romanian journal of preventive medicine

MDPI

Conference Report

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

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Abstract

This article presents the report of the Second International Congress of Preventive Medicine, organized by the Romanian Society of Preventive Medicine (SRMP) between 19–21 March 2026 in Bucharest, Romania. The congress brought together experts from oncology, public health, genetics, neonatology, reproductive medicine, pediatrics, psychiatry, nutrition, dentistry, family medicine, and other medical specialties to discuss current advances and future directions in preventive healthcare. The scientific program emphasized the transition from reactive healthcare models toward predictive, personalized, and prevention-oriented medicine. Key topics included implementation of national screening programs, cancer prevention and early diagnosis, vaccination strategies, lifestyle medicine, pediatric nutrition, oral health, reproductive prevention, fertility preservation, mental health promotion, addiction prevention, neonatal screening, and oncogenetics. Particular attention was given to risk stratification, early detection of disease, multidisciplinary collaboration, health literacy, and the integration of emerging technologies, including artificial intelligence, into preventive healthcare pathways. Across all sessions, speakers highlighted the importance of evidence-based policies, coordinated healthcare infrastructures, and sustainable prevention programs capable of translating scientific advances into measurable population health benefits. The congress reinforced the central role of prevention in addressing contemporary healthcare challenges and improving long-term health outcomes across the lifespan.

Keywords: preventive medicine; screening; cancer prevention; personalized prevention; public health; oncogenetics; reproductive health; lifestyle medicine; mental health; vaccination

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Academic Editor: Genc Burazeri

Received: 15 September 2026
Accepted: 15 September 2026
Published: 17 September 2026

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1. Introduction

The Second International Congress of Preventive Medicine, organized by the Romanian Society of Preventive Medicine (SRMP), took place in Bucharest, Romania, between 19–21 March 2026. The congress featured 13 scientific panels and thematic sessions and two specialized workshops, bringing together specialists from a wide range of disciplines, including public health, epidemiology, oncology, gynecology, reproductive medicine, neonatology, pediatrics, pediatric neurology, genetics, pathology, infectious diseases, pulmonology, gastroenterology, dermatology, urology, otorhinolaryngology, general surgery, endocrinology, diabetology, dentistry, nutrition, sports medicine, family medicine, school medicine, psychiatry, psychology, addiction medicine, anesthesiology and toxicology, as

well as experts in health communication, representatives of patient organizations, non-governmental organizations, and healthcare institutions. This multidisciplinary structure reflected the increasingly interconnected nature of modern preventive medicine and the need for collaboration across specialties to address complex public health challenges.

The scientific program covered a broad spectrum of topics, including global prevention strategies, implementation of national screening programs, cancer prevention and early diagnosis, oral health, lifestyle medicine, pediatric nutrition, integrative medicine, reproductive prevention, fertility preservation, neonatal screening, oncogenetics, mental health promotion, addiction prevention, health education in schools, vaccination policies, and the role of emerging technologies in preventive healthcare. Particular attention was given to the practical implementation of prevention programs and the translation of scientific evidence into effective healthcare policies and clinical practice.

The congress brought together representatives of major international organizations involved in prevention, cancer control, screening, and public health, including the World Health Organization (WHO), the International Agency for Research on Cancer (IARC/WHO), the European Society of Gynaecological Oncology (ESGO), the European Cancer Organisation (ECO), the European Federation for Colposcopy (EFC), and the European Lifestyle Medicine Organization (ELMO). Discussions throughout the congress also involved representatives of universities and academic institutions from the United Kingdom, Italy, Albania, and other European countries, as well as representatives of the Romanian National Health Insurance House, the WHO Country Office in Romania, and the Rector of the "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania. Together, these participants addressed current priorities in preventive medicine, emphasizing evidence-based policymaking, organized screening programs, international collaboration, and the development of sustainable prevention-oriented healthcare systems.

Across the three days of scientific activities, a recurring theme was the need to move beyond disease-centered healthcare toward models focused on risk assessment, early intervention, and long-term health maintenance. The congress highlighted the growing role of predictive medicine, personalized prevention, health literacy, and multidisciplinary collaboration in shaping the future of healthcare and reducing the burden of preventable diseases.

2. Scientific Panels and Key Discussions

2.1. Global Preventive Medicine: Strategies and Visions

The opening session addressed the evolving role of preventive medicine within modern healthcare systems, emphasizing the transition from reactive, treatment-oriented models toward proactive, population-based strategies. Bringing together representatives from major international organizations, including WHO, IARC, ESGO, and the European Cancer Organisation, the panel highlighted the need for coordinated global and regional efforts to effectively reduce the burden of noncommunicable diseases.

A central theme of the discussion was the critical importance of implementing evidence-based prevention strategies, particularly in the context of cancer control. The European Code Against Cancer (ECAC) was presented as a key framework translating scientific evidence into practical recommendations for both individuals and policymakers [1]. The discussion emphasized that, beyond widely recognized risk factors such as tobacco use, alcohol consumption, obesity, and physical inactivity, additional determinants play a significant role in cancer risk across the life course [2]. These include hormonal exposures, such as hormone replacement therapy, as well as reproductive factors, notably the protective effect of breastfeeding [3]. Such elements underline the necessity of adopting a more comprehensive and nuanced approach to prevention that integrates biological, behavioural, and environmental determinants.

The panel also highlighted the importance of HPV vaccination and cervical cancer prevention, positioning elimination as an achievable objective within current public health frameworks [4]. Achieving this goal requires not only increased vaccination coverage but also the effective integration of screening programs and coordinated implementation strategies across healthcare systems [5]. At the same time, a persistent gap between scientific evidence and real-world implementation was identified, underscoring the need for stronger political commitment, national adaptation of international guidelines, and the establishment of sustainable funding mechanisms.

