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In and Around Tabuk

King Fahd Specialist Hospital is 19 minutes from University Tabuk and is a major tertiary level hospital in Tabuk region providing world class treatment- Dr. Tanveer

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MedEdu Tabuk

Weekly Newsletter

Department of Medical Education, Faculty of Medicine, University of Tabuk

King Fahd Specialist Hospital

Message From the Editor

Alhamdulillah !! Yet another milestone. Inshallah from next week our colleagues at King Fahd Specialist Hospital (KFSH), Tabuk will be receiving our faculty newsletter. This will allow us to share our work with them and vice versa. We look forward to this partnership with great enthusiasm and hope it will allow us to have more impact in the health education and care in Tabuk region. I like to welcome Dr. M. Mominul Islam to our MedEdu Tabuk family. He will be coordinating our activities with KFSH. Special thanks to our Dean Dr. Marai and Dr. Aziz of Medical Academic affairs in KFSH for making this happen.



Our Contact at King Fahad Specialist Hospital

Dr. Mohammad Mominul Islam has been made responsible for taking care of MedEdu Tabuk affairs at KFSH. He is the Ex-Head and Ex-Head, and Consultant (privileged) for- Department of Public Health (PH) and Department of Infection Prevention & Control (IPC), Chairperson, Infection Prevention and Control Committee (IPCC), King Fahad Specialist Hospital, Tabuk, KSA. His contact details is as follows:



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Academic Affairs arrangement for Next Week

Prof Magdy M. ElShamy

For Female Section:

- ❖ **Mathematics 2 (MATH 101): First Periodic Exam** for preparatory year on Monday (26/2/2018)
- ❖ **General Physics (PHYS 101): First Periodic Exam** for preparatory year on Thursday (1/3/2018)
- ❖ **Endocrine System Module: 3rd year, Announcing the Results of Final-Module Exam.**

For Male Section:

- ❖ **Mathematics 2 (MATH 101): First Periodic Exam** for preparatory year on Monday (26/2/2018)
- ❖ **General Physics (PHYS 101): First Periodic Exam** for preparatory year on Wednesday (28/2/2018)
- ❖ **Endocrine System Module: 3rd year, Announcing the Results of Final-Module Exam.**

This Week Last Week



Prevention Paradox

Dr. Mohammad Mominul Islam

MPH, MSc. IC (Essex- In progress)

Ex-Head, and Consultant (privileged) for-

Department of Public Health (PH) and

Department of Infection Prevention & Control (IPC)

Chairperson, Infection Prevention and Control Committee (IPCC),

King Fahad Specialist Hospital, Tabuk, KSA

Prevention paradox was described by the eminent epidemiologist, Geoffrey Rose, in his book 'Strategy of Preventive Medicine' (Allebeck, 2008). The prevention paradox describes the continuum of distribution of risk factors which are major determinants of disease. The high-risk people lies at the extreme end of the disease continuum who constitute a small number of people compared to the moderate-risk group or the larger general population. Thus, interventions meant for the moderate-risk group or the general population would yield more effective outcome than the high-risk group. It is known as prevention paradox because the moderate-risk group or the general population do not get the greatest benefits from prescribed interventions compared to the high-risk group (Allebeck, 2008).

Thus the question arises- what would be the best public health intervention? Should we focus on larger low-risk or moderate-risk group of a population or on a smaller high-risk group? (WHO, 2002). Practically it is rare to get some clear option and it is better to apply combined intervention strategies in public health (WHO, 2002). Houghton (n.d.) mentions, 'insider status, knowledge and understanding is essential in developing true insight in developing culturally appropriate interventions'.

The WHO (anon, 2002) gives some priority suggestions like- i) 'population-based interventions', ii) 'primary over secondary prevention' and iii) control of distal than proximal risk factors of health.

UPCOMING ACTIVITY

Medical Education Committee Meeting

Date: February 28th, 2017 Wednesday

Venue: Meeting in 1st Floor

Time: 9am-10am

THE WHO COMMEMORATIVE DAY ON HYPERTENSION

Dr. M A K SHAWIR

The event was about celebrating the day of anti hypertension. The slogan was launched by the WHO to be celebrating on 17/03/2018. My self and my students from the male side visited Al Asr secondary school in Aluyia 2 in Tabuk on Thursday 22/02/2018

The event included:

Presenting a lecture about Hypertension prevention.
Measuring the blood pressure of teachers and students alike.
Distributing pamphlets.

The names of the participants:

Dr. M A K SHAWIR

AHMED Hammod (4th year)

KHALID (5th year)

AHMED AL AMARI (Director of al Asr school)

The event was enjoyable and gratifying for all parties.





