The panel also underlined the necessity of a National Cochlear Implant Registry in order to improve case monitoring and follow-up and make it easier to access effective treatments. A major issue in this field is the underdevelopment of pediatric audiology services and the lack of structured collaboration with pediatric ENT surgeons who perform cochlear implants and recommend hearing aids—creating significant barriers to timely and effective intervention.

Early prenatal diagnosis is crucial for the best management of congenital malformations, according to the panel “Prenatal and Postnatal Management of Congenital Malformations: From Screening to Surgical Intervention”, which was moderated by Prof. Claudiu Mărginean, a primary care obstetrician-gynecologist and co-president of the Romanian Society of Obstetrics and Gynecology. However, in Romania, there are very few specialized centers for deliveries and urgent surgical interventions, and the process from recognizing a malformation to receiving treatment remains non-functional, as does the communication process.

Prof. Mărginean states that there is only one center in Tg. Mureș, Romania, capable of managing cases of fetal cardiac pathology requiring immediate intervention, which severely limits patients’ access to high-quality care. To ensure the best outcomes and avoid risky postnatal transfers, a network of specialized centers must be established for non-ductal-dependent pathologies.

The necessity of creating specialized multidisciplinary teams, especially for fetal cardiac malformations, was underlined by this panel, which featured Prof. Eugen Sândică, a primary cardiac surgeon with multiple subspecialties including congenital cardiac malformation surgery, mechanical circulatory support, and heart transplantation, and Medical Director of the Center for Cardiac Malformations in Bad Oeynhausen, Germany; Prof. Laura Bălănescu, a specialist in pediatric surgery and orthopedics; Prof. Eliza Cintează, a primary pediatrician and pediatric cardiologist who serves as secretary of the Pediatric Cardiology Working Group of the Romanian Society of Cardiology; Associate Prof. Liliana Gozar, a primary cardiology specialist; Dr. Dan Dumitrașcu-Biriș, a primary obstetrics and gynecology specialist; Dr. Ioana Dumitrașcu-Biriș, Romania’s first fetal cardiology specialist; and Dr. Simona Duță, an obstetrician-gynecologist with subspecialties in maternal–fetal medicine and fetal echocardiography. Fetal cardiologists, pediatricians, obstetricians, neonatologists, cardiovascular surgeons, and critical care specialists ought to be on these teams.

In order to greatly improve the likelihood of prompt and successful intervention, the panel also emphasized the significance of growing neonatal screening programs, such as those designed to identify serious congenital cardiac defects. Access to diagnosis and treatment currently varies significantly between urban and rural areas, and public education through the media is essential to increasing awareness of these issues.

The current legal framework, which prohibits pregnancy termination after 14 weeks, even in cases of malformations incompatible with life, was another significant topic of discussion. In order to guarantee the protection of patients’ rights and their access to

quality medical care, the panel underlined the necessity of amending the law to offer a legal remedy for these serious situations. Improving the care given to these patients requires legislative reform, the formation of international partnerships for managing complex cases, and the development of well-coordinated multidisciplinary teams.

Day 2 of the congress began with the panel “Promoting Vaccination: From Awareness to Action”, moderated by Prof. Radu Vlădăreanu, President of the Romanian HPV Society and President of the Romanian Society of Ultrasound in Obstetrics and Gynecology. Speakers included Prof. Simin-Aysel Florescu, an infectious diseases specialist and Chair of the Infectious Diseases Commission at the Ministry of Health; Prof. Dr. Mihai Craiu, a pediatrician; Associate Prof. Anda Lorena Dijmărescu, an obstetrics and gynecology specialist; Dr. Andreea-Lăcrămioara Mohorea-Neața, an infectious diseases specialist; and Dr. Raluca Ghionaru, a primary care physician and President of the Romanian Association for Pediatric Education in Family Medicine (AREPMF). The discussions focused on the importance of HPV vaccination and Romania’s progress in this area. In Romania, the HPV vaccine became reimbursed through Government Decision 781/2023, and the number of vaccinated individuals increased but remains far from the WHO’s target: between 1 December 2023 and 31 December 2024, 94,497 people initiated their vaccination schedule [7].

Reimbursement strategies have led to greater vaccine uptake, particularly among adult women, due to the increased risk of cervical cancer associated with HPV infection. The importance of vaccinating adolescent males was also emphasized, aiming to reduce HPV transmission. Additionally, the panel discussed the critical role of promoting vaccination through social media, where accurate communication is essential to counter misinformation. The recommendations of SOGR (Romanian Society of Obstetrics and Gynecology) and AREPMF (Romanian Association for Pediatric Education in Family Medicine) were also presented, highlighting vaccines recommended during pregnancy, including DTP (Diphtheria, Tetanus, and Pertussis), influenza, RSV (Respiratory Syncytial Virus), and COVID-19 vaccines [8].