Another key aspect of the discussion focused on the growing relevance of self-care and patient empowerment in the context of increasing pressure on healthcare systems [6]. Encouraging individual responsibility for health, supported by appropriate education and policy measures, was presented as an essential component of sustainable healthcare models. Furthermore, the panel addressed significant regional disparities in preventive care, particularly in Southeast Europe, emphasizing the importance of cross-border collaboration, knowledge exchange, and harmonization of strategies to reduce inequalities in health outcomes [7].

Overall, the session reinforced the idea that effective preventive medicine requires an integrated, multi-level approach that combines population-level interventions, such as vaccination and screening programs, with individual-level strategies targeting behavioral change, all supported by data-driven decision-making and interdisciplinary collaboration.

2.2. Roundtable—Strategies for Implementing the National Screening Plan—A 2026 Update

The roundtable session focused on the strategic, institutional, and operational challenges associated with implementing a national, population-based screening program in Romania, emphasizing the transition from fragmented, opportunistic initiatives to an organized, integrated system aligned with European standards [8]. The discussion highlighted the complexity of transforming screening into a functional pillar of the healthcare system, requiring coordinated action across policy, clinical practice, and public health domains.

A central theme of the panel was the urgent need to develop a coherent national screening infrastructure, including the establishment of standardized protocols, clear eligibility criteria, and centralized coordination mechanisms [9]. The absence of a unified national screening registry was identified as a critical gap, limiting both the ability to monitor program performance and to ensure quality control and equity of access. Without robust data systems, the scalability and sustainability of screening programs remain significantly constrained [10].

The discussion also emphasized the importance of institutional collaboration, particularly between academic centers, healthcare providers, policymakers, and patient organizations. Academic institutions were highlighted as key contributors to the development of evidence-based methodologies and workforce training, while the integration of patient perspectives was recognized as essential for improving participation rates and ensuring that screening programs are designed around real population needs [11].

Financing and sustainability emerged as major challenges, with strong emphasis on the necessity of integrating screening into national health policies and securing long-term funding mechanisms. The role of reimbursement systems and health insurance structures was considered central to ensuring continuity and scalability, alongside the need for consistent political commitment and supportive legislative frameworks [12].

From a clinical and public health perspective, the panel underscored the importance of integrated, multi-disease screening approaches, particularly for high-burden conditions such as cancer. The concept of developing multidisciplinary screening centers was dis-

cussed as a potential solution to improve accessibility, streamline patient pathways, and increase efficiency within the system.

Finally, the discussion highlighted persistent inequalities in access to screening services, as well as the need to strengthen trust between the population and the healthcare system [13]. Increasing participation rates was identified as a key priority, requiring not only infrastructure development but also targeted communication strategies, health education, and community engagement.

The session concluded that the successful implementation of a national screening program depends on a comprehensive, system-level approach that integrates governance, financing, data infrastructure, and patient-centered strategies into a unified and sustainable framework.

2.3. Cancer Prevention and Early Diagnosis

This panel brought together a multidisciplinary group of specialists, including gastroenterologists, pneumologists, dermatologists, ENT specialists, urologists, oncologists, and public health experts, reflecting the complexity and breadth of cancer prevention and early diagnosis strategies. The session addressed both population-level interventions and disease-specific screening approaches, highlighting the need for coordinated, evidence-based policies across medical disciplines.

The discussions emphasized that effective cancer prevention requires a dual approach combining primary prevention—targeting modifiable risk factors such as tobacco use, UV exposure, and lifestyle behaviors—and secondary prevention through well-structured screening programs [14]. Tobacco control policies, including taxation and regulatory measures, were identified as among the most impactful interventions for reducing cancer burden, particularly for lung cancer [15]. At the same time, the importance of public education and behavioral change was repeatedly underlined as a prerequisite for successful prevention strategies [16].

A central theme of the panel was the expansion and optimization of screening programs. The Romanian colorectal cancer screening initiative (ROCCAS) was highlighted as a model for scaling from pilot projects to national implementation, illustrating both the feasibility and the challenges of transitioning to population-wide programs. The discussions pointed to the need for standardized protocols, quality assurance mechanisms, and sustainable funding in order to ensure long-term effectiveness.

Several presentations addressed gaps and controversies in screening, particularly in cancers where evidence is still evolving. While prostate cancer screening strategies are being refined to improve risk stratification and reduce overdiagnosis [17], ovarian cancer screening remains a challenge due to the lack of sufficiently sensitive and specific tools for population-level implementation [18]. These limitations underline the importance of ongoing research and the cautious integration of new technologies into clinical practice.

The panel also highlighted the critical role of early diagnosis in improving outcomes, especially in lung cancer, where delays in detection remain a major barrier [19]. Bridging the gap between knowledge and clinical practice was identified as a priority, requiring better integration of screening pathways into healthcare systems and increased accessibility for high-risk populations.

In addition, attention was given to HPV-related cancers, emphasizing the continuum from infection to malignancy and the significant potential of prevention through vaccination and screening [20]. The economic dimension of prevention was also addressed, with data supporting the cost-effectiveness of organized screening programs, particularly for cervical cancer, reinforcing the argument for investment in preventive strategies at the national level.

The panel highlighted that reducing cancer burden requires an integrated approach combining policy interventions, multidisciplinary collaboration, population-based screening, and continuous evaluation of clinical and economic outcomes.

2.4. State of the Art: Whole-Body Health (WBH)—Oral Health as an Integral Part of Overall Health

This "State of the Art" presentation focused on the concept of Whole-Body Health (WBH), emphasizing that oral health should be regarded as an essential component of overall health rather than a separate domain [21]. The session highlighted the need to move beyond a fragmented view of healthcare and to adopt a more integrated, holistic approach in which oral health is fully embedded within general medical practice and preventive strategies [22].

A key message of the presentation was that oral health plays a central role in maintaining general well-being and should be included in broader health assessments and prevention programs. The WBH concept supports a shift toward interdisciplinary collaboration, encouraging closer interaction between dental and medical professionals in order to improve patient outcomes and ensure continuity of care [23].

