



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

# Windsor Insight

■ ISSUE # 5 ■ SUMMER SEMESTER 2019

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# DEAN'S REPORT

## A UNIVERSITY **SUCCESSFULLY** ADVANCING ITS **MISSION**

**Dr. Andy Vaithilingam**



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

The Windsor University School of Medicine is proud to maintain the quality of its educational program, which is driven by the principles of its mission to: Improve; Innovate; Inspire. The sincere and committed effort of its faculty, students and staff has resulted in several positive outcomes. These include:

- Acknowledgement by professional societies;
- Inclusion of modern principles pertaining to curriculum design and evaluation;
- A comprehensive Student Advisory Support Program (SASP) conducive to a positive learning environment;
- Development of facilities and pedagogical strategies leading to significant improvement in performance within the competencies of both medical knowledge and clinical skills.
- Student performance on national board exams has increased to being comparable to that of US standards (LCME).
- Increasing number of publications generated by both Basic/Clinical Science faculty and students.



These positive academic developments are instrumental in providing a path for our students to achieve their career goals of medical practice in Internal Medicine, Family Medicine, Psychiatry, Pediatrics, Surgery, and Pathology. Such overall academic progress continues to be supported by the advanced software and technology available to all faculty and students at this institution. Together, these resources provide the required learning materials for student success in both the Basic and Clinical Sciences. This advanced technology is also used to address and maintain the current standards of medical education, related to curriculum design; curriculum mapping; standard setting; and the utilization of valid evaluation methodologies.

It is easy to understand and appreciate the academic success of this institution with its students producing Step scores reaching 260; given the talent, abilities and experience of our faculty. In this context, we are honored, and would like to congratulate our own faculty member, Dr. Izben C. Williams (Professor of Behavioral Medicine; Chair of Faculty Affairs) on being elected, as a Fellow of the International American Psychiatric Association (IAPA). His peers for

continued accomplishments in the field of psychiatry internationally recognize this award. Dr. Williams, certainly remains an inspiration to the students who are fortunate to be taught by him.

Further contribution to the local and global community, was achieved by yet another faculty member: Dr. Guishard-Pine (School Psychology Counselor), who received an "Amazing Woman Global Award" from a delegation of seven outstanding professional women based in the UK. This award was presented at a recent conference held at Windsor University, which noted her contribution in preparing and supporting the leadership roles of women in a global environment. The conference developed upon the UN Gender Equality agenda to enhance the capacity of women to take on leadership roles, and responsibilities by encouraging further collaboration with their male counterparts. The aim of the conference was to emphasize that education is the key to success in employment.

At this time the Dean would like to congratulate the following individuals on their recently accepted publications, pertaining to topics on: surgery; cardiovascular pathology; principles of clinical



education, respectively: Dr. Bradley Edwards (Hospital Associate Clinical Dean: Jamaica); Dr. Sandeep Mellacheruvu (Associate Dean of Clinical Affairs: USA); Dr. Lee Hangfu (Associate Dean of Clinical Academic Affairs: USA/Caribbean).

Throughout this newsletter you will note that Windsor continues to recruit highly skilled and talented faculty, noted above, who will continue to provide a strong academic foundation for our students to succeed. The educational environment designed and implemented at this institution has not only lead to enhanced academic performance comparable to US standards, but also to pursuing a greater understanding of Clinical diseases through their research studies, and subsequent publications with US practicing physicians.

This institution will constantly enhance its program

design to address the current needs and competency requirements of optimal patient-care and well-being. In this context, our faculty regularly develop and re-define their educational expertise, in order to fulfill this mandate.

Through the disciplined and diligent process of continuous quality improvement, the Windsor University School of Medicine is positioned to developing future physicians trained in the necessary competencies. Collectively, we remain confident of our accomplishments in maintaining the high quality of the MD program, and the success of our students.

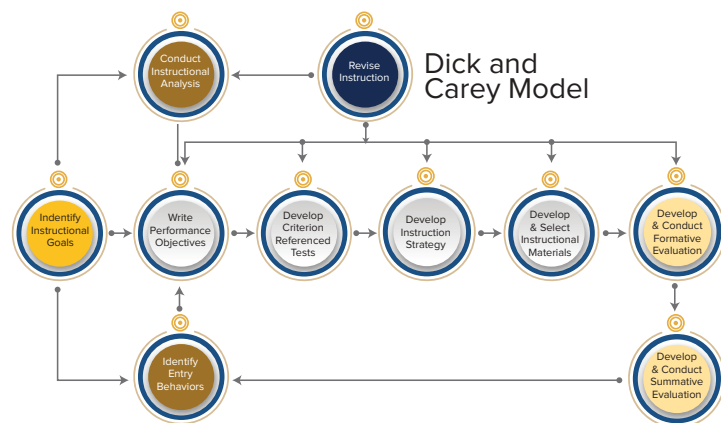
Thereby, students progressing through the carefully designed MD program at Windsor University will be better prepared to successfully meet the challenges of an evolving healthcare system.



# INTRODUCTION OF MODULAR CURRICULUM

By Dr. Ravindra Rajput

The new curriculum consists of individual learning units called modules. Each module is a well-framed or self-contained Unit, which is complete with General module Objectives, Session Objectives, learning content, various teaching methods aligned with different forms of assessments. The Dick and Carey model was used development the modular curriculum and instructional/evaluation design.



Our Basic sciences Modular curriculum is a state of the art curriculum, which is consolidated into 13 modules over 4 semesters (MD1-MD4). Each module is designed to allow students to get an overall understanding of concepts integrated across the disciplines. More importantly, it addresses the relationship of each course content to one another and integrates with Clinical Medicine, which will lead to a stronger foundation to learning advanced content throughout the program. Combining courses in relation to each other leads to more meaningful learning and greater retention. As students proceed eventually into the Clinical program this firm background of knowledge and understanding will serve them well. These Modules are consolidated into weekly themes, which are titled after capstone clinical cases or symptoms.

In addition, Basic sciences also have Themes spanning across the modules (Frontiers and Introduction to Clinical Medicine) which will be covered during Year 1 and 2.

**“FRONTIERS”** will comprise of an introduction to research covered under principles of biomedical research, Genetics, Role of physicians in the global society, Public health, Epidemiology, Biostatistics, and Neuroscience. It will be an important component of the curriculum, which will be covered during Year 1 and 2.

**“INTRODUCTION TO CLINICAL MEDICINE”** will be integrated with each module. It will cover the

clinical aspects, including history taking and physical examination, of the relevant organ systems across all the modules in year 1 and 2. Medical ethics will also be covered as part of this theme.

## BASIC SCIENCES STRUCTURE

The modules covered in the first half of the basic sciences curriculum is termed as “FOUNDATION OF NORMAL PROCESS” which covers the normal structure, function and biochemical aspects of various organ systems over 6 modules. The following courses are selected because together they serve as the foundation of the normal process: Anatomy & Embryology, Physiology, Histology, Cell Biology, Biochemistry, and Genetics.

**MD1; FOUNDATION OF NORMAL PROCESS I:** This comprises of 3 modules: Fundamentals Of Basic Sciences I, Musculoskeletal And Integumentary System I, Cardiovascular and Respiratory System I.

**MD2; FOUNDATION OF NORMAL PROCESS II:** This comprises of 3 modules: GI And Hepatobiliary System I, Endocrine and Reproductive System I and Renal and Nervous System I.

The modules covered in the second half of the basic sciences curriculum is termed as “FOUNDATION OF ABNORMAL PROCESS” which covers the abnormal structure, function and microbiological aspects of various organ systems and is covered over 7 modules. The following courses are selected because together they serve



as the foundation of the abnormal process: Pathology, Pharmacology, Microbiology, and Behavioral Science.