The panel “Oral Health and the Prevention of Associated Diseases”, moderated by Prof. Paula Perlea, addressed the importance of a multidisciplinary approach in managing oral health and its links to various systemic conditions. Prof. Paula Perlea is a specialist in general dentistry and endodontics, with expertise in maxillofacial radiodiagnosis. She served as Dean of the Faculty of Dental Medicine at UMF “Carol Davila” Bucharest and is a founding member of the National Union of Dental Associations (UNAS), as well as President of the Romanian Medical Association. Speakers included Prof. Șerban Țovaru, a professor of Oral Medicine and Pathology at the Faculty of Dental Medicine; Prof. George Sorin Țiplică, a dermatologist and founding member of the Romanian Association of Dermatology and Venereology (ARDV); Prof. Codruț Sarafoleanu, an ENT specialist and founding member of the Romanian Society of Rhinology; and Dr. Claudiu Ionescu, a psychiatrist. The discussion focused on periodontal disease, a chronic inflammatory condition affecting the supporting structures of the teeth, which is not confined to the oral cavity but has significant systemic implications. It is associated with cardiovascular diseases, diabetes, rheumatoid arthritis, and even Alzheimer’s disease [9]. Recent research shows growing evidence linking poor oral health to cardiovascular risks, such as myocardial infarction and stroke, highlighting the need for collaboration between dentists and cardiologists [10].

The panel also addressed Burning Mouth Syndrome, an orofacial condition causing persistent burning sensations in the oral cavity, which often requires complex diagnosis and an interdisciplinary therapeutic approach [11].

Another key topic was the connection between sexually transmitted infections and oral health, as these can affect the oral cavity and have an impact on overall health. Thus, the importance of comprehensive evaluation and close collaboration between vari-

ous specialties was emphasized for the prevention and treatment of oral and associated systemic diseases.

The panel “Preventive Cardiology: Perspectives and Innovations” was moderated by Prof. Dragoş Vinereanu, who is a Cardiologist, Associate Rector of the University of Medicine and Pharmacy “Carol Davila”, and President of the Romanian Society of Cardiology. The panel included Prof. Cristina Tiu, a Neurologist; Assoc. Prof. Cătălin Badiu, a Cardiovascular Surgery Specialist; Lecturer Elena Terecoasa, a Neurologist; and Lecturer Carmen Dobjanschi, a Specialist in Diabetes, Nutrition, and Metabolic Diseases.

Given the rising global incidence of cardiovascular diseases, identifying and implementing preventive methods has become a major priority for healthcare systems. Preventive cardiology plays a crucial role in reducing morbidity and mortality by promoting effective risk factor management, directly impacting acute events such as stroke and indirectly improving the overall quality of life. Stroke remains one of the leading causes of death and disability in Romania. Emergency treatments, especially intravenous thrombolysis and mechanical thrombectomy, can significantly reduce the neurological consequences of ischemic stroke, provided they are administered quickly within a strict therapeutic window [12].

In Romania, access to these life-saving therapies has improved in recent years with the development of accredited stroke centers. Intravenous thrombolysis is now available in over 40 hospitals nationwide; however, their distribution remains uneven, with a higher concentration in university centers. The Romanian Society of Preventive Medicine (SRMP) supports increasing the thrombolysis rate through awareness campaigns for stroke symptom recognition, training ambulance personnel in stroke detection, expanding the number of centers capable of providing intravenous thrombolysis, and increasing the activity levels of existing centers, all while complying with legal regulations.

Mechanical thrombectomy, a more complex procedure, is available in even fewer facilities, requiring multidisciplinary teams and advanced infrastructure. Romania needs to expand the number of centers equipped to perform endovascular treatment, which requires physicians certified with Level I NRI (Neuro-Radiological Intervention) certification, appropriate funding, enhanced activity in existing centers, and the organization of pre-established networks assigning specific sectors/counties to each hospital [13].

Compared to other European countries, Romania is making significant progress, but notable gaps remain. In Western Europe, thrombolysis rates reach 15–20% of eligible patients, while in Romania the average is around 5–7%, with major regional differences. Globally, countries like the United States, Canada, and Japan have implemented extremely efficient stroke networks with interconnected centers and rapid pre-hospital alert systems [13].

Effective prevention of cardiovascular events cannot be achieved without addressing their root causes, and metabolic syndrome is one of the most important. This syndrome is a combination of metabolic risk factors (abdominal obesity, hypertension, dyslipidemia, and insulin resistance) that collectively increase the risk of cardiovascular diseases and type 2 diabetes mellitus [14].