The discussion also pointed to the importance of prevention and early intervention, underlining that oral health should be addressed proactively as part of routine healthcare. Integrating oral health into public health policies and clinical pathways was presented as a necessary step for strengthening preventive medicine and for achieving more effective, patient-centered care [24].

The presentation reinforced the idea that advancing modern healthcare requires a unified vision in which oral health is recognized as a fundamental pillar of general health, contributing to more comprehensive and sustainable prevention strategies.

2.5. Pediatric Clinical Nutrition: From Prevention to Recovery

This multidisciplinary panel focused on the critical role of nutrition across the pediatric continuum, from early prevention to complex clinical management, bringing together expertise from pediatrics, cardiology, nephrology, oncology, gastroenterology, endocrinology, neurology, and clinical nutrition. The session emphasized the integration of nutritional assessment into routine pediatric care, the importance of early screening for metabolic and disease-associated complications, and the need for structured, individualized nutritional interventions in both acute and chronic conditions.

A central theme of the discussion was the persistent gap between theoretical recommendations and real-world implementation of nutritional screening in children. It was highlighted that, despite clear evidence supporting early identification of malnutrition, systematic screening at hospital admission remains inconsistently applied [25]. Disease-associated malnutrition was presented as a frequent yet underdiagnosed condition, particularly in children with chronic illnesses, with significant consequences on morbidity, recovery time, and long-term outcomes [26]. Speakers stressed that nutritional risk should be assessed as early as possible, ideally at the point of first medical contact, and not only after clinical deterioration becomes evident.

The panel also addressed the intersection between cardiovascular risk and pediatric nutrition, underlining that early-life metabolic disturbances, including dyslipidemia and obesity, are increasingly prevalent and require coordinated, interdisciplinary management [27]. The concept of prevention at the "border between specialties" was introduced, emphasizing that pediatric cardiology, endocrinology, and primary care must collaborate more closely to identify at-risk children early and implement lifestyle and nutritional interventions before irreversible damage occurs [28].

In the field of pediatric nephrology, the importance of early screening was illustrated through clinical case discussions, demonstrating how timely nutritional and metabolic interventions can significantly alter disease trajectories. Similarly, in pediatric oncology, adapted nutritional therapy was presented as a key component of comprehensive care, with direct impact on treatment tolerance, quality of life, and survival. Malnutrition in oncologic patients was described not only as a consequence of disease but also as a modifiable factor that should be actively managed through tailored nutritional strategies [29].

Another major topic was the long-term follow-up of childhood cancer survivors, where nutrition plays a crucial role in preventing metabolic complications, including obesity, insulin resistance, and cardiovascular disease [30]. The need for structured survivorship programs incorporating nutritional counseling and monitoring was emphasized as an essential component of preventive medicine.

From a practical perspective, the discussion highlighted the challenges of translating nutritional recommendations into individualized clinical plans. The development of personalized nutritional interventions, adapted to the child's medical condition, family context, and socio-economic background, was presented as a key priority [31]. The role of multidisciplinary teams, including physicians, dietitians, and psychologists, was considered essential for effective implementation.

The neurological dimension of nutrition was also explored, particularly the concept that nutrition can act not only as supportive therapy but as a primary therapeutic tool. The ketogenic diet was discussed as a relevant example, with demonstrated impact on certain neurological conditions, reinforcing the idea that nutrition can directly influence brain function and neurodevelopment [32]. More broadly, the concept of "programming the pediatric brain" through nutrition was introduced, highlighting the long-term effects of early dietary exposures on cognitive and neurological outcomes [33].

The panel concluded that pediatric nutrition must be repositioned from a supportive role to a central pillar of prevention and treatment. Achieving this requires systematic screening, early intervention, interdisciplinary collaboration, and the development of structured, evidence-based nutritional pathways integrated into all levels of pediatric care.

2.6. Lifestyle Medicine and Longevity: Transforming Health for the Future

This panel explored the growing role of lifestyle medicine as a central component of preventive medicine and its potential to transform healthcare systems by shifting the focus from disease treatment to health optimization and longevity. The session brought together expertise from nutrition, obesity management, public health, sports medicine, primary care, and genetics, emphasizing a multidisciplinary approach to improving long-term health outcomes.

A central theme of the panel was the distinction between lifespan and healthspan, with emphasis on reducing the number of years lived with chronic disease and disability [34]. It was highlighted that current healthcare systems remain predominantly reactive, addressing disease after onset, while lifestyle medicine offers a structured, evidence-based approach targeting modifiable risk factors such as nutrition, physical activity, sleep, and behavioral patterns [35].

The role of nutrition was addressed both at population and individual levels, with emphasis on the need to move beyond general dietary recommendations toward more personalized approaches [36]. Obesity was discussed as a complex, chronic condition requiring integrated management strategies, including nutritional interventions, behavioural changes, and long-term follow-up, rather than isolated or short-term solutions [37].

The concept of self-care was presented as an essential component of modern healthcare, particularly in the context of increasing pressure on health systems. Empowering

individuals to actively participate in their own health management was described as a key strategy for improving outcomes and ensuring sustainability, especially in the prevention and control of chronic diseases [38].

Physical activity was consistently highlighted as a major pillar of both prevention and treatment. It was presented not only as a means of reducing the risk of cardiovascular and metabolic diseases but also as an intervention with broad benefits across multiple systems, including mental and cognitive health [39]. The integration of physical activity into clinical practice and public health policies was emphasized as a priority.

The implementation of lifestyle interventions in patients with chronic diseases, particularly type 2 diabetes, was discussed as a practical example of translating preventive concepts into clinical care [40]. Lifestyle modification was framed as a fundamental therapeutic component, requiring structured programs, patient adherence, and multidisciplinary support.

