

Kampala and part of Wakiso districts and included children (0–14 years) and adolescents (15–19 years). The data was analysed using SPSS.

Findings: A total of 752 patients, 71.7% (n=539) were children (0–14 years) and 29.3% (n=213) were adolescents (15–19 years) diagnosed with cancer between January, 2009 and December, 2014. Among the children, Hodgkin lymphoma was 21%, 12% Kaposi Sarcoma, 9% nephroblastoma, 7% retinoblastoma, 11% unspecified malignancies and 40% others. Among the adolescents, 20% were Kaposi Sarcoma, 18% Non-Hodgkin lymphoma, 8% Hodgkin lymphoma, 7% Hodgkin Lymphoma, 6% Chronic Myeloid leukaemia and 41% other malignancies.

The age adjusted incidence per one million of childhood malignancies were; Non-Hodgkin Lymphoma (26), Kaposi Sarcoma (14.95), Nephroblastoma (9.2). Age Adjusted Incidence Rate of adolescent malignancies were; Kaposi Sarcoma (10.05), Non-Hodgkin Lymphoma (4.31), Hodgkin lymphoma (3.59).

Retinoblastoma and nephroblastoma were found in only children.

Interpretation: Among the children, the findings from this study differed from that in countries outside Africa. Haematological malignancies, solid tumors brain tumors were the most common cases of childhood and adolescent cancers. In Kenya and Rwanda, the most common were Non-Hodgkin lymphoma, leukaemia, Kaposi Sarcoma and nephroblastoma respectively.

Among the adolescents, the incidence was quite similar to those in Countries outside Africa, with Non-Hodgkin Lymphoma being the most common. The trends of adolescent cancers in Uganda were quite similar to those in other African countries although Kaposi Sarcoma was the most incident which was not the case with other African countries. In Zimbabwe, leukaemia, osteosarcoma, Non-Hodgkin lymphoma and Kaposi sarcoma had the highest incidence rates.

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Abstract #: 1.003_NCD

Identifying Optimal Waist Circumference Cut-off Points for Central Obesity in Indigenous Guatemalans

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Background: Risk factors for Cardiovascular Disease (CVD) are now increasingly prevalent in developing countries. The International Diabetes Federation (IDF) has recommended ethnic specific waist circumference (WC) thresholds, 90 cm for men and 80 cm for women from Central and South America based on limited data while the AHA and WHO recommends 102 and 88 cm. We aimed to identify the optimal WC cut off points to predict different CVD risk factors in an indigenous population in Guatemala as an alternative and more cost-effective method to assess risk in a resource limited setting.

Methods: We conducted a secondary analysis of data from a representative sample of an indigenous Guatemalan population (n=350).

ROC curve analysis was performed to define optimal WC cut points to identify ≥ 3 risk factors for men and women. Multivariate logistic regression was used to assess the ability of the newly defined cut points to predict the presence of individual and ≥ 3 risk factors. We then compared the performance of the newly defined cut points to the IDF and WHO cut points for central obesity in our population.

Findings: Out of 350 subjects, 276 had complete data to be included in the analysis. Optimal cut-off points for central obesity were 81 cm for men and 83.5 cm for women. The newly defined cut-offs performed significantly better (AUC 0.77 and 0.68) than the WHO (AUC 0.51 and 0.60) and IDF (AUC 0.60 and 0.62) definitions for central obesity. Accuracy was 76.92% and 66.67%, versus 53.85% and 59.69% for WHO, 61.54% and 59.60% for IDF for men and women respectively. Odds ratios of association between the different cutoff points and ≥ 3 CVD risk factors were, 5.854 (3.368,10.175) for our new cut-off point vs 2.245 (1.240,4.069) the WHO and 3.476 (1.870,6.462) for the IDF cut-off points.

Interpretation: Our new cut-off points for central obesity are better predictors of CVD risk factors than the ones recommended by the IDF and WHO when applied to an indigenous population in Guatemala. Validating and applying these new cutoffs to other indigenous populations in Latin America have potential CVD prevention value.

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Awareness and Health-seeking Behavior of Urban Residents for NCD in Ethiopia

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Background: In Ethiopia, a double burden of disease is already emerging at the early stage of the epidemiological transition, with a mix of persistent, emerging, and re-emerging infectious diseases and increasing prevalence of chronic conditions and injuries. The aim of this study was to assess the knowledge of and attitudes toward health care services and the current practices in healthcare related to NCD services in urban settings where JSI's Strengthening Ethiopia's Urban Health Program is being implemented.

Methods: This is a mixed cross-section study that was conducted in cities and towns in five regional states and two city administrations in Ethiopia with the aim of exploring and understanding community awareness, knowledge, attitudes, and current use of health services.

Findings: The findings of this study show that about 79% of the respondents had heard about NCDs. The most commonly cited NCDs constituted hypertension (74%), diabetes (73.4%), and cancer (35.5%) among others. However, the community's level of awareness about the risk factors associated with NCDs was dangerously low: dietary problems (49.9%), overweight and obesity (40.4%), physical inactivity (32.4%), and substance abuse including alcohol and tobacco (30.5%). Surprisingly, only 25% of the respondents who heard about NCDs received medical checkup in the last