MAIVA MATERIAL

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READING TEST 13

Reading: Part A

TIME LIMIT: 15 MINUTES

Instructions:

- Complete the summary of **Part A - Answer booklet** using the information in the four texts (A1-4) below.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words.** Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column.**
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

Text 1

Nasopharyngeal cancer, very rare in US but common in most of South East Asia, is a disease in which malignant (cancer) cells form in the tissues of the nasopharynx. The nasopharynx is the upper part of the pharynx (throat) behind the nose. The pharynx is a hollow tube of about 5 inches long that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes from the throat to the stomach). Air and food pass through the pharynx on the way to the trachea or the esophagus. The nostrils lead into the nasopharynx and an opening on each side of the nasopharynx leads into an ear. Nasopharyngeal cancer most commonly starts in the squamous cells that line the oropharynx (the part of the throat behind the mouth).

Text 2

Ethnic background and exposure to the Epstein-Barr virus can affect the risk of developing nasopharyngeal cancer. Anything that increases your risk of getting a disease is called a risk factor. Risk factors may include the following: Chinese or Asian ancestry; exposure to the Epstein-Barr virus (the Epstein-Barr virus has been associated with certain cancers, including nasopharyngeal cancer and some lymphomas). Possible signs of nasopharyngeal cancer include having trouble breathing, speaking, or hearing. These and other symptoms may be caused by nasopharyngeal cancer, but other conditions may cause the same symptoms. A doctor should be consulted if any of the following problems occur:

- A lump in the nose or neck.
- A sore throat.
- Trouble breathing or speaking.
- Nosebleeds.
- Trouble hearing.
- Pain or ringing in the ear.
- Headaches.

Text 3

Tests that examine the nose and throat are used to detect and diagnose nasopharyngeal cancer. The following tests and procedures may be used:

- Physical exam of the throat: an exam in which the doctor feels for swollen lymph nodes in the neck and looks down the throat with a small, long-handled mirror to check for abnormal areas.
- Nasoscopy: a procedure to look inside the nose for abnormal areas where a nasoscope is inserted through the nose. A nasoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue samples, which are checked under a microscope for signs of cancer.
- Neurological exam: a series of questions and tests to check the brain, spinal cord, and nerve function. The exam checks a person's mental status, coordination, and ability to walk normally, and how well the muscles, senses, and reflexes work. This may also be called a neuro exam or a neurologic exam.

Text 4

Different types of treatments are available for patients with nasopharyngeal cancer. Some treatments are standard (the currently used treatment), and some are being tested in clinical trials. Before starting treatment, patients may want to think about taking part in a clinical trial. A treatment clinical trial is a research study meant to help improve current treatments or obtain information on new treatments for patients with cancer. When clinical trials show that a new treatment is better than the standard treatment, the new treatment may become the standard treatment. Clinical trials are taking place in many parts of the country and information about ongoing clinical trials is available from the NCI website. Choosing the most appropriate cancer treatment is a decision that ideally involves the patient, family, and health care team. Three types of standard treatment are used: radiation therapy, chemotherapy and surgery.

Summary

Nasopharyngeal carcinoma is cancer that occurs in the 1……., which is located behind your nose and above the back of your 2…….. Nasopharyngeal carcinoma is rare in the 3……..but in other parts of the world - specifically 4…….. - nasopharyngeal carcinoma occurs much more frequently. Nasopharyngeal carcinoma is difficult to 5…….. ; that's probably because the nasopharynx isn't easy to 6……...and 7…….. of nasopharyngeal carcinoma 8……. those of other more 9……..... Treatment for nasopharyngeal carcinoma usually involves 10……, 11……..or a combination 12……..... You can work with your doctor to determine the 13……... depending on your 14…….. Researchers have identified 15…….. that appear to increase your risk 16…….. nasopharyngeal carcinoma, including the 17……. virus. This common virus usually produces 18……... and symptoms, such as those of a cold. The Epstein-Barr virus is also linked to several rare cancers, including nasopharyngeal carcinoma. Having a family member with nasopharyngeal carcinoma increases your risk 19……...

Tests and procedures used to diagnose nasopharyngeal carcinoma include a physical exam. Diagnosing 20……..usually begins with a general examination. Your doctor will ask questions about your 21…..... and may press on your neck to feel for 22…….. in your 23…… If nasopharyngeal carcinoma is suspected, your doctor may recommend a nasal 24……... You and your doctor would work together to devise a treatment plan based on several factors, such as the stage of

your cancer, your treatment goals, your overall health and the side effects you're willing to tolerate. Treatment for nasopharyngeal carcinoma usually begins with radiation therapy or a combination of 25……..and 26……....

End of Part A

Part B - Text Booklet

Instructions

TIME LIMIT: 45 MINUTES

- ❏ There are TWO reading texts in Part B. After each of the texts you will find a number of questions or unfinished statements about the text, each with four suggested answers or ways of finishing.
- ❏ You must choose the ONE, which you think, fits best. For each question, 1-20, indicate on your answer sheet the letter A, B, C or D against the number of the question.
- ❏ Answer ALL questions. Marks are NOT deducted for incorrect answers.

NOTE: You must complete your Answer Sheet for Part B within the 45 minutes allowed for this part of the sub-test.

Text B1 - What is Creutzfeldt-Jakob Disease?

Paragraph 1

Creutzfeldt-Jakob disease is a degenerative brain disorder that leads to dementia and, ultimately, death. Symptoms of Creutzfeldt-Jakob disease (CJD) sometimes resemble those of other dementia-like brain disorders, such as Alzheimer's, but Creutzfeldt-Jakob disease usually progresses much more rapidly. Creutzfeldt-Jakob disease captured public attention in the 1990s when some people in the United Kingdom developed a form of the disease — variant CJD (vCJD) — after eating

meat from diseased cattle. However, "classic" Creutzfeldt-Jakob disease has not been linked to contaminated beef. Although serious, CJD is rare, and vCJD is the least common form. Worldwide, there is an estimated one case of Creutzfeldt-Jakob disease diagnosed per million people each year, most frequently in older adults, if not among children.