The panel also addressed the emerging role of genetics in preventive medicine, particularly through the use of polygenic risk scores. These tools were presented as a means of identifying individuals at increased risk and enabling earlier, more targeted preventive strategies [41]. However, it was emphasized that genetic predisposition must always be interpreted in conjunction with modifiable lifestyle factors.

The panel concluded that lifestyle medicine represents a key direction for the future of healthcare, requiring integration into clinical practice, public health strategies, and health policy. The transition toward prevention-oriented systems will depend on the ability to implement sustainable lifestyle interventions, supported by education, interdisciplinary collaboration, and personalized approaches to care.

2.7. State-of-the-Art Approaches in Integrative Medicine: Towards a Holistic Healthcare Approach

This panel explored the concept of integrative medicine as a framework for delivering more holistic, patient-centered healthcare, combining conventional medical approaches with lifestyle, behavioral, and emerging preventive strategies. The session brought together expertise from public health, primary care, integrative medicine, orthodontics, and otorhinolaryngology, reflecting the interdisciplinary nature of modern prevention.

Cancer prevention was addressed from a health-systems perspective, highlighting the importance of robust cancer registries, mandatory reporting mechanisms, organized screening programmes, and integrated national cancer control plans. Particular attention was given to the use of epidemiological data to guide resource allocation and the development of regional oncology services capable of reducing disparities in access to care [42].

A major focus of the session was the growing role of self-care and lifestyle medicine in addressing noncommunicable diseases [43]. Rather than relying solely on health education, speakers discussed how healthcare systems can assess and strengthen an individual's capacity to engage in preventive behaviours. Concepts such as health literacy, self-care capability, behaviour-change science, and the COM-B framework were presented as practical tools for translating preventive recommendations into sustainable lifestyle changes [44]. Personalized care planning and interventions adapted to social and environmental contexts were identified as key elements of future prevention-oriented healthcare systems.

The discussion also introduced a systems-based perspective on chronic disease, emphasizing the interaction between metabolic, immune, hormonal, neurological, and environmental factors. Prevention was framed not only as the reduction in risk factors but also as the preservation of biological function and adaptability, with increasing attention given to healthspan, chronic inflammation, stress-related dysfunction, and early physiological decline.

A particularly distinctive topic concerned the relationship between craniofacial development, airway function, and long-term health outcomes. The session highlighted

pediatric sleep-disordered breathing as an underrecognized condition associated with neurocognitive, behavioural, metabolic, and cardiovascular consequences [45]. Chronic mouth breathing, abnormal tongue posture, feeding dysfunction, and impaired craniofacial growth were presented as early developmental markers that may influence health trajectories well beyond childhood, reinforcing the importance of multidisciplinary assessment during critical periods of growth [46].

Finally, the speakers addressed the challenge of accurately differentiating headache disorders with overlapping neurological and rhinological manifestations. Particular attention was given to the role of sinonasal pathology, anatomical variations, and contact-point mechanisms in selected patients, emphasizing the importance of careful phenotyping and targeted diagnostic evaluation before initiating treatment [47].

Overall, the session illustrated a shift toward preventive models that integrate behavioural science, developmental medicine, systems biology, and precision diagnostics, with the common goal of identifying vulnerability earlier and intervening before irreversible disease becomes established.

2.8. From Fertility Preservation to Reproductive Prevention: Integrating Predictive and Preventive Medicine in Women's Health

This panel addressed the transition from reactive reproductive care to a predictive and preventive model in women's health, with a strong focus on integrating risk assessment, early intervention, and personalized strategies across the reproductive lifespan. The session brought together expertise in obstetrics and gynecology, reproductive medicine, maternal–fetal medicine, and preventive medicine, highlighting the need for interdisciplinary approaches in managing both fertility and pregnancy-related risks.

A recurring message throughout the session was that infertility prevention should begin long before a couple actively attempts conception. Speakers argued that reproductive medicine remains excessively focused on treatment, while opportunities for early identification of fertility risk are frequently missed. Several presentations highlighted the mismatch between biological reproductive aging and contemporary reproductive behaviour, emphasizing that many individuals continue to overestimate the ability of assisted reproductive technologies to compensate for age-related fertility decline [48]. The need for fertility education beginning in adolescence and continuing throughout reproductive life was repeatedly emphasized [49].

Particular attention was given to the concept of reproductive screening as a preventive intervention. Rather than waiting until infertility becomes clinically apparent, the speakers advocated earlier assessment of reproductive health through menstrual history evaluation, ovarian reserve assessment, identification of ovulatory disorders, and recognition of conditions associated with future fertility impairment [50]. Endometriosis was repeatedly cited as a condition that remains significantly underdiagnosed despite often being present for years before fertility is affected [51]. Similarly, screening and early treatment of sexually transmitted infections, particularly Chlamydia trachomatis, were presented as important but underutilized strategies for preserving future reproductive potential [52].

The discussions on polycystic ovary syndrome extended beyond infertility and focused on the long-term consequences of delayed diagnosis. PCOS was presented as a condition requiring lifelong follow-up because of its associations with obesity, insulin resistance, metabolic syndrome, cardiovascular disease, pregnancy complications, and endometrial pathology [53]. The speakers emphasized that management should not be limited to achieving pregnancy but should include structured metabolic surveillance and preventive interventions throughout the patient's life course.

Another major theme concerned fertility preservation in oncology patients. The session highlighted that reproductive counseling should be offered immediately after cancer

diagnosis and before initiation of gonadotoxic therapies [54]. Despite the availability of oocyte, embryo, sperm, ovarian tissue, and testicular tissue cryopreservation, referral pathways remain inconsistent and many eligible patients are never informed of these options [55]. Participants stressed the importance of establishing closer collaboration between oncologists and reproductive medicine specialists to ensure that fertility preservation becomes an integrated component of cancer care rather than an exceptional intervention.