The treatment of metabolic syndrome requires an integrated management approach centered on lifestyle changes: balanced diet, regular physical activity, and smoking cessation [13]. When necessary, pharmacological treatment is added to control blood pressure, lipids, and blood sugar levels. In patients with type 2 diabetes, a major component of metabolic syndrome, modern therapies go beyond mere glycemic control. New drug classes, such as GLP-1 receptor agonists and SGLT2 inhibitors, provide proven cardiovascular benefits, helping to reduce the risks of myocardial infarction, stroke, and heart failure [15].

Romania needs a coherent national strategy for preventive cardiology that ensures equitable access to emergency treatments for acute stroke and implements effective primary and secondary prevention measures for cardiovascular diseases. Addressing metabolic syndrome and controlling type 2 diabetes are essential components of this effort. A key issue discussed was the question of who will carry out prevention, given the limited number of cardiology and neurology specialists and their constrained time. In this context, the necessity of training family doctors in preventive medicine was established for the first time in Romania.

The panel “Correlating Craniofacial Dysfunctions with Postural and Respiratory Health: Advancing Prevention for Optimal Health”, moderated by Dr. Ela Banica, Founder of the Ortho Institute and the only physician in Romania specialized in Preventive or Natural Pediatric Orthodontics and Myofunctional Therapy, included expert speakers: Associate Prof. Vlad Budu, an ENT specialist; Lecturer Oana Deleanu, a pulmonologist specialized in somnology; Assistant Prof. Ruxandra Negoi, a cardiologist; and physiotherapist Dragoş Luscan. The discussion emphasized the critical role of craniofacial development in airway function, underlining the necessity for early intervention to optimize respiratory health.

According to Dr. Ela Bănică, proper airway development is essential for effective breathing, thereby reducing the risk of Sleep-Disordered Breathing (SDB) and Obstructive Sleep Apnea (OSA). Dysfunctional facial development, such as a narrow maxilla, results in constricted airways, compromising respiratory function. Data show that 30–50% of preschool-aged children experience sleep disturbances, with a significant correlation to behavioral problems. Untreated mouth breathing in children can result in persistent respiratory issues throughout life [16].

Mouth breathing, in conjunction with poor jaw alignment, can exacerbate the likelihood of snoring and OSA in both pediatric and adult populations. As highlighted by Lecturer Dr. Oana Deleanu: On an individual basis, the etiological factors and consequences of OSA exhibit considerable variability across patients.

Recent research has identified four primary contributors to the pathogenesis of OSA, also referred to as “phenotypes”: (1) narrow, crowded, or collapsible upper airways and (2) non-anatomical contributors [17]. Continuous Positive Airway Pressure (CPAP) remains the gold-standard treatment modality for OSA management. CPAP functions as a pneumatic splint that maintains airway patency during sleep, preventing airway collapse. While it has demonstrable benefits in mitigating the clinical manifestations and consequences of Sleep Apnea Syndrome and Obstructive Apnea (SASO), it does not provide a definitive cure for OSA [18].

OSA is highly prevalent, with onset frequently occurring at an early age. Its diagnosis is often straightforward, given the presence of typical clinical symptoms and associated comorbidities. However, referral to a specialized sleep clinic remains a significant challenge. The sleep specialist determines the appropriate diagnostic approach, whether Polysomnography (PSG) or Home Sleep Apnea Test (HSAT) [19]. The medical and socio-economic implications of OSA are considerable, but the prognosis remains highly favorable when appropriate therapeutic interventions are implemented.

The panel “Genetics in Preventive Medicine: From Prediction to Prevention”, moderated by Assistant Prof. Dr. Oana Voinea, a pathologist and President and Founder of the Romanian Society of Lynch Syndrome, brought together renowned specialists such as Prof. Dr. Alexandru Blidaru, a general surgeon; Dr. Răzvan Curcă, an oncologist and President of the Romanian Society of Medical Oncology; Dr. Dragoş Median, a medical oncologist with a special interest in breast and gynecological cancers; and Dr. Florin-Mihaela Nedelea, a geneticist, in a discussion on the essential role of genetics in the early identification of risks for diseases with a major impact on public health.

Genetic predisposition to cancer represents a significant public health issue in Romania, profoundly affecting patients and their families. It is estimated that approximately 5–10% of all cancers are caused by inherited genetic mutations, and these types of cancers affect thousands of people annually in Romania. Among the most common genetic predisposition syndromes are Lynch syndrome, Li-Fraumeni syndrome, familial adenomatous polyposis, and mutations in the BRCA genes associated with breast and ovarian cancer. However, the lack of a functional registry to systematically monitor these cases limits early diagnosis and adequate intervention.