### **MD3; FOUNDATION OF ABNORMAL PROCESS**

**I:** This comprises of 3 modules: Fundamentals Of Basic Sciences II, Neoplasia And Immune System and Cardiovascular And Hematologic System II.

### **MD4; FOUNDATION OF ABNORMAL PROCESS**

**II:** This comprises of 4 modules: Respiratory and Nervous System II, GI And Hepatobiliary System II, Endocrine And Reproductive System II and Renal And Musculoskeletal System II.

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## **CURRICULUM ALIGNMENT VS INTEGRATION**

**Curriculum Alignment:** The Windsor Basic and Clinical sciences now have better-aligned curriculum wherein module objectives, instructional materials, teaching methodology and assessments all coordinate with one another. This alignment ensures that the students are learning with appropriate teaching methods, instructional material, which helps them to achieve the required learning objectives.

**Integrated Curriculum:** All the Modules follows a certain degree of Integration that connects different areas of contents across the disciplines (Example-Anatomy, Embryology, Biochemistry, Histology, Physiology in MD1) emphasizing unification of concepts based on organ systems. Integration focuses on making connections for students, allowing them to engage in relevant, meaningful activities that can be connected to real life scenarios. Effective integration help teachers and students become more successful in the classroom. In addition, the Modular curriculum will also address the vertical integration wherein the certain aspects of clinical disciplines (From Year 3&4) will be covered in Basic sciences (Year 1&2) and vice versa.

**Spiral Curriculum:** The Windsor modular curriculum is also a spiral curriculum wherein the student will revisit the organ systems in upper semesters with each encounter increasing in complexity and reinforcing previous learning. For example: Students who learned normal process of Cardiovascular and hematologic system I module in MD1 will revisit the topic in MD3 in Cardiovascular and Hematologic system II module wherein they will learn the abnormal process and more focused history and physical examination. They will revisit these systems in core clerkships and in electives wherein they will be involved in complex clinical knowledge and examination skills.

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## **CURRICULUM SUPPORT AND ASSESSMENT**

**Teaching methods:** The Modular curriculum uses well-balanced teaching methods wherein the right amount

of emphasis is paid to incorporation of active learning sessions in the form of small group discussions, integrated case discussion (ICD), Labs and simulated patient encounter. The active sessions help the students to achieve higher Bloom's Learning objectives and competencies. Some areas of the schedules also include wide spaces, self-directed learning, and assignments. The curriculum will also emphasize on the student's participation in the community health fairs and other teamwork related activities.

**Module directors:** Besides the department chair and course directors, Module directors are appointed for: delivery of a module, coordinating teaching/support delivered by its Faculty and demonstrators and engaging with the Curriculum Chair and Dean's Office, which is an important process, required by WUSOM. Module Directors are ultimately responsible for academic leadership, management, and assessment, for the modules they have been designated to lead on.

## **ASSESSMENT**

"It is said that 'assessment is the tail that wags the curriculum dog.' Curriculum Committee ensures that assessment is aligned to learning objectives and instruction methods. The Module description guides students to learning objectives, which will use appropriate teaching methods and forms of assessments. Each module has formative and summative assessment throughout the Basic sciences curriculum comprising of internally developed exams and external exams (NBME) to ensure the validity of these exams.

**Assessment Distribution:** Each module uses formative as well as summative assessments. Timely formative feedback and mid module formative exams help students to identify their weak areas. Office of student affairs, in association with module director and SASP; provide the students with necessary academic and psychological support. A significant part of written exams, test medical knowledge whereas assessment of active sessions access other competencies like Patient Care, Professionalism, Practice-Based Learning and Improvement, Systems-Based Practice and Interpersonal & Communication Skills. The curriculum uses well-defined analytical rubrics in the LMS platform to access above-mentioned competencies. Presently, in-course assessment of active sessions is 20% (vs 10% in the previous curriculum) of the overall grade.

**Blueprinting:** Written examinations is most widely used method for assessment of cognitive skills in medical education including the medical licensing exams like USMLE Step 1 and 2CK. Some of the issues with the MCQ exams are an unfair distribution of questions over



topics & level of complexity and vague questions etc. Blueprinting overcomes these issues, in turn, increasing the validity of examinations. A workshop was conducted in spring 2019 semester to sensitize the faculty about the importance of blueprinting and received satisfactory feedback from students and it guided them to prepare better in various assessments.

**Standard Setting:** The purpose of standard setting is to determine the passing grade for a test (Friedman Ben-David; 2000. Course experts using Ebel's Criteria wherein 70% of questions addresses "Essential" areas, 20% "Important" and 10% "Acceptable", make the

exam questions. This would test in-depth knowledge and help differentiate the top performers. Passing score is set at 70% for each module.

In conclusion, Windsor University School of Medicine is heading towards significant progress in upgrading the existing curriculum to more robust, well-defined Modular Curriculum, which will help our students to become excellent physician and provide exemplary health care to patients.

## WINDSOR WELCOMES NEW FACULTY AND STAFF

### Dr. Guishard-Pine

#### EDUCATION

- » BSc (Hons) Psychology - University of Hull (UK)
- » Post Graduate Certificate in Education (primary school teacher)
- » MSc Educational and Child Psychology - University College London(UK)
- » PhD Psychology - University College London (UK)
- » Post Graduate Diploma in Humanistic Counselling and Psychotherapy University of Surrey at Roehampton (UK)
- » Post Graduate Certificate in Systemic Practice with Couples, Families & Individuals - University of London/Institute of Family Therapy (UK)
- » Certificate in Psychosexual Studies - Tavistock Centre for Couples' Relationships (UK)

#### EXPERIENCE

Teaching school children between 1983 and 1988. Adult teaching in colleges and community education between 1984 and 1988. University teaching between 1989 and 2016. Practicing psychologist in the UK since 1989. Consultant Psychologist since 2003 to present in UK National Health Service and private practice. Visiting Professor - University of Bedfordshire (UK) since 2013-2019. Expert Witness Register for Court work since 2001.

Principally trained to work with children and families, Dr. Guishard-Pine extended her practice as a psychologist to

work with adult individuals as a psychological counsellor in 2002. Since this time, she has worked within diverse ethnic communities in the UK on a range of educational, personal, sexual and family relationship issues. She is both widely published and widely cited for her research and was selected by the British Psychological society to represent the UK at the 2009 European Congress on Psychology. Being the child of Kittitian parents, she has been naturalized as a citizen of St Kitts-Nevis and now resides in the St Peters area of the island. Her interests are musical events and tourism.



# Eulynis Brown

## EDUCATION

- » Master of Public Health St Georges Medical University, Grenada with rotation in Fort Lauderdale, USA, 2003
- » Community Nursing Barbados Community College, Barbados, 2001
- » General Nursing JNF Hospital School of Nursing 1981
- » Midwifery JNF School of Nursing 1983



## EXPERIENCE

Ms. Brown commenced her career in nursing in St Kitts and Nevis. Her experience in this noble profession has afforded her the opportunity to embrace managerial positions in both Hospital and Community Nursing practice. Conversely, she has served as Coordinator of Community Nursing Services and Manager of the Expanded Program on Immunization for St Kitts and Nevis for 8 years. In the position of coordinator, St Kitts and Nevis she was awarded 1st Place for Outstanding Performance in Immunization in the Caribbean Region and 2nd Place for Surveillance in 2016. She also co-facilitated the certification process in Elimination of Mother –to-Child Transmission of Congenital Syphilis and HIV, St Kitts and Nevis, 2017, validated by World Health Organization (WHO) as one of first six Caribbean islands, barring Cuba in 2015, to have successfully eliminated mother-to-child transmission of HIV and congenital syphilis.