The presentations also addressed the growing demand for elective oocyte cryopreservation associated with delayed parenthood. However, speakers emphasized that social freezing should not replace reproductive education [56]. Instead, fertility preservation technologies should be accompanied by accurate counseling regarding age-related fertility decline, expected success rates, and realistic reproductive planning.

Multiple pregnancy was presented as one of the clearest examples of predictive obstetrics in modern maternal–fetal medicine. The discussion emphasized that prevention begins with accurate determination of chorionicity in the first trimester, as subsequent surveillance strategies, complication profiles, and clinical outcomes differ substantially between dichorionic and monochorionic pregnancies [57]. Speakers highlighted the importance of early risk stratification for preeclampsia, fetal growth restriction, spontaneous preterm birth, and twin-specific complications, arguing that future advances will rely increasingly on individualized prediction models integrating ultrasound markers, maternal characteristics, and emerging artificial intelligence tools [58]. The session also underscored the growing need for specialized multidisciplinary care pathways as the incidence of multiple pregnancies continues to rise in parallel with assisted reproductive technologies [59].

The session advocated a shift from reactive infertility management toward a preventive reproductive health model centered on fertility awareness, earlier diagnosis of reproductive disorders, timely fertility preservation, and long-term reproductive counseling. The speakers consistently argued that preserving fertility requires interventions years before infertility is diagnosed, making education, screening, and risk assessment central components of modern reproductive medicine.

2.9. Integrated Approaches to Drug Prevention, Addiction Management and Mental Health: Evidence and Future Directions

This panel focused on the growing burden of mental health disorders and addictions, particularly among children and adolescents, emphasizing the need for integrated, multidisciplinary, and prevention-oriented strategies. The session brought together specialists in child and adolescent psychiatry, psychology, psychotherapy, addiction medicine, and educational counseling, highlighting the intersection between clinical care, public health, and educational systems.

This panel emphasized that effective addiction prevention must begin long before substance use emerges and should be closely integrated with mental health promotion [60]. A recurring theme was that many risk behaviors develop on the background of untreated emotional difficulties, highlighting the importance of early identification of anxiety, social isolation, and psychological vulnerability [61].

Particular attention was given to a peer-to-peer prevention model implemented in Romanian high schools, where trained students act as ambassadors for mental health and addiction prevention [62]. Workshops addressed topics such as anxiety, bullying, addictions, interpersonal relationships, sexual education, and career orientation. An important finding was that fewer than 13% of students reported they would seek help from an adult at school when facing a personal problem, while most preferred to talk to peers, supporting the value of peer-led interventions.

Childhood anxiety was presented as one of the most important targets for prevention. Speakers highlighted that anxiety disorders are frequently overlooked because symptoms

are often interpreted as normal personality traits [63]. School refusal, separation anxiety, social avoidance, and recurrent somatic complaints were identified as warning signs requiring early assessment. The discussion also pointed to parental overprotection as a modifiable factor that may increase vulnerability to anxiety and impair the development of autonomy [64].

The concept of the school ecosystem was another central topic. Mental health was described as strongly influenced by the educational environment, including the quality of relationships, anti-bullying measures, institutional support, and school culture [65]. Participants argued that collaboration should be encouraged over excessive competition during the early school years, as cooperative skills contribute significantly to long-term social and emotional development.

The growing impact of the digital environment was also discussed. Cyberbullying, social exclusion, sleep disturbances, social withdrawal, and sudden academic decline were highlighted as important warning signs that may precede more serious mental health problems or substance use behaviors [66].

Overall, the panel advocated shifting addiction prevention from a substance-centered approach toward one focused on emotional resilience, early intervention, supportive school environments, and stronger collaboration between families, schools, and mental health professionals.

2.10. Neonatal Screening: Shaping Relevant Strategies

This panel addressed the strategic development of neonatal screening programs, focusing on their role as essential public health tools for early detection of severe but treatable conditions and for improving long-term health outcomes. The session brought together specialists in medical genetics, pediatric neurology, gastroenterology, neonatology, audiology, and public health, reflecting the multidisciplinary nature of modern neonatal screening systems.

A central theme of the panel was the expansion and consolidation of neonatal screening at the national level, emphasizing the importance of coordinated programs, institutional frameworks, and policy support. Neonatal screening was highlighted as one of the most effective population-based interventions, enabling the identification of rare but severe conditions before the onset of symptoms, thereby significantly reducing morbidity and mortality [67].

The concept of the "window of opportunity" in early life was repeatedly emphasized, particularly in the context of neurological and rare diseases. Early diagnosis through neonatal screening allows for timely therapeutic interventions, often before irreversible damage occurs, especially in conditions such as neuromuscular and metabolic disorders [68]. This reinforces the role of screening not only as a diagnostic tool but as a gateway to early treatment and long-term disease management.

The Romanian neonatal screening landscape was discussed from a longitudinal perspective, highlighting progress made in recent years, while also identifying existing gaps in coverage, standardization, and access. The need for harmonization with international standards and the expansion of screening panels were emphasized, alongside the importance of integrating screening into broader healthcare pathways, including follow-up, diagnosis, and treatment.

Particular attention was given to the implementation of pilot programs, such as newborn screening for spinal muscular atrophy (SMA), illustrating the transition from research initiatives to inclusion in national screening programs. This reflects a broader shift toward incorporating new conditions based on advances in therapeutics, especially where early treatment significantly alters disease prognosis [69].

Hearing screening was discussed as a successful example of large-scale implementation, but also as an area requiring further development, particularly through the establishment of national registries to ensure follow-up, quality control, and long-term outcome monitoring [70]. The importance of data systems and registries was highlighted as critical for evaluating program effectiveness and guiding policy decisions [71].

Finally, the panel explored the emerging role of artificial intelligence in neonatal screening, particularly in improving diagnostic accuracy, optimizing data analysis, and supporting clinical decision-making [72]. The integration of advanced technologies was presented as a key future direction, enabling more efficient, scalable, and personalized screening approaches.

