



Name: Ahizechukwu Eke, MD MPH (Harvard).

Contesting for: Cochrane Governing Board Member

Nominated by:

1. Professor Vincenzo Berghella (United States)
2. Dr. George Eleje (Nigeria)

1) Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Cochrane Board?

*It is my pleasure to apply to be a member of the Cochrane Governing Board. I have had a variety of roles in the Cochrane Collaboration since 2009, **preparing several Cochrane reviews** and **servicing as an Associate Editor (Cochrane Clinical Answers), an author and a peer reviewer**. I have also led the Cochrane Collaboration's efforts to promote awareness of and engagement in the review process across the developed and developing world. These experiences have given me unique insight into the needs of the Cochrane readership. By applying this perspective as a member of the Governing Board, I believe that I will further the Collaboration's mission to offer exceptionally well-researched, widely accessible reviews that provide a foundation for evidence-based health policy. I have expertise in 4 areas as advertised:*

- A. Evidence-informed health care or policy
- B. Systematic review conduct
- C. Systematic review methodology
- D. Knowledge translation and communication

2) How have you contributed to Cochrane's work during your time as a member?

*My contributions to the Collaboration have integrated two fundamental aspects of the Cochrane review process: dedication to rigorous systematic review methodology and commitment to evidence-based health policy. In fact, my enthusiasm for the potential influence of methodologically scrupulous systematic reviews on health practice, policy and future research brought me to the Collaboration as a resident physician back in 2009. Since then, I have been involved both as an author and a peer reviewer in a number of Cochrane systematic reviews with six different Review Groups (Pregnancy & Childbirth, HIV-AIDS, Gynaecology & Fertility, Gynaecological & Neuro-Oncology, Pain & Palliative, and Hepato-Biliary Groups). **As at December of 2016, I have authored and published four Cochrane reviews and six protocols (see below)**. In addition, I have recently registered 2 reviews in the title stage. In five of the reviews, I am the lead author. This extensive exposure to Cochrane review standards gave me a basis for parallel work on the Collaboration's projects, initiatives intended to bring Cochrane reviews into practice.*

*Three years ago, I was appointed as an Associate Editor of the **Cochrane Clinical Answers (CCA)**, working with Cochrane Editors Sera Tort and Karen Patterson to publish 17 CCAs to date (see below). In addition to this, I have been involved in direct discussions with health policy experts at Johns Hopkins University School of Public Health, Harvard University, Michigan State University, and the University of Michigan among others to promote the mission of the Cochrane Collaboration. Likewise, I have coordinated dialogue with African and European colleagues involved in health policy in order to advance global participation in the Cochrane Collaboration and*

promote use of the Cochrane Library/Cochrane reviews/Cochrane Clinical Answers in policy making and clinical practice. I currently work as an Obstetrician and Gynecologist and Maternal Fetal Medicine fellow at the Johns Hopkins University School of Medicine. Here are my published reviews, protocols, and CCA's to date -

Cochrane Systematic Reviews, Protocols and Titles (2009 till date)

Hofmeyr GJ, **Eke AC**, Lawrie TA. Amnioinfusion for third trimester preterm premature rupture of membranes. Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD000942. DOI: 10.1002/14651858.CD000942.pub3.

Hofmeyr GJ, Xu H, **Eke AC**. Amnioinfusion for meconium-stained liquor in labour. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD000014. DOI: 10.1002/14651858.CD000014.pub4.

Eke AC, Ezebialu IU, Eleje GU. Hypnosis for preventing preterm labour (Protocol). Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD010214. DOI: 10.1002/14651858.CD010214.

Eke AC, Akarolo-Anthony SN, Enumah AP. Cranberries for treating asymptomatic bacteriuria during pregnancy (Protocol). Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD009793. DOI: 10.1002/14651858.CD009793.

Eke AC, Chawla M, Bridges N, Ezebialu I. Progestogen only versus combined oral contraceptive pills for fibroid related heavy menstrual bleeding (Protocol). Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD009737. DOI: 10.1002/14651858.CD009737.