Publications include –

Successful Story: Re-Introduction of the Hepatitis B vaccine among newborns in St. Kitts and Nevis: From Evidence to Action 2016; Reference WHO Global Immunization News- PAHO Edition April 2016;

Reintroduction of Hepatitis B vaccine among Newborn St Kitts and Nevis; Global Immunization Newsletter GIN;

Prevalence of high-risk human papillomavirus among women in two English-speaking Caribbean countries. 2016;

Fatherhood in St. Kitts: Patterns and Predictors of Partnership and Paternal Dynamics in a Caribbean Island 2015

She is an ardent advocate for community empowerment in healthcare, is engaged in various community activities including current host for a health program on radio for the past 10 years, and continues to facilitate various health education forums in St Kitts.



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## Dr. Dev Kumar Shah



WINDSOR UNIVERSITY  
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### EDUCATION

- » MD in Medical Physiology
- » B. P. Koirala Institute of Health Sciences (BPKIHS), Nepal

### EXPERIENCE

After completion of post-graduation in Medical Physiology in 2011, Dr. Shah started his teaching career in medical school as an Assistant Professor at Chitwan Medical College, Nepal and later promoted to the post of Associate Professor. He taught Medical Physiology and Neuroscience to Medical, Dental, Nursing and other paramedical students for seven years. He participated in several Teacher's Training Program and Faculty Development Workshops as both a trainee and a resource person during this period.

Apart from teaching responsibilities, he was actively involved in research activities in the field of Physiology and Medical Education. He has twenty-four publications in various reputed international indexed journal. In 2018, he joined American University of St. Vincent, St. Vincent as an Associate Professor of Physiology and Neuroscience and later moved to Windsor University School of Medicine, St. Kitts.



## Dr. Amruta Rajput

She is currently working as an Assistant Professor in the Dept. of Anatomy. Her topic of interests are Embryology, Gross Anatomy, Neuroanatomy and Dissection skills. She completed her Masters (Medical MSc) in Anatomy from Manipal University, India in 2013. She also has achieved a postgraduate diploma in clinical research (PDCR) and a postgraduate diploma in Project Management (PGDM) from Catalyst Clinical Services Ltd., India. She has teaching experience during her master's program at Manipal University. She has identified variations on different cadavers like multiple (accessory) renal arteries, variation in lumbricals, etc. She was also involved in workshops on IVF- in Vitro Fertilization, Radiodiagnosis, Plastination and Neck Pain- spondylosis. Currently, she is also pursuing her Ph.D. in the field of Anatomy and her topic of research is "New Anthropometric Markers to screen Diabetes and Hypertension in Caribbean Population. She has also several publications in international Journals.







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## Dr. Ravindrasingh Rajput

### EXPERIENCE

He is currently working as Chair Basic Sciences Curriculum and Associate Professor in the department of pharmacology. He completed his bachelor in medicine (MBBS) from JN medical college, Belgaum, India that is presently a Deemed University. He did his clinical residency in Pharmacology from Manipal University, Manipal, India (2006-2009). He has also achieved Postgraduate diploma in clinical research (PDCR), April 2011, catalyst clinical services Ltd., Delhi and successfully completed Good clinical practice (GCP) certification, Pharma School, UK. He has teaching experience of over 10 years. Before joining Windsor University School of Medicine, He has also worked as an Associate Professor at Spartan Health Sciences University (2011 to 2019) and Manipal University for 2 years and as well as tutor for 3 years. His subject of interests include Clinical Pharmacology, Cancer Chemotherapy and Neuropharmacology. He has extensively worked in research based on Quality of life in Chronic pancreatitis patients and was involved in various preclinical and animal experiments- Hepatoprotective studies, Anti-inflammatory, Analgesic, Local anesthetic, Wound healing and Burn wound healing models. He has participated in various phase 3 clinical trials as sub investigator. He has published several papers in national and international journals.



## Oluwasegun M Akinti

### EDUCATION

» MD – Windsor University School of Medicine

Dr Akinti started his medical education at Olabisi Onabanjo University in Nigeria as a basic science medical student where he excelled and graduated with a Bachelor of Science in Human Physiology. Subsequently he attended Windsor University School of Medicine where he received his MD. He excelled in the United State Medical Licensing Examinations (USMLE).

He is presently working in the Pharmacology department, taking pharmacology and USMLE board review classes. He am passionate about teaching my subject and strongly believes that in order to be a good teacher; one must be a good learner.

His hobbies include playing soccer and table tennis. He is also an avid basketball fan.



# PROMOTION POLICIES FOR GREATER ACADEMIC SUCCESS

**By Dr. Dev Kumar Shah**

The guidelines used for deciding on whether a student is eligible for promotion or not are based on maintaining the principles of quality of the medical program and university operations. A dynamic and innovative curriculum of the Windsor University School of Medicine (WUSOM) inspires the students to be lifelong learners in order to help them become exceptional physicians, researchers and advocates of healthcare and wellness. Recently, WUSOM has successfully developed a modular curriculum within the Basic Sciences, including well-defined learning objectives for each module. Other important courses like Ethics, Preventive and Community Medicine, Principles of Biomedical Research etc. are covered in the section known as Frontiers throughout all four semesters.

Other important courses like Ethics, Preventive and Community Medicine, Principles of Biomedical Research etc. are covered in the section known as Frontiers throughout all four semesters.

Student's performances in each course during the semester and at the end of each module/semester are evaluated through formative and summative assessments by the examination division and reported to the Promotion committee. The 6-member promotion committee of WUSOM analyses the progress of each student throughout the semester and consults with the respective modular director or course instructor for feedback as needed. The guidelines formulated for the promotion policies are followed to ensure the student's result is fair and the decision is made on the committee member's consensus. The promotion committee recommends its decision to the Dean's office for final approval. In the event the Dean's office finds any incongruity or need to reconsider any particular case, a meeting is held to obtain a resolution and finalize the grade. The Office of the Registrar is committed to ensuring the integrity of the university's academic records and communicating the grade with the respective student. The Promotion Committee welcomes the written appeal from the student if he/she is not satisfied with the grades or academic status in any semester.

The students are expected to pass all the modules and courses of a semester with  $\geq 70\%$  in order to advance to the next semester. The WUSOM provides sufficient opportunity for the advancement of students who fail in one or more modules/courses through remedial measures and examinations. After passing the remedial examination of particular module or courses, the student will receive maximum mark of 70%. If the student is unable to pass the remedial examinations, the school still allows the student to continue the course by repeating the failed modules/courses. These low performing students are accommodated by allotment of fewer modules from the advanced semester, which do not clash with his/her modules being repeated. This policy helps the repeating students remain continually engaged with the same batch of students, which safeguard their confidence level and has positive psychological impact. If the student fails the repeating modules, then he/she would be dismissed. The student must pass all the modules and courses from MD1 through to MD4 to be promoted to the MD5 review semester. This ensures that the students can correlate well the concepts of different disciplines of basic medical sciences for preparation of the comprehensive examination before the start of hospital clerkships.





For the transition from Basic to Clinical sciences after MD5, the students are required to pass the university examination, which comprises the written -50% and OSCE -50% (Objective Structured Clinical Examination). The school ensures that the students have acquired the sufficient knowledge in both basic medical sciences and clinical skills before they appear for the NBME-CBSE (National Board of Medical Examiners-Comprehensive Basic Science Examination). For this, the students need to pass individual components of the university examination (receiving pass score of > 65percentage) and the combined passing score should be above 70% to be eligible to write NBME-CBSE within 8 weeks. The students who score  $\geq 70$ percentage in NBME-CBSE will be allowed to write the USMLE Step 1 (United States Medical Licensing Examination)

within a 4-month time of adequate preparation. Upon successful completion, Windsor students are eligible to enter Clinical Clerkships, on rotation, in specific fields in either the United States or Jamaica. The final graduation exit exam (Written and OSCE) will be held after the successfully completion of clinical clerkships, and candidates passing both these components individually will be awarded as WINDSOR GRADUATES.