The panel underscored that neonatal screening must evolve from isolated testing procedures into comprehensive, integrated systems that include early detection, confirmatory diagnostics, treatment pathways, and long-term follow-up, supported by national policies, infrastructure, and innovation.

2.11. Genetics in Preventive Medicine: The Future of Prediction and Prevention in Oncogenetics

This panel focused on the rapidly evolving role of genetics in preventive medicine, particularly in the field of oncogenetics, highlighting the transition from reactive oncology to predictive, personalized, and population-based prevention strategies. The session brought together specialists in medical genetics, oncology, and pathology, emphasizing the integration of genetic information into clinical decision-making and public health policies.

A central theme of the panel was the increasing importance of genetic testing in identifying individuals at high risk for hereditary cancers and enabling targeted prevention strategies. The concept of polygenic risk and personalized prevention was introduced as a promising but still evolving approach, raising important considerations regarding clinical utility, cost-effectiveness, and implementation at population level [73]. The discussion highlighted that while genetic risk stratification has the potential to transform prevention, its integration into healthcare systems requires clear guidelines, infrastructure, and ethical frameworks.

The role of European Reference Networks (ERNs) and international collaboration was emphasized as essential for improving access to expertise in rare cancers and hereditary syndromes. Cross-border collaboration allows for standardized diagnostic pathways, better case management, and improved outcomes, particularly in complex oncogenetic conditions [74].

Another key topic was the management of BRCA and non-BRCA mutation carriers, where the panel addressed the balance between conservative surveillance and prophylactic surgical interventions. Personalized risk assessment was highlighted as fundamental in guiding these decisions, taking into account genetic profile, family history, and patient preferences [75]. This reflects a shift toward individualized preventive strategies rather than one-size-fits-all recommendations.

The transformation of hereditary cancer risk into actionable preventive strategies was discussed as a major paradigm shift. Genetic information is increasingly used not only for diagnosis but also for guiding screening protocols, timing of interventions, and long-term follow-up. Predictive genetic testing was presented as a cornerstone of this approach, enabling earlier identification of at-risk individuals and implementation of tailored surveillance programs [76].

The panel also explored the continuum from tumor genomics to population-level screening, emphasizing the need to bridge clinical oncology and public health. This includes expanding access to genetic testing, integrating family-based screening approaches, and developing national strategies for hereditary cancer prevention [77].

Finally, particular attention was given to Lynch syndrome as a model for precision prevention, illustrating how genetic diagnosis can directly inform targeted screening and risk-reduction measures [78]. The importance of genetic counseling and structured follow-up was emphasized to ensure that genetic information translates into effective clinical practice.

Overall, the panel highlighted that oncogenetics is becoming a cornerstone of preventive medicine, with the potential to shift healthcare systems toward earlier intervention, personalized risk management, and more efficient allocation of resources.

2.12. Health Education and Prevention in Schools—Foundations of a Healthy Society

One of the central themes of this panel was the recognition that health education should no longer be viewed as an isolated public health intervention, but rather as a continuous process embedded within the educational system. Speakers argued that many of the health challenges currently observed among children and adolescents—including unhealthy dietary habits, sedentary behaviour, emotional distress, and poor health literacy—originate long before they become visible in healthcare settings. Consequently, schools represent a critical environment for prevention, offering repeated opportunities to influence behaviour during key developmental stages [79].

A particularly important discussion focused on the discrepancy between knowledge and action. Data presented during the session showed that although approximately 90% of adults express the intention to adopt healthier lifestyles, only 45% ultimately translate this intention into concrete behavioural change. Furthermore, 60% of respondents reported feeling overwhelmed by conflicting health information, while 70% identified medical terminology as a major barrier to understanding health-related messages. These findings challenge the traditional assumption that increasing knowledge alone is sufficient to improve health outcomes and suggest that future educational programmes should focus on behavioural implementation, practical decision-making, and the development of sustainable habits.

Another recurring topic was the need to move from passive information delivery towards interactive and participatory educational models. The session highlighted the growing preference among children and parents for digital and visually engaging learning tools, including animated content, educational applications, gamified activities, and short expert-led videos [80]. Such approaches were presented not merely as modern communication tools, but as mechanisms capable of improving retention, engagement, and ultimately behaviour change. In this context, the Health in Motion initiative was discussed as an example of a scalable educational framework designed to translate research findings into practical learning experiences for students, teachers, and families.

Nutrition emerged as a particularly urgent priority. Speakers emphasized that childhood obesity, unhealthy school food environments, and low levels of physical activity are increasingly contributing to long-term cardiometabolic risk [81]. Importantly, the discussion extended beyond dietary recommendations and focused on the broader challenge of creating school environments that facilitate healthy choices. Educational interventions promoting balanced nutrition, regular meal patterns, adequate hydration, and reduced consumption of highly processed foods were presented as achievable measures with potential long-term benefits for both physical and cognitive development.

The panel also underscored the evolving role of school medicine at the intersection of clinical practice and public health. Rather than functioning exclusively as a provider of episodic medical care, school health services were portrayed as strategic actors in prevention, health promotion, early identification of health risks, vaccination support, and health equity initiatives. Several speakers argued that strengthening collaboration between

educational institutions, healthcare professionals, and public health authorities will be essential for addressing emerging challenges affecting younger generations.

The session highlighted a shift from traditional health education models centred on information transfer towards evidence-informed approaches focused on behaviour change, health literacy, and community engagement. Future directions identified by the speakers included the development of national health education programmes, expansion of school-based preventive interventions, integration of digital educational platforms, and systematic evaluation of behavioural outcomes. Collectively, these initiatives aim to transform schools into active partners in the promotion of lifelong health and prevention.