Eke AC, Oragwu C. Sperm washing to prevent HIV transmission from HIV-infected men but allowing conception in sero-discordant couples. Cochrane Database of Systematic Reviews. 2011 Jan; 1(1): 101-120. Cited in PubMed; PMID: 21249711.

Eke AC, Eke UA, Eleje GU. Hepatitis B immunoglobulin during pregnancy for the prevention of mother to child transmission of hepatitis B virus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 6. Art. No.: CD008545. DOI: 10.1002/14651858.CD008545.

Eleje GU, **Eke AC**, Igberase GO, Igwegbe AO, Eleje LI. Palliative interventions for controlling vaginal bleeding in advanced cervical cancer (Protocol). Cochrane Database of Systematic Reviews 2015, Issue 5. Art No: CD011000. doi: 10.1002/14651858.CD011000. Cited in PubMed; PMID: 26068943.

Ezebialu IU, **Eke AC**, Eleje GU, Nwachukwu CE. Methods for assessing pre-induction cervical ripening (Review). Cochrane Database of Systematic Reviews 2015, Issue 6. Art No: CD010762. doi: 10.1002/14651858.CD010762. Cited in PubMed; PMID: 25932968.

Hofmeyr GJ, Gülmezoglu AM, Pileggi C, **Eke AC**. Vaginal misoprostol for cervical ripening and induction of labour. Cochrane Database Syst Rev, 2014 (Review). Updating review in process.

Eleje GU, Ikechebelu JI, **Eke AC**, Okam PC, Ezebialu IU, Ilika CP. Cervical cerclage in combination with other treatments for preventing preterm birth in singleton pregnancies (Title). Cochrane Database of Systematic Reviews. Protocol in progress – Unique ID: 459514112114284556.

Eleje GU, **Eke AC**, Ezebialu IU, Ikechebelu JI, Ugwu EO, Okonkwo OO. Risk-reducing bilateral salpingo-oophorectomy in women with BRCA1 or BRCA2 mutations (Title). Cochrane Database of Systematic Reviews. Protocol in progress – Unique ID: 875614022712353654.

Cochrane Clinical Answers (CCA)

Eke AC, Patterson K. Does antibiotic prophylaxis during the second and third trimester prevent adverse pregnancy outcomes and morbidity? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of

Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.1052.

What are the benefits and harms of acupressure for pain management during labor? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.166.

In women who are in the third stage of labor, which treatment is most effective at improving outcomes: active or expectant management? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.98.

In women with a twin pregnancy, what are the benefits and harms of prophylactic oral betamimetics? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.1185.

What are the benefits and harms of early versus late cord clamping in pregnant women giving birth at term to a singleton infant? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.308.

In pregnant women, what are the effects of fetal assessment tests on admission to the labor ward? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.134.

What are the benefits and harms of titrated oral misoprostol for augmenting labor in women with labor dystocia? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.703.

Do prophylactic betamimetics given to women with a singleton pregnancy at risk of preterm delivery improve outcomes? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.180.

How does zinc supplementation improve pregnancy and infant outcomes? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.976.

Do antenatal screening and treatment programs for lower genital tract infection help to prevent preterm delivery? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.721.

In pregnant women, is there randomized controlled trial evidence to support the use of cardiotocography instead of intermittent auscultation of the fetal heart rate? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.133.

How does continuous support affect outcomes for pregnant women during childbirth? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.241.

What are the benefits and harms of antenatal interventions in pregnant women whose previous child was affected by fetomaternal (neonatal) alloimmune thrombocytopenia? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.149.

Cochrane Clinical Answers Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). What are the effects of calcium channel blockers for inhibiting preterm labor and birth? 2012. DOI: 10.1002/cca.521.

How does calcium supplementation during pregnancy affect infant and maternal outcomes? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.1051.