Thus, WINDSOR students are encouraged to remain diligent and disciplined when it comes to their studies to ensure that they put in a greater than minimal effort to achieve the university's six core competencies- Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement and System Based practice.





# CANCER CHALLENGES IN THE CARIBBEAN & CENTRAL AMERICA: FROM DISPARITY TO VIRAL-INDUCED CANCERS

In July, Dr. Tzivion presented a plenary talk on the challenges facing the Caribbean and Central America in dealing with infectious cancer causes and other cancer disparities in the region. The meeting was the 14th congress of the Central American and Caribbean Association for Parasitology and Tropical Medicine (ACACPMT), and was held at the Marriott Hotel in St. Kitts. The focus of the congress this year was on the concept of One Health, dealing with issue of health from humans to animals to the environment and their complex interplay. A large portion of the meeting dealt also with disease prevention and disaster preparedness in the region.

You can find below the Abstract of Dr. Tzivion's presentation:

## **CANCER CHALLENGES IN THE CARIBBEAN AND CENTRAL AMERICA: FROM DISPARITY TO VIRAL-INDUCED CANCERS. Guri Tzivion.**

Department of Molecular Sciences, Windsor University School of Medicine, Cayon, St. Kitts.

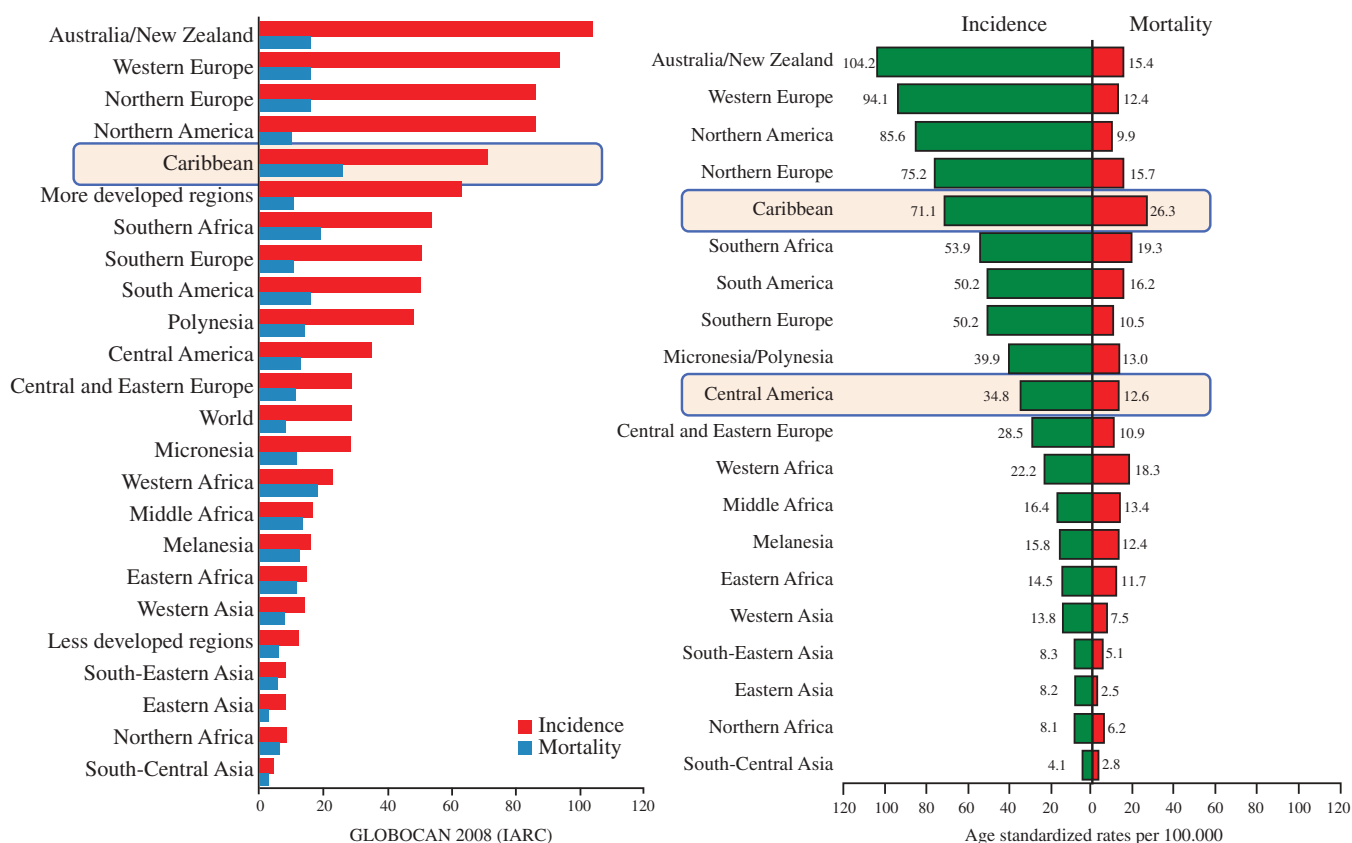
Cancer is the second leading cause of mortality in the Caribbean and Central America, and is expected to become the first within the next decade. However,

overall, the region has comparable cancer incidence and mortality rates as developed countries, certain cancer types show much higher rates. In particular, viral-induced cancers have 4-5 fold higher incidence and mortality rates in our region than North America and Europe. Prostate cancer, the leading cause of death in males in the Caribbean, also shows much higher mortality rates, reaching the highest in the world and double the rate as seen in North America. Breast cancer also shows elevated mortality rates, though not as high as the ones seen with prostate cancer. These elevated mortality rates call for a concentrated effort to examine the root causes of these disparities, which has not been thoroughly investigated so far in the Caribbean and Central America. Addressing non-communicable diseases and especially cancer has been highlighted as a key goal for CARPHA at its recent annual meetings, resulting in the initiation of a cancer registry hub for the Caribbean. However, it will require more deliberate studies to get a better understanding of the leading causes for the observed cancer disparities. The talk will highlight the key unique challenges facing the region in relation to cancer incidents and mortality as well as some of the outlooks for tackling these conditions.