The Romanian Society of Preventive Medicine emphasizes the crucial importance of cancer registries in modern oncology. These registries allow for the collection of essential patient data, including demographic information, tumor characteristics, and their progression under treatment. Despite the National Cancer Registry being proposed and approved through Government Decision No. 1028/2022, it is not yet functional. The absence of this essential tool hampers the ability to implement effective prevention and treatment strategies.

To increase the effectiveness of cancer screening, the National Cancer Registry must include specific fields to collect information on first-degree relatives of patients. This would facilitate their testing for genetic syndromes associated with an increased cancer risk. Relevant examples include Lynch syndrome and Li-Fraumeni syndrome, which require a personalized approach and careful monitoring of carriers of genetic mutations.

In this context, the Romanian Society of Preventive Medicine proposes the establishment of a sub-registry dedicated to genetic cancers, modeled similarly to the approach for Lynch syndrome. This sub-registry would allow for better organization of data, thus facilitating the implementation of screening programs for other neoplastic sites with hereditary components. Testing the first-degree relatives of patients diagnosed with genetic syndromes should become a priority in national cancer prevention strategies. Furthermore, it is essential that this sub-registry also includes other genetic diseases that cause cancer and that require prior testing, not just after the patient's diagnosis.

The National Cancer Registry must also contain a section dedicated to rare diseases, with a multidisciplinary committee being mandatory in determining the components of this registry. In this process, medical genetics must be an obligatory and integral part, ensuring a rigorous and effective approach to managing patients with hereditary predispositions. It is important to note that 1 in 35 colorectal cancers and 1 in 50 endometrial cancers are attributable to Lynch syndrome, further highlighting the critical need for early genetic testing and personalized preventive strategies [19].

The panel “Contemporary Approaches to Addiction Prevention and Management: Evidence and Future Directions”, moderated by Prof. Florin Dumitru Mihălțan, a pulmonologist and current President of the European Network for Smoking and Tobacco Prevention (ENSP), addressed three major public health risk factors in Romania: tobacco use, alcohol consumption, and obesity, which significantly affect the general population, especially young people and pregnant women. Speakers included Prof. Roxana Nemeș, a pulmonologist and former President of the Romanian Society of Pulmonology; Prof. Radu Ciprian Țincu, a specialist in Anesthesiology and Toxicology; Lecturer Ioana Munteanu, a pulmonologist and President of the Tobacco Section within the Romanian Society of Pulmonology; and Dr. Florin Ioan Bălăneacă, a general practitioner with over 20 years of clinical expertise in managing metabolic consequences of menopause and adolescent health through psychonutrition techniques, eating behavior identification, and medical nutritional therapy.

According to Prof. Nemeș, the average age of alcohol consumption initiation among young people is 13 years, while the average age for tobacco use is 18.6 years, with 12.4% of

smokers starting before the age of 14. Among pregnant women, 28% consume alcohol, 40% smoke, and 1 in 5 suffer from obesity. These factors contribute significantly to health risks for both mothers and children.

The panel discussed the risks associated with nicotine use, alcohol consumption, and poor nutrition, emphasizing the need for personalized medical intervention, particularly for adolescents and pregnant women. The dangers of electronic cigarettes and the risks of smoking during pregnancy were highlighted, including preterm birth, low birth weight, and obstetric complications [20].

Smoking cessation methods need to be tailored to each case, including psychological counseling, nicotine replacement therapy, mobile applications, and other alternatives [21]. National strategies to combat smoking were also presented, such as Law No. 15/2016 and the National “Stop Smoking” Program.

Regarding alcohol, national campaigns and support programs for pregnant women and dependent individuals were discussed, emphasizing the need for stronger policies to reduce consumption, particularly among adolescents and women.

Obesity was addressed as an aggravating factor for multiple conditions, including during pregnancy, highlighting the need for educational interventions and promoting a healthy lifestyle [22]. The panel emphasized the importance of collaboration between healthcare professionals, authorities, and the community to combat these addictions.