Breast Cancers



Cancer involving the breast is the most common form of cancers in females around the world, affecting approximately one in every 12 women. Like other cancers, breast cancer arises when the cells of the breast lose control over their division and start to invade neighboring tissues. Unfortunately, breast cancer in its early stages is usually asymptomatic. However, as the tumor grows, visible signs or symptoms like a lump or thickening, a change in shape, color, or feel of the skin may be apparent.

Risk Factors

Gender: Only about 1% of all breast cancer cases are seen to occur in males. Therefore, being a female is a huge risk factor for breast cancer.

Age: The incidence of breast cancer is very low in the 20s, steadily increasing with a plateau at the age of 45, and dramatically increasing after 50 years of age.

Genetic: Approximately 5-10% of breast cancer cases are familial, and can result from mutations in the BRCA1 or BRCA2 genes that normally control the rate of cell division. Consequently, cells begin to divide in an uncontrolled manner, leading to tumor development. Yet, 90-95% of breast cancers are sporadic in nature, with no history of any familial involvement.

Other factors: Studies have shown that women who start menstruating at an earlier age and/or have late menopause, are more susceptible to developing breast cancer due to changes in hormone levels. A sedentary lifestyle, no childbearing or late age at first birth, decreased breast feeding, frequent alcohol consumption, or gaining weight after menopause are among other factors that promote the development of breast cancer.

Diagnosis and Management

Breast cancer symptoms can be detected by a simple self-check examination after the age of 20. Noticeable symptoms include a lump in the breast or under the arm (painful or not), discharge from the breast, puckering or redness of the breast skin, and/or nipple inversion.

Clinical diagnosis involves visual examination, a special X-ray of the breast tissue (mammography), ultrasonography, and/or biopsy. Molecular diagnostic tests are also available for the two major breast cancer susceptibility genes to predict chances for families at risk.

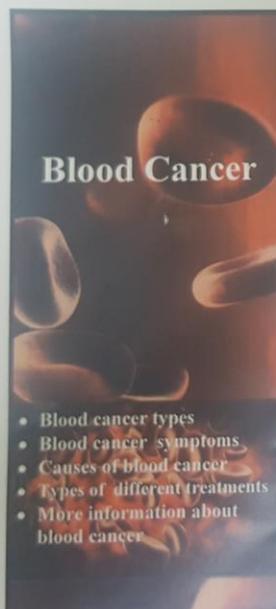
Surgery is the most commonly used treatment methodology to combat this disease. For tumors in the early stages of growth, lumpectomy, or breast sparing surgery can be performed. However, for more advanced cases, mastectomy or complete removal of breast may be required.

Radiation therapy is another effective method of treatment, and is usually used when the cancer has spread to the lymph nodes. In aggressive cases, chemotherapy is started. Prognosis for breast cancer depends upon the stage, and grade of the tumor, and the patient's age, and general health. Chances of recurrence are especially low when the axillary lymph nodes have been unaffected and have been removed.

Breast Cancer in Arab Populations

Breast cancer prevalence rates in the Arab region are mostly similar to those in the rest of the world. Approximately 23 and 33% of cancer patients in Yemen and Egypt, respectively, are affected by breast

Blood Cancer



BLOOD CANCER SYMPTOMS

- Loss of weight and loss of appetite
- Fatigue and unexplained bleeding
- Block coloration of the skin or fingernails
- Rapid heart rate
- Chest pain
- Shortness of breath

BLOOD CANCER RISK FACTORS

- History of organ transplant
- Smoking
- Family history of blood cancer
- Old age
- Prolonged exposure to radiation/chemotherapy
- Compromised immune system such as HIV/AIDS

BLOOD CANCER IN NUMBERS

- Every 14 minutes someone is diagnosed with blood cancer or a related disease.
- That's about 38,000 people every year.
- There are 137 different types of blood cancer.
- There are 230,000 people living with the disease in the UK.
- Because of the high global cancer rate in the UK, with 38 people dying from the disease every day.
- 14,000 people have been diagnosed with blood cancer in the UK.

Radiation therapy :

It can be used to destroy cancer cells or to remove the pain or discomfort.

More information about blood cancer :

- Every 3 minutes in the (US) a person is diagnosed with blood cancer .
- In the (US) the number of people that was expected to be diagnosed with Leukemia, Lymphoma or Myeloma which was 172910 in 2017.
- Every 9 minutes , someone in the (US) dies from blood cancer .Also 160 people die every day.
- Blood cancer is 10% of all the cancer types diagnosed each year.

Exam Invigilation Schedule 25/2/2018- 1/3/2018

Dr. Zubair Mohammed

Date	Module	Invigilators	Time	Venue
NONE				