Assessment of factors contributing to endometrial cancer in the UAE
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Endometrial cancer (EC) is one of the commonest cancers in women worldwide. The incidence of EC cancer is rising in US, Europe and other parts of the world in the last few decades. It has close relationship with obesity as indicated by substantial body of epidemiological evidence. Obesity now contributes as much as smoking to overall cancer deaths. In retrospective series of premenopausal endometrial cancer patient, obesity and null parity were the strongest risk factors for development of cancer. UAE stands fourth globally in highest obesity ratio among women at 39% and constantly is on the rise. According to the National Diabetes Survey more than 25 percent of United Arab Emirates (UAE) nationals have diabetes of one form or another. In 2008 another study showed that 70% of UAE population is at risk of developing diabetes obese women have 2-4 times greater risk of developing Endometrial Cancer (EC) regardless of menopausal status. Body mass index and other measures of obesity are positively associated with both diabetes and EC. Diabetes has been associated with increased risk of endometrial cancer independent of obesity. Women with known diabetes have 3-fold increased risk of endometrial cancer. Unfortunately, the incidence of endometrial cancer among UAE population is unknown. The population is especially at increased genetic and environmental risk of developing diabetes. In view of high prevalence of diabetes and obesity, native women are at increased statistical risk of developing endometrial cancer. The association of obesity and diabetes with endometrial cancer in UAE population is not studied. This study has identified several positive and negative modulator/contributor factors for endometrial cancer in woman

What is the impact of multi-professional emergency obstetric and neonatal care training?
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This paper reviews evidence regarding change in healthcare-provider behavior and maternal and neonatal outcomes as a result of emergency obstetric and neonatal care (EmONC) training. A refined version of the Kirkpatrick classification for program evaluation was used to focus on change in efficiency and impact of training (levels 3 and 4). Twenty-three studies were reviewed 5 randomized controlled trials, 2 quasi-experimental studies and 16 before and after observational studies. Training programs had all been developed in high-income countries and adapted for use in low and middle income countries. Nine studies reported on behavior change and 13 on process and patient outcomes. Most showed positive results. Every maternity unit should provide EmONC teamwork training, mandatory for all healthcare providers. The challenges are scaling up such training to all institutions, sustaining regular in-service training, integrating training into institutional and health-system patient-safety initiatives and ‘thinking-out-of-the-box’ in evaluation research.

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