3. Workshops and Practical Sessions

The congress also included a series of interactive workshops aimed at strengthening the practical component of medical education. One of these focused on the LLETZ technique (Large Loop Excision of the Transformation Zone) and was presented by Prof. Maggie Cruickshank and Dr. Theresa Freeman-Wang. Prof. Maggie Cruickshank is President of the European Federation for Colposcopy (EFC) and Director of Research and Development for NHS Grampian (National Health Service in Scotland). She is also Prof. of Gynecology at the University of Aberdeen and Honorary Consultant Gynecologist at Aberdeen Royal Infirmary, specializing in lower genital tract pathology with extensive experience in training and evaluating colposcopy. Dr. Theresa Freeman-Wang is a Consultant Gynecologist, expert in cervical cancer screening, colposcopy, and premalignant lesions of the lower genital tract. She is the Immediate Past President of the British Society for Colposcopy and Cervical Pathology (BSCCP) and the elected President of the International Federation for Cancer Prevention and Colposcopy (IFCPC).

Participants had the opportunity to learn essential principles regarding treatment indications, the effectiveness, and applicability of various ablation methods, including diathermy and thermal coagulation, as well as other therapeutic options such as laser, cryocautery, and plasmajet. The second part of the workshop consisted of a hands-on session where participants applied theoretical knowledge under the guidance of specialists.

The workshop “Ultrasonographic Examination Guide in Gynecology: Standardization Towards the Development of AI Utilization”, led by Prof. Dimitrie Pelinescu-Onciul and Assoc. Prof. Roxana Bohîlțea, aimed at creating a common language in gynecological ultrasonography, necessary for the integration and development of artificial intelligence technologies in this field. Participants were familiarized with the key elements of standardized ultrasonographic examination in gynecology, the importance of using validated protocols, and the potential of AI algorithms to support diagnosis and clinical decision-making in the near future.

The workshop “Nutrition—The First Line in Disease Prevention: From Theory to Practice”, coordinated by Dr. Elena Țambrea, a physician specialized in nutrition, offered a practical perspective on the role of nutrition in preventing chronic diseases and maintaining

health, with a focus on personalized nutritional interventions adapted to the modern patient. Participants explored the foundations of preventive nutrition, protective dietary patterns, and methods for effective counseling in medical practice.

Additionally, the workshop “Prevention of Falls from the Same Height”, moderated by Dr. Alin Popescu, President of the Romanian Society of Sports Medicine and specialist in sports medicine, and Dr. Petra Melinte, also a sports medicine physician, addressed a topic with a significant public health impact, particularly among the elderly population. Participants discussed the risk factors involved in falls, age- and pathology-adapted prevention measures, and the importance of interdisciplinary collaboration (doctor–physiotherapist–social worker) to reduce the number of accidents and associated complications.

4. Conclusions

In conclusion, the congress successfully brought together leading experts from various fields of preventive medicine, fostering valuable discussions and knowledge exchange on critical health topics. Through a series of interactive workshops and panels, participants gained insights into innovative practices, technological advancements, and strategies for improving public health. The congress highlighted the importance of early intervention, personalized care, and interdisciplinary collaboration in addressing major health challenges.

The success of this first edition marks an important milestone in strengthening preventive medicine in Romania. Building on this momentum, the second edition of the International Congress of Preventive Medicine will take place on 19–21 March 2026, in Bucharest, continuing its mission to shape the future of prevention through science, policy, and practice.

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Abbreviations

The following abbreviations are used in this manuscript:

SRMP	Romanian Society of Preventive Medicine
ENT	Ear, nose, and throat
WHO	World Health Organization
ROCCAS	Romania Colorectal Cancer Screening
OECD	Organisation for Economic Co-operation and Development
EU	European Union
HPV	Human Papillomavirus
PRP	Platelet-Rich Plasma
SMA	Spinal Muscular Atrophy
AREPMF	Romanian Association for Pediatric Education in Family Medicine
SOGR	Romanian Society of Obstetrics and Gynecology
DTP	Diphtheria, Tetanus, and Pertussis
RSV	Respiratory Syncytial Virus
COVID-19	Coronavirus Disease 2019
UNAS	Union of Dental Associations
ARDV	Romanian Association of Dermatology and Venereology

NRI	Neuro-Radiological Intervention
GLP-1	Glucagon-Like Peptide-1
SGLT2	Sodium-Glucose Co-Transporter 2
SDB	Sleep-Disordered Breathing
OSA	Obstructive Sleep Apnea
CPAP	Continuous Positive Airway Pressure
SASO	Sleep Apnea Syndrome and Obstructive Apnea
PSG	Polysomnography
HSAT	Home Sleep Apnea Test
BRCA	Breast Cancer gene
ENSP	European Network for Smoking and Tobacco Prevention
LLETZ	Large Loop Excision of the Transformation Zone
NHS	National Health Service in Scotland
BSCCP	British Society for Colposcopy and Cervical Pathology
IFCPC	International Federation for Cancer Prevention and Colposcopy
AI	Artificial Intelligence

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