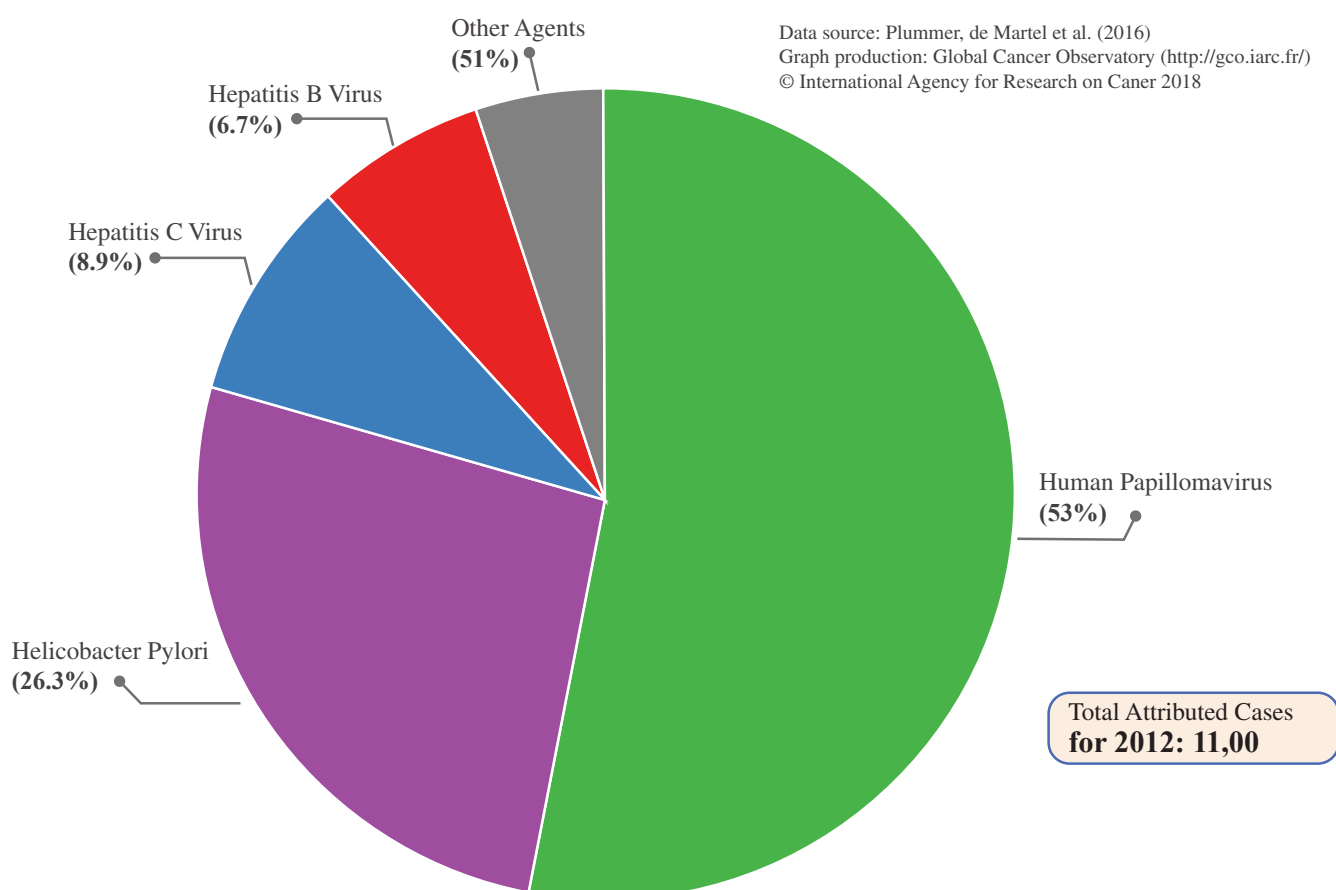


Dr. Tzivion discusses cancer challenges in the Caribbean at the Central American and Caribbean Association for Parasitology and Tropical Medicine congress held in St. Kitts

# HIGH MORTALITY RATES FROM PROSTATE CANCER IN THE CARIBBEAN



# CANCER CASES CAUSED BY INFECTIONS AGENTS: CARIBBEAN







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## 2019 ACACPMT CONGRESS

**DATE:** Wednesday, 11<sup>th</sup> July, 2019 -  
Saturday, 13<sup>th</sup> July, 2019,  
8:00 AM – 9 PM

**VENUE:**

**St. Kitts Marriott Resort & the Royal  
Beach Casino  
858 Frigate Bay Road  
Frigate Bay  
Saint Kitts And Nevis**



ACACPMT congress was scheduled at Marriott St Kitts from July 11th to July 13th organized by Ross University School of Veterinary Medicine. More than 15 countries representatives participated in the conference. The organizers invited for posters and oral presentations pertaining to various topics but not limited to Bacterial Diseases, Tropical Medicine, Anti-microbial Resistance etc.

Dr. Amruta Rajput got the opportunity to present a poster at the conference titled **“NEW ANTHROPOMETRIC MARKER IN SCREENING DIABETES AND HYPERTENSION IN THE CARIBBEAN REGION”**. Her study mainly reflects screening tools for the general population to screen risk of hypertension and diabetes. Increase in the incidence of hypertension and diabetes in the Caribbean region is of great concern. The prevalence of hypertension in the Caribbean region is high 35%–38% in St Kitts and Diabetes being 10%. Taking the high prevalence of DM, HTN and Obesity into consideration, there is a need for effective anthropometric markers, which can be used to detect the risk of cardiovascular events in individual at much early phase, and recommended life style changes, which can be introduced to prevent the disease and related complications associated.

Windsor University School of Medicine provides opportunities to its Faculty for participating in scholarly activities like conferences and workshops. Scholarly activities for faculty provides a bigger eyesight in training students for further research activities at the school.



# PROMOTION OF PEACE & HEALTH AN ETERNAL DUTY

Dr Arun Mitra, Dr Brijinder K Gupta

Life is an eternal desire of every individual. Any event that endangers life is unacceptable. This is true at every level; domestic, local, provincial, national or international level. However, when it becomes a question for millions of people it is a serious matter to be pondered over and to debate. Wars have been fought since times immemorial in human history. But last century saw two major wars which killed hundreds and thousands of people. The Second World War was fought with not only conventional weapons but also nuclear weapons added new dimension to the war scenario. They were 'experimented' for the first time on human population. In a matter of few minutes, everything in the vicinity was shattered due to blast, melted as an effect of intense heat and burnt due to radiations. This created clamor all around the globe. In the words of Dr. Marcel Junod, the first foreign doctor to reach Hiroshima after the atom bomb attack on 6 August 1945 and to treat some of the victims noted the consequences of the bomb for Hiroshima's medical corps. He reached Hiroshima on 8th September. The atom bomb had left 42 out of 45 hospitals destroyed, 262 out of 300 doctors died and 1680 out of 1750 Nurses died. He made an appeal for the bomb to be banned outright. However, the world does not seem to have learnt much lesson from that. The event should have led to global decision to abolish these weapons. On the contrary, the nuclear arms race increased and from two nuclear-armed countries in 1945 the number has increased to nine. The countries which possess these weapons at present are USA, Russia, UK, France, China, India, Pakistan, Israel and North Korea. There are over 17000 nuclear weapons on earth today.

However, there is always some ray in the times of despair. Despite ongoing tensions in various parts of the world, the year 2017 ended on a positive note. The Treaty Prohibiting Nuclear Weapons (TPNW) was passed by the UN General Assembly on July 7, 2017 (1), which will always be a **Red-letter day in history**. It has raised many hopes for a future world without nuclear weapons and staved off the impending humanitarian catastrophe.

**Good health is a basic need of every individual.**

This is why on December 10, 2017, Oslo, the capital of Norway, was filled with excitement when the Nobel Peace Prize for this year was bestowed upon the International Campaign to Abolish Nuclear Weapons (ICAN) (2). Large numbers of medical professionals from around the globe had gathered there to affirm their commitment to a healthy future through diversion of

wasteful expenditure from the nuclear arms race towards universal health.

ICAN was founded at the initiative of International Physicians for the Prevention of Nuclear War (IPPNW) in 2007 with 468 partners and has been consistently working for a nuclear weapon free world. As a result of continuous work since then, in the form of lobbying with governments in many countries and ICAN partners building public opinion in their respective countries, the UN General Assembly passed a resolution on July 7, 2017, by 122 votes in favor and only one against, declaring nuclear weapons illegal (1). This is indeed a big achievement, which drew global attention and was recognized by the **Nobel Peace Prize Committee** by its award of the Nobel Peace Prize. The major thrust of ICAN's work was the catastrophic humanitarian impact of nuclear weapons and the urgent need to prohibit and then abolish them (3).