Is there randomized controlled trial evidence to support the use of betamimetics for maintenance therapy after threatened preterm labor? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.177

What are the benefits and harms of acupuncture for pain management during labor? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). Cochrane Clinical Answers 2012. DOI: 10.1002/cca.173.

Published Systematic Reviews and Meta-analysis (Other than Cochrane)

1. **Eke AC**, Chaalan T, Shukr G, Eleje GU, Okafor CI. A systematic review and meta-analysis of progestogen use for maintenance tocolysis after preterm labor in women with intact membranes. *Int J Gynec Obstet*, 2016, 132(1): 11-16.

2. **Eke AC**, Saccone G, Berghella V. Selective serotonin reuptake inhibitor (SSRI) use during pregnancy and risk of preterm birth: a systematic review and meta-analysis. *BJOG*. 2016; 123(12):1900-07.

3. **Eke AC**, Chaalan TT, Shukr GH, Nashif SK, Eleje GU. Intra-abdominal saline irrigation at cesarean section: a systematic review and meta-analysis. *J Matern Fet Neonatal Med*, 2015; 14:1-7.

3) What experience do you have in leadership and governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership?

Through my international experience, I have found my leadership niche within the Collaboration, working in both in the United States and in Africa to further this organization's drive towards inclusive scholarly interchange. I have actively increased the geographical diversity of the Collaboration by collaborating, training and mentoring new authors from around the world. Along with my collaborator, Dr. George Eleje, I have set-up networks of authors in developing countries, creating new groups and committees to encourage rising scholars from African nations in particular. My success in these efforts is due in part to my background and time spent in Africa. Before becoming a United States citizen, I worked for five years at the Nnamdi Azikiwe University Teaching Hospital, Nnewi. While there, I focused on quality assessment of systematic reviews, incorporating them into evidence-based patient information bulletins. Through this opportunity, I have developed my skills in translating evidence into patient care bulletins, communication and mentorship, competencies that are necessary for leadership on an international scale.

As a physician here in the United States, I have mentored several current and prospective Cochrane authors while working at Harvard, Michigan State, and now at the Johns Hopkins Hospital. I currently serve on the Governing board of the Junior fellows of the American Congress of Obstetricians and Gynecologist (ACOG) here in the United States. Prior to this position, I served on the board as the representative of ACOG to the American Medical Association (AMA). In all my current and previous roles, I have been responsible for leading projects which demand teams to trust and respect my experience and my decision making. My leadership style involves management skills, but mostly relies upon the trust my teams have in me, to make informed, inspired decision-making, matched with personal character and a positive attitude. A large part of my style involves the use of effective planning; organizational systems; and appropriate communications methods, in part due to having the necessary tools built from experience in leadership roles.

4) What do you think would make you an effective member of the

Board?

I believe I would be an outstanding addition to the Cochrane Governing Board. It is critical that the electable member to the Cochrane Governing Board pilot initiatives that will enhance the capacity of board members in the Collaboration, a charge that I have prepared for both in terms of my own review contributions and in supporting others' work through close partnership. I have dedicated the last 7 years to refining my leadership skills, including my skills in the development of systematic reviews and mentoring others on how to carry out systematic reviews, which I have used to initiate positive change for individuals back in Africa and here in the US. Furthermore, I have worked closely with many different groups in the Collaboration: authors and editors from developing and developed countries, native English speakers/authors for whom English is not their first language, people with a wide range of health and methodological knowledge as well as patients/consumers, clinicians and policy makers. I have acquired a solid working knowledge of how different groups in the Collaboration function as I have had opportunities to attend meetings. I have also facilitated the engagement of many projects with the Collaboration and set-up new initiatives that have moved the Cochrane Collaboration forward, thus gaining a thorough understanding of the challenges leaders face in initiating new projects. Many of my positions within the Collaboration have been voluntary, so I also recognize the difficulties of voluntarily authors who play key roles in developing content for the Cochrane Library. I believe all these qualities and my dedication to the collaboration will make me an efficient member of the board.