2.13. Promoting Vaccination: Updating Public Health and Communication Policies

This session explored vaccination as a complex public health challenge situated at the intersection of medicine, communication, health literacy, and community engagement. Across the presentations, a common message emerged: achieving high vaccination coverage requires more than ensuring vaccine availability. Sustainable improvements depend on public trust, effective communication strategies, accessible preventive services, and the ability to address the diverse concerns of different population groups [82].

A recurring theme throughout the session was the need to move beyond traditional information campaigns and adopt communication approaches that are audience-specific, culturally sensitive, and action-oriented. Speakers emphasized that individuals often face multiple barriers when considering preventive interventions, including limited health literacy, misinformation, lack of trust in healthcare institutions, logistical difficulties, financial constraints, and social influences [83]. Consequently, successful vaccination programmes require tailored communication strategies that acknowledge these realities rather than relying solely on the dissemination of scientific information.

Particular attention was given to the role of trusted intermediaries in shaping health behaviours. Family physicians, healthcare professionals, community leaders, religious leaders, and health mediators were identified as key actors capable of increasing confidence in vaccination and facilitating access to preventive services, especially in underserved communities. Discussions highlighted the importance of community-based approaches, local engagement, and audience segmentation, recognizing that communication channels and persuasive messages differ substantially across age groups, educational levels, and geographic settings.

The experience of the National Institute for Infectious Diseases "Prof. Dr. Matei Balș", Bucharest, illustrated how specialized vaccination services can strengthen preventive healthcare. The recently expanded vaccination and travel medicine clinic registered approximately 600 consultations in 2025 and is expected to exceed 800 consultations annually. Beyond vaccine administration, the centre provides individualized counselling, travel medicine expertise, risk assessment, and support for patients requiring specialized preventive recommendations. The presentation further advocated for the development of similar vaccination centres in major regional hubs to improve access to expert guidance and strengthen national vaccination capacity.

Another distinctive topic addressed during the session was the potential role of artificial intelligence in vaccine communication. Rather than replacing healthcare professionals, AI was presented as a tool that could support population segmentation, adapt messages to different literacy levels, personalize educational content, assist clinicians in addressing vaccine-related concerns, and facilitate more rapid responses to misinformation. Such approaches may help deliver communication that is simultaneously scalable, relevant, and responsive to the needs of specific audiences [84].

Overall, the panel highlighted a shift from viewing vaccination primarily as a clinical intervention towards understanding it as a broader communication and public engagement challenge. Future directions identified by the speakers included strengthening specialized vaccination services, investing in community-based communication strategies, expanding the role of trusted local actors, and leveraging digital technologies to support more personalized and effective preventive health communication.

3. Workshops and Practical Sessions

3.1. Prevention Through Nutrition: Scientific Foundations and Personalized Psycho-Nutritional Interventions

A central message of this workshop was that nutrition should no longer be viewed primarily through the lens of calorie intake and weight loss, but as a key determinant of metabolic health, ageing trajectories, and disease prevention. Speakers emphasized the distinction between lifespan and healthspan, arguing that preventive strategies should focus on preserving function and delaying biological ageing rather than simply extending survival [85]. In this context, several hallmarks of ageing, including chronic low-grade inflammation (inflammaging), mitochondrial dysfunction, altered nutrient sensing, and impaired cellular communication, were presented as potentially modifiable targets through lifestyle and nutritional interventions [86].

The workshop also challenged the traditional view that obesity results mainly from excessive caloric intake and insufficient physical activity. Discussions highlighted the role of biological mechanisms regulating appetite, satiety, energy expenditure, and food-seeking behaviour. Concepts such as food noise, neuroendocrine dysregulation, and the interaction between leptin, ghrelin, and incretin pathways were presented as explanations for the marked variability observed in treatment response and weight-loss maintenance [87]. This perspective supported the emerging concept of precision obesity medicine, in which interventions are selected according to the dominant biological and behavioural drivers of weight gain rather than using a uniform approach for all patients.

Another recurring theme was the need to preserve muscle mass throughout both ageing and weight-loss interventions. Rather than considering weight reduction an endpoint in itself, speakers emphasized maintaining metabolic function and physical performance. Sleep was similarly described as a fundamental regulator of metabolic homeostasis, influencing hormonal secretion, appetite regulation, food choices, stress responses, and long-term weight control. Insufficient sleep was repeatedly identified as a major but often neglected contributor to metabolic dysfunction [88].

Particular attention was given to the behavioural determinants of nutrition. The workshop explored how food choices are influenced not only by physiological hunger but also by reward mechanisms, emotional states, family dynamics, and environmental exposures. Discussions on psycho-nutrition emphasized that patients rarely fail because they lack information; instead, difficulties often arise from the inability to translate knowledge into sustainable behavioural change. In this context, successful interventions were described as those that begin with understanding patient motivations, identifying perceived benefits, and establishing a therapeutic alliance before dietary recommendations are introduced [89].

The presentations also highlighted the growing challenge of promoting healthy nutrition among children and adolescents. Speakers noted that despite decades of nutritional education campaigns, many young people remain unfamiliar with the health implications of highly processed foods and food additives. At the same time, modern behavioural environments characterized by social media exposure, reward-driven marketing, chronic sleep deprivation, and highly palatable ultra-processed foods increasingly shape dietary habits [90]. Examples presented during the workshop suggested that educational strategies

are more effective when they actively involve children, use digital tools familiar to younger generations, and engage families as partners in behaviour change rather than focusing exclusively on the child.

The workshop advocated for a transition from prescriptive dietary advice towards integrated prevention models that combine nutritional science, obesity medicine, behavioural psychology, sleep health, and family-based interventions. Future preventive strategies were presented as increasingly personalized, focusing not only on what individuals eat, but also on why they eat, how they live, and how biological, psychological, and social factors interact to influence long-term health outcomes.