While hundreds of millions of people across the globe go hungry, the nuclear-armed nations spend close to US\$300 million (Rs.2000 crores) a day on their nuclear forces (4). The production, maintenance and modernization of nuclear forces diverts vast public resources away from healthcare, education, climate change mitigation, disaster relief, development assistance and other vital services. Globally, annual expenditure on nuclear weapons is estimated at US\$ 105 billion – or \$ 12 million an hour (4). The World Bank forecast in 2002 (4) that an annual investment of just





US\$ 40–60 billion, or roughly half the amount currently spent on nuclear weapons, would be enough to meet the internationally agreed goals for poverty alleviation. Nuclear weapons spending in 2010 was more than twice the official development assistance provided to Africa and equal to the gross domestic product of Bangladesh, a nation of some 160 million people. The Office for Disarmament Affairs – the principal UN body responsible for advancing a nuclear weapon - free world – has an annual budget of \$10 million, which is less than the amount spent on nuclear weapons every hour. As former, UN Secretary General Ban Ki-Moon said:

**“The world is over-armed and peace is under-funded ...The end of the cold war has led the world to expect a massive peace dividend. Yet, there are over 20,000 nuclear weapons around the world. Many of them are still on hair-trigger alert, threatening our own survival.” (5)**

As per the latest report of Stockholm International Peace Research Institute (SIPRI) the annual global

defense, expenditure is 1699 billion USD (2.2 % of the global GDP). The US tops the defense spending at 611 billion USD. China's defense expenditure is 215 billion USD, while India is the 5th largest military spender with an outlay of 55.9 billion USD (Rs.363350 crore) (6). India's defense expenditure is 1.62 % of its GDP, while its central health budget is 0.26 of GDP, six times less than its arms budget. Pakistan's budgetary allocation on arms is over 8 billion USD (7). With an economy, that is worth 300 billion USD this takes Pakistan's defense expenditure to 2.9% of its GDP (8).

These data clearly indicate the looming threat over mankind's continued existence at a time when several parts of the world have serious conflict zones, many of them directly involving nuclear weapons states. Any use of nuclear weapons intentionally or unintentionally would have extremely grave ramifications for the life







system as a whole. Even without using these weapons, their production and maintenance costs are depriving millions of health, education and other basic needs. For countries like India and Pakistan, the situation is even graver as we are already among the most deprived regions in the world with poor human development and hunger indices. India, with a glorious past of promoting non-violence, should take the lead and convince other nuclear weapons-possessing countries to join the treaty prohibiting nuclear weapons and then make a concrete plan to abolish these weapons.

It is unfortunate that the nuclear weapon-possessing countries have not joined the treaty. It is high time that we come forward to build strong public opinion in these countries to work for health instead of mutually assured destruction. Doctors owe a special responsibility in this case, as it is our ethical, professional and moral duty to prevent war and violence.

1. Dr. Arun Mitra (idpd2001@hotmail.com), Co-President, International Physicians for the Prevention of Nuclear War, Kitchlu Nagar, Ludhiana 141001 (Punjab), India
2. Dr. Brijinder K Gupta (drgupta@windsor.edu), Interim President, Windsor University School of Medicine, St Kitts and Nevis (Caribbean's Island) WI

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# MENTAL HYGIENE...HOW TO LOOK AFTER YOURSELF WHILE YOU ARE STUDYING HERE AT WINDSOR



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

**By Dr. Guishard-Pine**

In the same way, that we take care of our personal hygiene to maintain physical health, mental hygiene refers to the range of activities and conditions required to preserve or restore one's mental health. It is of vital importance to prevent the deterioration of one's overall

well-being while you are at university. Physical health and mental health are closely linked so physical activity can be very beneficial for our mental wellbeing. Here are some ideas about how to look after yourself while you are studying here at Windsor.

## **Be active - Make exercise a regular part of your daily life**

Being active is simply one of the very best ways to stay both emotionally and physically healthy - it is good for all of your vital organs. Exercise makes you feel good, look good and can help with your concentration because it also helps you to sleep better too. These positive effects of exercise usually mean that you become a more self-confident person, which makes it worthwhile even if you are not overweight.

In addition, it does not need to mean that you do sports or go to the gym to be physically active. You can incorporate exercise into your usual day by going for walks, using stairs instead of elevators, doing housework or even dancing around your room to your favourite music/tunes! So try to make physical activity that you enjoy a part of your day.

## **Be balanced - Have a healthy diet**

Just like the rest of the organs in our bodies, the brain needs to have the best nutrients to be in good condition. In general, we find that a diet that is healthy for the body is therefore also healthy for the mind. It is common knowledge that what we digest can change how we feel...the ways that sweet foods, caffeine and alcohol affect our mood are well known.

A healthy balanced diet can be different if you have a chronic condition but for most people ensuring that you have water, fresh fruits and vegetables, cereals, proteins and dairy products every day is usually all you need.

## **Be confident - Do something you are good at**

One of the most affirming things you can do for yourself is to spend some regular time doing something that you are very skilful in or that you always enjoy. It

may be that you reacquaint yourself with a skill that you developed before you came to Windsor that you haven't been able to use much. Alternatively, it may be something that you have not done for a long time but you always had fun when you did it.

It can be tricky because it may be something that you did with other people who you have left at home; but maybe there are other students here that share your interest/s and it is an opportunity to make connections to them too.

## **Be flexible – A change is as good as a rest**

Establishing a good routine that is sustainable, is one of the foundations of good mental health, but occasionally, some alterations may be required.

Taking a break can give you the change that you need. It can be something as simple as doing some puzzles or games for a few minutes, to sitting outside in the fresh air 'doing nothing', to making a phone call, to spending a whole weekend having a new adventure. Try not to close your mind to trying something new because you never know how different the experience will be in a new environment and with new people.

## **Be friendly – Have fun with people**

Keeping in touch with people whom you have a strong and positive relationship with is essential for your mental health. These are the people who have a track record for being helpful and for showing you how much they value and care about you. There are just so many ways to have instant contact with people all around the world these days, so find ways to keep the channels of communication open with them.

However, not everyone is good at keeping in touch with people that they do not see often and you may feel



sad that some of your older relationships will change because you are not in touch with them or because you cannot hang out with them anymore. From time to time, you may want to talk about the loss of the closeness of those relationships.

Being at Windsor is also a great opportunity to build new, lasting friendships. Your classmates can be a huge source of fun as well as keeping you on track with your studies. You will already know how to attract and keep close to people that value and accept you. In addition, you will know how to interact with people who you do not feel particularly close to, so make your relationships worthwhile.

### **Be kind to others – Let others know if they are important to you**

When you are doing a course of study that is as intense as the MD there can be a tendency to tell yourself that nothing else matters. That may be true, but to ensure that you take the healthiest route to your qualification, it is likely that you will need to be sociable when you are around other people. You will also from time to time crave the company of others.

It is important therefore that you try to maintain positive relationships with others around you. If their life has a difficult turn, you can be supportive to them and they can reciprocate when you have your challenges. Showing that you care about people close to, you can bring you even closer together and lighten each other's burdens along the way to the end of your course.

Volunteering can also be a way of making positive relationships with others and you will obtain a sense of self-pride from helping others less fortunate than you that no other activity can provide. So do find out what charity groups may need your help or join a student group as a way of connecting to others who are not in your class.

### **Be kind to yourself – Take the time to create your own happiness**

We are all uniquely different from one another. However, when you are trying to make new friends it can be tempting to re-invent yourself in order to seek popularity. However, it is a much healthier option if you acknowledge who 'you' are and it will mean that people will like you for the right reasons – they like the 'true you'.

That does not mean that you deny yourself from continuing to grow and to learn new skills and develop new attitudes and acquire new experiences. It just

means that you continue to mature into the person that you would prefer yourself to be.

It is healthier for us all if we can look in the mirror and see, a closer match between the person we actually are and the person we would ideally like to be.

### **Be open – Find someone you trust to chat with about your feelings**

Talking about your feelings should not be seen as a weakness but should be seen as a way of taking control of your wellbeing. Communication is at the heart of positive human activity. Talking with one another allows us to make strong connections with other people.

However, it is not always easy to explain how you are feeling. Often words fail us and because we feel unsure, this silences us. If we keep an issue we are facing in our heads, we find that we cannot explore a wider range of options to resolve it. So even if you are not sure about exactly what you want to say, it is useful to have the experience of being listened to.

Talking to others – and being listened to – is a great way to find creative solutions. Most conversations are two-ways, so you may find that because you open up, it is a cue for other people to share with you also – and be listened to – and it feels good to know that you are helping another person. You do not even have to make a grand plan to have a conversation, it can just occur when you are sitting over a snack/meal, waiting for a bus or walking together.