5) How do you see Cochrane developing or changing in the future (i.e. what is your 'vision'), and why?

I have a vision, a mission, and several goals I would like come to fruition during my tenure as a member of the Cochrane Governing Board. They include:

Vision

In line with the Cochrane 2020 strategic plan of putting Cochrane evidence at the heart of health decision-making all over the world, my vision is to see Cochrane emerge to be the best evidence based organization in the world by conducting world-class research and creative activities that develop knowledge and contribute to the scientific and economic growth and advancement of science, and benefit humanity as a whole.

Mission

*To develop and expand innovative research programs that align well with the Cochrane Collaboration's mission and strategic plan, **address important global health and economic needs**, and through technology transfer and commercialization noticeably **support the scientific development of nations of the world**.*

Goals

To capitalize on Cochrane's unique strengths to develop a research corridor linking developing and developed countries to achieve the strategic goals of the collaboration

To build and sustain strategic research clusters of excellence that leverage existing strengths of the Cochrane collaboration, match well with future directions of the Collaboration and offer good opportunities that are of strategic importance

To expand regional, national, and international partnerships with industry, government, and academia in research and economic development

To emphasize across the targeted strategic research clusters interdisciplinary initiatives that result in internationally recognized distinctive and innovative sponsored research programs

To continue to foster research partnerships, integrating research programs across the world, and promoting opportunities for collaboration with other research and economic organizations, as well as the not-for-profit and for-profit sectors

To foster systematic integration of Cochrane systematic reviews in undergraduate and graduate programs, leading to research-based learning in the academic disciplines across the world

6) What do you see as the most important issues to be addressed by the Board during your term of office?

My respond to the previous questions outlines mainly what I want to achieve. My overall aim would be to identify strategies to increase the impact of Cochrane systematic reviews to evidence based medicine. I would also like to see increased involvement of authors in the processes of selecting, preparing and updating reviews, and in the organizational structure of The Cochrane Collaboration. Through this, I would hope that the number of high quality, up-to-date and relevant Cochrane reviews and the number of authors who have regular collaboration with the Cochrane entities, will increase. Above all, the impact this would have on science as a whole would be huge!

7) For individuals seeking re-election, how have you contributed to the Board during your previous term of office?

This is my 1st time of contesting any election within the Cochrane Collaboration.

8) Is there anything else you would like to say in support of your nomination?

The Cochrane Governing Board position will allow me to continue my development as a leader while taking on leadership responsibilities that will further the research and health policy aspects of the Cochrane Collaboration. Moreover, joining the Cochrane Governing Board will provide the opportunity for me to network with likeminded professionals, and to create strategic partnerships that will magnify our community and international-level impact. My overall aims will be to maintain and ultimately improve the quality of Cochrane Reviews, support training for Cochrane teams and increase the involvement of academically and geographically diverse authors in the organizational structure of the Cochrane Collaboration as well as in the processes of selecting, preparing and updating reviews. Through these efforts, I would hope that the number of high quality, up-to-date and relevant Cochrane reviews and the number of authors who have regular collaboration with the Cochrane entities will increase. Finally, my role in the Cochrane Governing Board will facilitate my broader contribution to health policy by expanding the frontiers of systematic review use within evidence based medicine and framing the agenda for future Cochrane Collaboration research.

9) Please state any potential conflicts of interest that might limit your participation as a Board member?

