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Women's health: Diabetes and dust storms

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Due to the spread of dust storms, lots of attention has been paid to whether dust storms will affect health problems. Literatures have found that dust storms do lead to diseases such as asthma and pneumonia. However, research on the association between dust storms and diabetes is overlooked. This study is the first to explore the relationship between dust storms events and diabetes hospital admissions by applying time series models to Taiwan's National Health Insurance Data during 2000-2009. The results show that a dust storm event leads to an increase in the number of diabetes hospital admissions but the effect is delayed rather than immediate and is presented for women only. After controlling for daily temperature and air condition, season and time trend, we find that dust storms event days do not result in a significantly higher number of diabetes hospital admissions. However, a significantly 14.2 more cases of diabetes admissions are exhibited on the first day after a dust storm event. When the data are further stratified by age, the same delayed effect is present in those aged 45-64 and over 74. The prevention and control of diabetes is important since diabetes is related to fatal diseases such as heart and kidney failure. Our study shows that although a dust storm event does not cause an immediate incidence of diabetes hospitalizations, it does induce diabetes hospitalizations for women through a delayed effect. Women with diabetes should be extremely careful and avoid outdoor activities after dust storms occur.

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## Results of an individual cancer risk assessment tool in a tertiary oncology clinic

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**Background:** Individual cancer risk assessment is essential for early detection and primary prevention of cancers. There are some risk assessment tools such as Familial Risk Assessment-Breast and Ovarian Cancer (FRA-BOC) and Gail model. Defining the risk factors' prevalence in a particular population such as the relatives of cancer patients is vital for cancer risk assessment. In Turkey, a cancer risk assessment study has not been conducted yet.

**Aim:** The aim of this study was to evaluate the prevalence of some gynecological cancer risk factors in a population of female relatives of cancer patients in Hacettepe University Oncology Hospital.

**Methods:** An individual cancer risk assessment questionnaire has been developed in the Department of Preventive Oncology which questions the medical history, health behaviors and cancer awareness as well as their behavior toward available cancer screening tools. The questionnaire was completed by the relatives of cancer patients admitted to Hacettepe University Oncology Hospital for diagnosis and treatment. The data were collected between 2007 and 2012.

Results: The mean age of the study population was 45.7±12.2 years. Median age at menarche was 13 years (IQR, 12-14), 6.9% of the women reported their menarche was before age of 12. About 11.1% of the women had intercourse before age of 18. The median age at first delivery was 22 years. Median BMI was 24.9 with 18.3% of obesity. Of the women 65% were current/past smokers. Only 2.5% of women in this study reported at least one positive diagnosis of STDs in their lives. Sixty-two percent of the women had never used condom. About 8% of the women were unaware about mammography and 17.7% about the Pap test.

Conclusions: According to our results awareness and behavior of the women were better about mammography when compared to the Pap test. Considering our results, some measures should be put in place to increase people's awareness and to modify their behavior toward cancer screening tools. For cancer prevention, people's lifestyle modification is required. These findings indicate need for further and more generalized studies to measure cancer risk factors' prevalence in general Turkish population.

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