3.2. Addiction Prevention: Neurobiology, Media Influence and Public Health Responses

This workshop approached addiction through the complementary perspectives of neuroscience and communication sciences, emphasizing that addictive behaviours emerge from the interaction between biological vulnerability and increasingly persuasive social environments. A central theme was the recognition of addiction as a chronic relapsing brain disease, rather than a moral failure or lack of willpower. The neurobiological presentation described how repeated exposure to psychoactive substances induces structural and functional alterations in reward circuits involving dopamine, glutamate, GABA, opioid and endocannabinoid pathways. These neuroadaptations contribute to tolerance, withdrawal symptoms, craving, and the progressive loss of behavioural control [91]. Particular attention was given to maladaptive neuroplasticity, whereby repeated substance exposure reshapes neuronal networks and reinforces compulsive drug-seeking behaviour. Epigenetic mechanisms were also discussed as a potential explanation for the persistence of addiction risk and vulnerability to relapse even after prolonged periods of abstinence [92].

A recurrent message throughout the workshop was the particular vulnerability of adolescents. Speakers highlighted that brain maturation continues well into early adulthood, making adolescence a critical period during which exposure to alcohol, nicotine, cannabis, and other psychoactive substances may interfere with cognitive development, executive functioning, memory, and decision-making [93]. The neurobiological processes underlying addiction were used to explain why experimentation is often perceived as harmless by young people, despite the progressive development of tolerance and the tendency to escalate consumption over time. Discussions also addressed the phenomenon of polydrug use, describing how the search for stronger rewarding effects may lead individuals from initial experimentation to increasingly complex patterns of substance use.

The second part of the workshop focused on the role of media ecosystems in shaping addictive behaviours. Historical examples were used to illustrate how traditional media contributed to the normalization of smoking and alcohol consumption by associating these behaviours with success, attractiveness, social status, and personal achievement. Participants argued that although direct tobacco advertising and product placement have become more regulated, similar mechanisms continue to operate within digital environments. Social media platforms, influencer-generated content, and algorithm-driven recommendation systems were presented as powerful drivers of behavioural normalization, particularly among adolescents. Unlike traditional media, contemporary digital platforms provide continuous exposure, personalized content delivery, and active user participation, creating environments in which alcohol consumption, vaping, gambling, and even illicit drug use may appear common, acceptable, or socially desirable [94]. The workshop highlighted evidence suggesting that repeated exposure to such content increases experimentation, positive attitudes toward substance use, and engagement in risk behaviours among young people.

Beyond substance use, speakers extended the discussion to behavioural addictions, including problematic social media use, online gambling, gaming, and compulsive online

shopping. These behaviours were described as sharing common psychological and neurobiological mechanisms with substance addictions, particularly through repeated activation of reward pathways and reinforcement learning processes. The workshop emphasized that prevention strategies must evolve accordingly, addressing not only psychoactive substances but also the digital architectures that increasingly shape behaviour.

The final discussions focused on prevention and treatment. Participants argued that effective addiction prevention cannot rely on isolated interventions delivered sporadically in schools. Instead, they advocated for continuous health education programmes that integrate medical professionals, educators, communication specialists, policymakers, families, and individuals with lived experience of addiction. Media literacy and digital literacy were identified as essential competencies, enabling young people to recognize persuasive messaging, hidden marketing strategies, and algorithmic influences. The workshop also highlighted significant gaps in addiction care, particularly regarding long-term rehabilitation and relapse prevention. While detoxification services are available, speakers stressed that recovery requires sustained psychological, behavioural, and social support, as relapse frequently occurs when individuals return to the same environments, social networks, and behavioural triggers that contributed to the development of addiction. Finally, reducing stigma was presented as a necessary component of any public health response, with addiction repeatedly framed as a chronic medical condition requiring multidisciplinary care rather than social condemnation.

4. Conclusions

The Second International Congress of Preventive Medicine highlighted the growing importance of shifting healthcare systems from reactive models toward predictive, personalized, and prevention-oriented approaches. Across a broad range of topics—including screening, cancer prevention, reproductive health, neonatal screening, mental health, nutrition, lifestyle medicine, vaccination, and oncogenetics—participants emphasized the value of early intervention, risk stratification, multidisciplinary collaboration, and evidence-based public health policies.

The congress reinforced the concept that effective prevention requires coordinated action involving healthcare professionals, researchers, policymakers, patient organizations, and international institutions. By fostering interdisciplinary dialogue and international collaboration, the event provided a platform for translating scientific advances into practical strategies aimed at reducing disease burden, improving population health outcomes, and supporting the development of more sustainable healthcare systems.

Author Contributions: Conceptualization, R.-E.B. and C.-E.D.; writing—original draft preparation, C.-E.D.; writing—review and editing, R.-E.B.; supervision, R.-E.B.; project administration, R.-E.B. and C.-E.D. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Acknowledgments: During the preparation of this manuscript/study, the author(s) used ChatGPT (OpenAI, GPT-5.5) for grammar correction, spelling revision, and language editing. The authors have reviewed and edited the output and take full responsibility for the content of this publication.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

AI	Artificial Intelligence
BRCA	Breast Cancer Gene
COM-B	Capability, Opportunity, Motivation–Behaviour Model
ECAC	European Code Against Cancer
ECO	European Cancer Organisation
EFC	European Federation for Colposcopy
ELMO	European Lifestyle Medicine Organization
ENT	Ear, Nose and Throat
ESGO	European Society of Gynaecological Oncology
GABA	Gamma-Aminobutyric Acid
GPT	Generative Pre-trained Transformer
HPV	Human Papillomavirus
IARC	International Agency for Research on Cancer
PCOS	Polycystic Ovary Syndrome
ROCCAS	Romanian Colorectal Cancer Screening Program
SMA	Spinal Muscular Atrophy
SRMP	Romanian Society of Preventive Medicine
UV	Ultraviolet
WBH	Whole-Body Health
WHO	World Health Organization

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