- (a) Core conflicts of interest: **None**
- (b) Internal conflicts of interest: **None**
- (c) External conflicts of interest: **None.**

Very Respectfully,

*Ahizechukwu Eke, MD, FACOG (USA), MPH (Harvard), MRCOG (Uk), FWACS, FICS,
Maternal Fetal Medicine (MFM) Fellow & OBGYN Physician,
Division of Maternal Fetal Medicine,
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Conflict of Interest Declaration for Ahizechukwu Eke, MD MPH (Harvard)

1. Financial interests

Have you:

a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research? - **NO**

b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation? - **NO**

c) Received honoraria: one-time payments (in cash or kind) from a related organisation? - **NO**

d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation? - **NO**

e) Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)? - **NO**

f) Received personal gifts from a related organisation? - **NO**

g) Had an outstanding loan with a related organisation? - **NO**

h) Received royalty payments from a related organisation? - **NO**

2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest? - NO



Jefferson™

December 12, 2016

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The Selection Committee
Cochrane Governing Board
St Albans House, 57- 59 Haymarket
London SW1Y 4QX
United Kingdom.

To Whom It May Concern:

RE: Ahizechukwu Eke, MD, MPH, FWACS

It is a great pleasure for me to write a very strong letter of recommendation for Dr. Ahizechukwu Eke for Cochrane Governing Board member. I could not think of a better candidate. I have had a pleasure to know Dr. Eke in the last few years as we have attended similar conferences and I have been reading his great works in the literature.

As you can see from his application, Dr. Eke has been extremely busy and active doing systematic reviews with the Cochrane. He is a rising star in the field of Obstetrics and Maternal-Fetal Medicine. He has authored, mostly as first author, more than a dozen reviews and has also worked on several Cochrane Clinical Answers. He has also done systematic reviews and analyses other than the Cochrane, all of them as first author in one of them we collaborated, and he was fantastic.

I could not think of a better board member for the Cochrane Governing Board than Dr. Eke. He will be a pleasure to work with. Not only he is very hardworking and evidenced based, and loves the Cochrane, but is also a professional, caring and compassionate, and always with a smile on his face. I have really enjoyed working with him, and I hope to work at the same institution in the same division with him one day. I expect this is going to be one of the top 10 leaders in the field of high-risk Obstetrics for the next 20 years.

In summary, I gave my strongest recommendation for the outstanding Dr. Ahizechukwu Eke to become a board member in the Cochrane Governing Board. He was declined the right to review this letter. If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink that reads "Vincenzo Berghella".

Vincenzo Berghella, M.D.
Professor, Department of Obstetrics and Gynecology
Director, Division of Maternal-Fetal Medicine
Director, Maternal-Fetal Medicine Fellowship Program

VB/lms



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**The Selection Committee,
Cochrane Governing Board,
St Albans House, 57-59 Haymarket,
London SW1Y 4QX,
United Kingdom,**

Re: Ahizechukwu Eke, MD, MPH (Harvard)

I am writing this letter to give my highest possible recommendation to Ahizechukwu Eke for selection to the Cochrane Governing Board. Dr. Eke joined the Johns Hopkins University School of Medicine/Johns Hopkins Hospital Maternal Fetal Medicine/Gynecology and Obstetrics program with a strong clinical, academic and research background. I will divide my comments about Dr. Eke into five areas: his academic accomplishments, his research, his honors and awards, leadership and advocacy, and a number of outstanding personal characteristics which, taken together, uniformly reflect on the outstanding strengths of his candidacy for this position.

Academic Accomplishments

Dr. Eke graduated from the University of Calabar College of Medicine in Nigeria. He then completed residency in Obstetrics and Gynecology at the Nnamdi Azikiwe University Teaching hospital Nigeria, emerging as a Fellow of the West African College of Surgeons (FWACS) before coming over to the United States. He continued his training at Harvard University under the A.G Leventis scholarship award, completing a Master of Public Health (MPH) degree in Health Policy and Management, completed a second residency in Obstetrics and Gynecology at Michigan State University, before joining Johns Hopkins as an Obstetrician and Gynecologist/Fellow in Maternal Fetal Medicine. He is one of the most accomplished physicians I have ever met.