### **Be proactive – Access help when you need it most**

When you are the other side of the world from people that love you and know you best, it can sometimes be frustrating that when you are awake and want to reach out to them they are in slumberland! In addition, vice versa! So get to know what sources of help there are here for you when you do not feel able to cope.

You may be a very private person and quite unused to talking about difficult feelings. You may even think that no one else at Windsor has problems because everyone may appear to you to be coping. That may be true, but they may be coping because they have already reached out for help, or they are already seeing the counsellor or they have tried hard to incorporate some of these ideas into their new life at Windsor.

All meetings with the counsellor are entirely confidential. No one knows if you are seeing the counsellor unless you tell them. So do not assume that because you feel that you need to get help that you are the only or the first person to reach out for help.

## Be sensible - Drink alcohol in moderation

Many people never drink alcohol because of the way it affects them, but some people enjoy how it makes them feel. Alcohol is a well-known mood changer and can elevate feelings of both joy and gloom. It is often associated with celebrations, but many people choose to use it as a way to cope with negative feelings and problems they may be having in their lives. This coping device is not a good strategy because of the damage that it can do to our organs. In any case, drinking alcohol to cope with problems does not create a solution to the issue and can in fact create new problems for your mental and physical health.

However, occasional drinking is unlikely to have a negative impact on your health. The recommended daily alcohol limits are:

3 to 4 units a day for men.

2 to 3 units a day for women.

If you would like to discuss these ideas more feel free to contact Dr Guishard-Pine, OBE our psychological counsellor:

Email: [guishard@windsor.edu](mailto:guishard@windsor.edu)

Telephone: x543



## DID YOU KNOW THAT YOUR MORNING COFFEE IS PROTECTING YOU FROM LIVER CANCER?

By Chinenye Iguh

We all know that having coffee in the morning is super beneficial for being awake during a long class of pathology, pharmacology or neurology. It is even more beneficial after a long weekend of anticipation to study but never really get to it, then Monday comes around and hits like a wrecking ball. Nonetheless, however coffee benefits you add protection from liver cancer to the list.

Caffeine is a stimulant and the most commonly used drug in the world. Yes, you did in fact read it right. Caffeine is a drug. Classified as a nootropic, caffeine blocks adenosine receptors in the brain to increase alertness, enhance attention and reduce the perception of fatigue. Some evidence even suggests that regular caffeine has an increased protective effect against dementia, Alzheimer's disease, and even Parkinson's diseases. John Hopkins Medical School researchers have recently suggested that having a dose of caffeine

after a learning session may help boost long-term memory (Nichols, 2017).

Although there are positive aspects of caffeine, there are deficiently negative effects and according to the Mayo Clinic, consuming more than 500-600 mg of caffeine a day may lead to insomnia, nervousness, restlessness, irritability, an upset stomach, a fast heartbeat and even muscle tremors. Despite the negative effects of caffeine, it appears to reduce risk of hepatocellular carcinoma, reduce advancement of fibrotic disease in a variety of chronic liver diseases, and perhaps reduce ability of hepatitis C virus to replicate (Heath, 2017).

There was a study that followed 9849 participants for a median of 19 years and a decreased risk of hospitalization or death with a chronic liver disease; a dose-dependent response was seen again in this group, with consumption of 2 or more cups of coffee doubling the relatively reduced risk of complications than



those drinking 1 cup. Another 2003 Norwegian study found similar findings, noting progressively improved mortality with increasing coffee consumption, though the effect appears to be negligible beyond drinking 4 cups of coffee daily. In addition to less frequent complications of liver disease, there is evidence demonstrating coffee has an association with reduced fibrosis. There was also a meta-analysis done involving relevant studies from 1966 to 2007 indicating a 43% reduced risk of liver cancer with the consumption of two cups of coffee. Another 2013 study of Western populations who recorded their consumption of coffee for 24 years, stratifying for age, BMI, as well as smoking and alcohol use with a decreased risk of HCC demonstrated amongst this group of people. While I was reading and researching, I found many articles suggesting the benefits of coffee and the reduction of liver cancer.

So when you take your next coffee, remember that you are helping your body help your liver fight hepatocellular carcinoma. I think coffee deserves another round of applause for saving the day yet again.

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# PEER REVIEW ARTICLES PUBLISHED BY WINDSOR UNIVERSITY'S RYAN SANNI



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

Name: **Ryan Rohan Sanni**

Current Semester: **MD-8**

USMLE Step 1 – Passed 1st Attempt

US Clinical Rotations Completed:

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**Surgery Core, West Suburban Medical Center – Oak Park, Illinois – 12 weeks**

**OBGYN Core, West Suburban Medical Center – Oak Park, Illinois – 6 weeks**

Writing a good case report/article worthy of publication into any medical journal requires passion, drive, focus, and support.

**Passion** – a strong fondness or powerful emotion such as love for what you are doing

**Drive** – becoming obsessed with or hungry to attain a goal

**Focus** – creating a center for interest and concentration

**Support** – a source of comfort or fortification to keep yourself grounded

Anyone can learn knowledge.



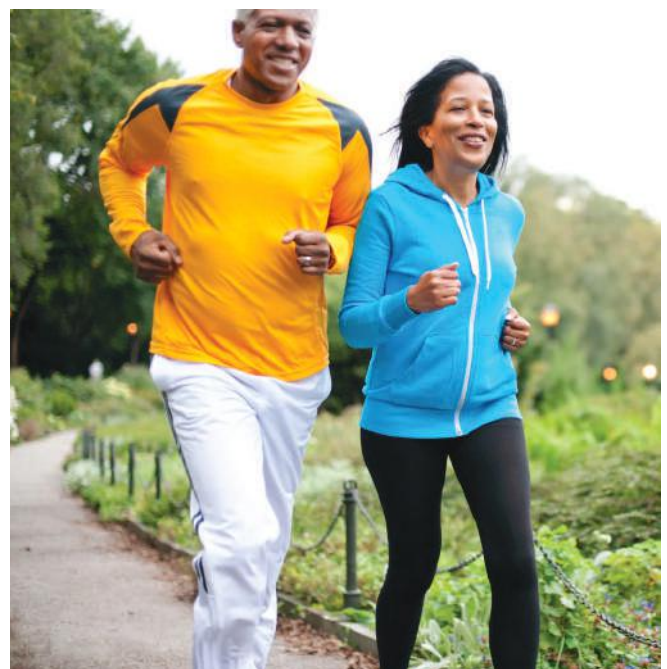
## “STRENGTH & GROWTH COME ONLY THROUGH CONTINUOUS EFFORT & STRUGGLE.”

Napolean Hill

We as aspiring physicians and physicians require a great deal of compassion, excellent communication skills, and the ability to build good rapport with team members. Humanistic qualities are an art.

Patient centered care involves the cooperation of a wide variety of healthcare individuals that collectively goal to improve not only the patient's quality of life, but to provide the necessarily support/care to those surrounding the patient; family members, friends, pastors, colleagues, etc.

The eye opening experience for me from this case was facing the reality of a patient's death. I would prematurely describe it as a room with the patient, filled with supporters limited to and not limited to all angles of health care, and then a door opening to allow for passage of the patient. The perception of a higher power taking final control was a humbling experience.





# CARDIAC SARCOIDOSIS

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Citation:

### **Peer Reviewed Journal Article:**

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<https://www.consultant360.com/article/cardiology/cardiac-sarcoidosis>

A 64-year-old African American woman presented to the emergency department (ED) with constant unremitting sharp pain in the epigastric region, which she rated as 10 of 10 in severity. The pain had been present for the past 24 hours and had progressively become more severe within the past 12 hours, with radiation to the upper thoracic spine. She also described having increasing hemoptysis for the past 24 hours, filling one 12-oz cup in the ED. She also reported having a history of nonresolving and difficult to manage cardiac arrhythmias, including Mobitz type 1 and type 2 second-degree atrioventricular (AV) block. Results of laboratory testing in the ED were significant for a critically low hemoglobin level of 6.7 g/dL (reference range, 12.0-16.0 g/dL). The patient underwent transfusion with packed red blood cells in the ED as a life-saving measure and was admitted to the internal medicine service for further evaluation.

Findings of chest radiography performed in the ED showed bilateral hilar lymphadenopathy with dilation of the ascending thoracic aorta (Figure 1).

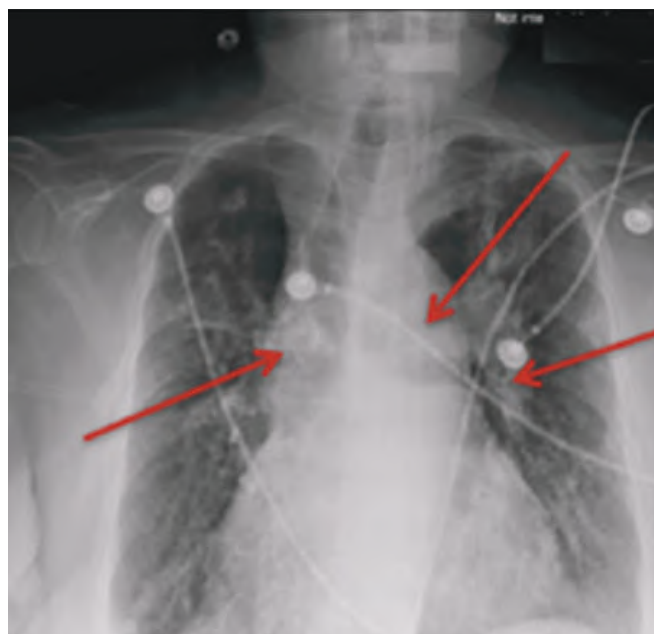


Figure 1. Chest radiograph with the 2 arrows on either side of the sternum pointing to an enlarged hilar lymph node and the central arrow pointing to aneurysmal dilation of the ascending aorta.



# EXTREME HYPERCALCEMIA OF MALIGNANCY

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Sanni, R.R., & Khosla, K., & Bheemanathini, V., & Dupaya, D.C. (2019, February 15). Extreme Hypercalcemia of Malignancy.

<https://www.consultant360.com/article/consultant360/extreme-hypercalcemia-malignancy>,  
**Pub Status: Published.**

A 70-year-old woman presented to an outpatient clinic with constant, unremitting sharp pain in the left lateral lumbar spine, which she rated as 8 of 10 in severity. The pain had been present for the past 48 hours and had progressively become more severe within 24 hours, with radiation to the mid thoracic spine. She also reported having severe constipation for the past 4 days despite the use of laxatives, and loss of appetite throughout the day for the past 14 days. Early the next morning, the patient was admitted to the hospital with severe nausea and vomiting associated with increasing pain in the lumbar spine, now rated as 9 of 10. Results of laboratory tests done in the emergency department (ED) were significant for a total serum calcium level of 17.8 mg/dL (reference range, 8.4-10.2 mg/dL). Very few cases of hypercalcemia bordering 18 mg/dL or above have been reported worldwide, making this case unique from other cases of similar presentations.

On further history taking in the ED, the patient reported having had a lump in the right breast accompanied by nipple discharge for the past 3 weeks. During physical examination of the right breast, dense breast tissue was felt in the right lateral quadrant with an accompanying mass measuring approximately 3 cm. Mammography of the right breast was done in the hospital, and the results showed an area of architectural distortion with associated calcifications, and a suspicious lymph node with associated calcifications, findings that were highly

suggestive of malignancy with a likelihood of 95% or greater (Figure 1).

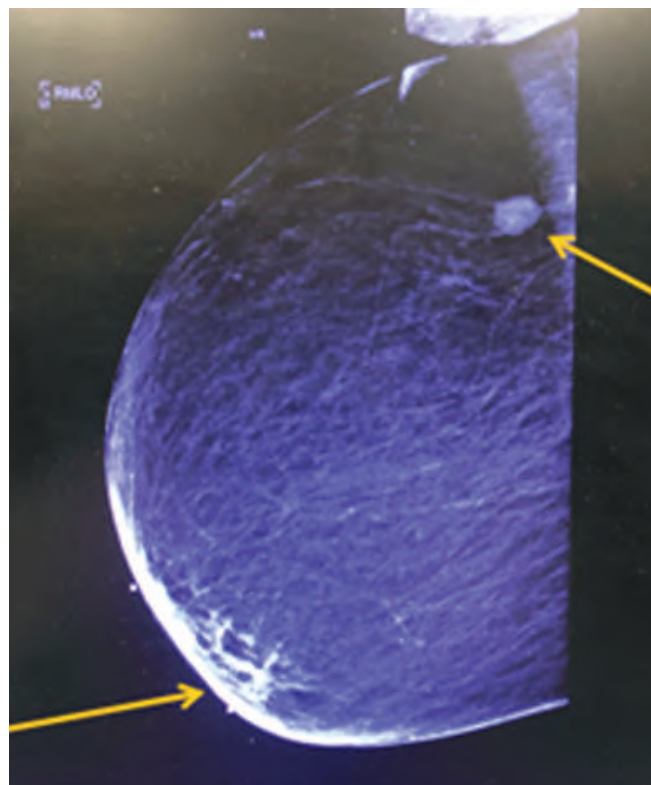


Figure 1. The arrow on the bottom left represents an area of architectural distortion with associated calcifications, and the arrow in the upper right represents a suspicious lymph node with associated calcifications. Both of these findings were highly suggestive of malignancy with a likelihood of 95% or greater as per the radiology and pathology departments.







## BREAST CANCER RISK & BODY MASS INDEX

By **Ritha Mera**

The link between high body mass index (BMI) and an increased risk for breast cancer has recently been challenged by researchers at the Premenopausal Breast Cancer Collaborative Group. In an intercontinental longitudinal study from 1963 to 2013 by Schoemaker et al. following 758 592 premenopausal women ages 18-54 (median age 40.6 years) an inverse relationship was found between increased body mass index and breast cancer.

The study investigated the association between invasive or in situ premenopausal breast cancer risk and particular BMI at a certain age, its effect on onset and attained age of disease, amplification of breast risk factors and tumor characteristics. The result of the study suggests that increased adipose in childhood and before menopause, especially in ages 18-24 years is associated with a significant reduced risk of premenopausal breast cancer. Interestingly, the inverse relationship was found to be strongest for estrogen receptor-positive and/or progesterone receptor positive compared to hormone receptor-positive breast cancer for all age groups. It further showed that for about every 10 kg increase in weight, women dramatically decrease their relative risk by up to an astounding 23% in ages 18-24; therefore, obese women (BMI >30) were 4.2 times less likely than their underweight counterparts (BMI <18) to develop premenopausal breast cancer. It is also important to note that women who had normal BMI (18-24.9) still demonstrated a significant reduction in relative risk of acquiring early breast cancer compared to their underweight counterparts. Conversely, the opposite was found in postmenopausal women where higher BMI and obesity significantly increased their chances of breast cancer compared to underweight women.

Schoemaker et al. have challenged the notion of obesity being the absolute determinant for disease especially in breast cancer of young women. This study emphasizes the need for research into the mechanisms of obesity in all disease processes. With further exploration into patterns of distribution of adipose and changes in adipose percentages throughout a lifetime. The ground breaking results of this study have shifted the narrow understanding of BMI, challenging preconceived notions of obesity and its association to breast malignancies. Subsequently, impacting primary and secondary levels of health care worldwide.







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