Research

Dr. Eke is very much interested in Systematic Reviews/Meta-analysis and in Academic Medicine. He introduced me into the Cochrane Collaboration in 2009, and has been a great mentor to me. Looking at his CV, he has authored over 40 peer reviewed publications and presented over 30 scientific papers as oral and poster presentations at regional and national conferences. He has also organized and mentored many physicians in the conduct and evaluation of Cochrane systematic reviews. It was therefore, no surprise to me that as a resident doctor back in 2015, he initiated and completed the 1st randomized clinical trial in the OB/GYN department at Michigan State University on *Intrauterine cleaning after placental delivery at cesarean section; a randomized clinical trial*. ([ClinicalTrials.gov Identifier: NCT02152735](https://clinicaltrials.gov/ct2/show/study/NCT02152735)). He also was well involved in the design and conduct of the WOMAN trial (World Maternal Anti-fibrinolytic Trial), an international randomized double blind placebo controlled trial, and is involved with a lot of Cochrane Systematic reviews and meta-analysis.

Honors and Awards

Dr. Eke was inducted into the Alpha Omega Alpha (AOA) Honor Medical Society in 2014 due to his outstanding scholarly activities and leadership excellence. He was also selected as one of the recipients of the 2014-2015 Society for Maternal Fetal Medicine (SMFM) Quilligan Scholarship award, a program that identifies future leaders in Maternal Fetal Medicine who exhibit leadership, commitment and interest in teaching, research or public policy early in their training and offer them recognition, guidance, and educational opportunities to foster their careers. He is a recipient of multiple other awards, including being the overall highest CREOG Scorer, 2014 and 2015 in-

training examinations; American Medical Association (AMA) Foundation National Excellence in Medicine Leadership Award for outstanding leadership skills (2014); Best oral presentation, ACOG Junior fellow District V research day; Michigan State University Outstanding Award for Best Medical Student/Resident Educator for 2015; and the 2015 American Congress of Obstetricians and Gynecologist (ACOG) Junior Fellow Rising Star in Advocacy National award winner for his work on breast cancer and gestational diabetes prevention.

Leadership and Advocacy

Dr. Eke currently serves as the American Congress of Obstetricians and Gynecologist (ACOG) Junior Fellow Chair for District IV in the United States, after serving as ACOG Junior Fellow Chair for the Michigan Section. He also served as the American Medical Association District V Representative to the American Medical Association House of Delegates. As the ACOG Junior Fellow Chair, he is involved in overseeing all ACOG junior fellow OB/GYN resident activities in District IV, including advocacy, junior fellow community service projects, junior fellow research activities, junior fellow tool kits, and working together with the Infant Health Program (IHP) to provide home support and promote healthy pregnancies, good birth outcomes, and healthy infants. He has significantly increased involvement in ACOG related activities, which won him a ACOG National award.

Personal Characteristics

Dr. Eke is very well liked by faculty, nurses, paramedical staff and students. He is an excellent researcher and clinician. Adjectives and phrases used to describe him include mature, sincere, very warm in every interaction, self-assured, smart and engaging, delightful and cheerful, sophisticated and sensitive. An extremely bright young man, he is at the same time hard-working and enthusiastic about whatever he undertakes. His ability to work with others has been well on display; one could certainly see him being a centerpiece of evidence based medicine in any medical school. Furthermore, he has the sensitivity, dedication and demeanor that will make him an outstanding physician.

In summary, Dr. Eke is an outstanding candidate for selection into the Cochrane Governing Board due to his dedication to Cochrane and his love for evidence based medicine. He is an ardent researcher, an efficient physician, educator and an effective mentor and teacher. Possessed of superior academic skills and complemented by formative academic and leadership experiences and outstanding personal characteristics, he is committed in completing any project he starts. Therefore, he comes to you with my very highest recommendation. If you have any further questions regarding Dr. Eke, do not hesitate to contact me.

Very Respectfully,



***Dr George Uchenna Eleje, MBBS (Awka), FMCOG, FWACS,
Lecturer/Honorary Consultant,
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https://www.researchgate.net/profile/George_Eleje/contributions?ev=prf_act