Paragraph 2

Creutzfeldt-Jakob disease is marked by rapid mental deterioration, usually within a few months. Initial signs and symptoms of CJD typically include: personality changes, anxiety, depression, memory loss, impaired thinking, blurred vision, insomnia, difficulty speaking, difficulty swallowing and sudden, jerky movements. As the disease progresses, mental symptoms worsen; most people eventually lapse into a coma. Heart failure, respiratory failure, pneumonia or other infections are generally the cause of death. The disease usually runs its course in about seven months, although a few people may live up to one or two years after diagnosis. In people with the rarer CJD, psychiatric symptoms may be more prominent in the beginning, with dementia — the loss of the ability to think, reason and remember - developing later in the course of the illness. In addition, this variant affects people at a younger age than classic CJD does, and appears to have the slightly longer duration of 12 to 14 months.

Paragraph 3

Creutzfeldt-Jakob disease and its variants belong to a broad group of human and animal diseases known as transmissible spongiform encephalopathies (TSEs). The name derives from the spongy holes, visible under a microscope, that develop in affected brain tissue. The cause of Creutzfeldt-Jakob disease and other TSEs appears to be abnormal versions of a kind of protein called a prion. Normally, these proteins are harmless, but when they're misshapen they become infectious and can wreak havoc on normal biological processes. The risk of CJD is low. The disease can't be transmitted through coughing or sneezing, touching, or sexual contact. The three ways it develops are:

- Sporadically: most people with classic CJD develop the disease for no apparent reason. CJD that occurs without explanation is termed spontaneous CJD or sporadic CJD and accounts for the majority of cases.

- By inheritance: in the United States, about 5 to 10 percent of people with CJD have a family history of the disease or test positive for a genetic mutation associated with CJD. This type is referred to as familial CJD.
- By contamination: a small number of people have developed CJD after being exposed to infected human tissue during a medical procedure, such as a cornea or skin transplant.

Also, because standard sterilization methods do not destroy abnormal prions, a few people have developed CJD after undergoing brain surgery with contaminated instruments. Cases of CJD related to medical procedures are referred to as iatrogenic CJD. Variant CJD is linked primarily to eating beef infected with bovine spongiform encephalopathy (BSE), the medical term for mad cow disease.

Paragraph 4

Most cases of Creutzfeldt-Jakob disease occur for unknown reasons, and no risk factors can be identified. However, a few factors seem to be associated with different kinds of CJD:

- Age: sporadic CJD tends to develop later in life, usually around the age of 60. Onset of familial CJD occurs only slightly earlier. On the other hand, vCJD has affected people at a much younger age, usually in their late 20s.
- Genetics: people with familial CJD have a genetic mutation that causes the disease. The disease is inherited in an autosomal dominant fashion, which means you need to inherit only one copy of the mutated gene, from either parent, to develop the disease. If you have the mutation, the chance of passing it on to your children is 50 percent. Genetic analysis in people with iatrogenic and variant CJD suggests that inheriting identical copies of certain variants of the prion gene may predispose a person to developing CJD if exposed to contaminated tissue.
- Exposure to contaminated tissue: people who've received HGH derived from human pituitary glands or who've had dura mater grafts may be at risk of iatrogenic CJD. The risk of contracting vCJD from eating contaminated beef is difficult to determine. In general, if countries are effectively implementing public health measures, the risk is virtually non-existent.

Paragraph 5

Only a brain biopsy or an examination of brain tissue after death (autopsy) can confirm the presence of Creutzfeldt-Jakob disease. But doctors can often make an accurate diagnosis based on your medical and personal history, a neurological exam, and certain diagnostic tests. The exam is likely to reveal such characteristic symptoms as muscle twitching and spasms, abnormal reflexes, and coordination problems. People with CJD may also have areas of blindness and changes in visual-spatial perception. In addition, doctors commonly use the following tests to help detect CJD:

- Electroencephalogram (EEG): using electrodes placed on your scalp, this test measures your brain's electrical activity. People with CJD and vCJD show a characteristically abnormal pattern.
- Magnetic resonance imaging (MRI): this technique uses radio waves and a magnetic field to create cross-sectional images of your head and body. It's especially useful in diagnosing brain disorders because of its high-resolution images of the brain's white matter and gray matter.
- Spinal fluid tests: cerebrospinal fluid surrounds and cushions your brain and spinal cord. In a test called a lumbar puncture — popularly known as a spinal tap - doctors use a needle to withdraw a small amount of this fluid for testing. The presence of a particular protein in spinal fluid is often an indication of CJD or vCJD.

Paragraph 6

No effective treatment exists for Creutzfeldt-Jakob disease or any of its variants. A number of drugs have been tested - including steroids, antibiotics and antiviral agents - and have not shown benefits. For that reason, doctors focus on alleviating pain and other symptoms and on making people with these diseases as comfortable as possible.

Questions 1-11

1 Which disease progresses faster?

A Alzheimers
B Jakob
C Both Alzheimers and Jakob
D Not given

2 Creutzfeldt-Jakob disease is commonly found among adults or elderly people

A False
B True
C False, because it is found among children too
D Not given

3 Which one of these is not a symptom of the disease?

A Personality changes
B Difficulty in swallowing
C Loss of memory
D Loss of vision

4 People affected with the disease may die after

A One year
B Two years
C 12-14 months
D Not given

5 Paragraph 3 talks more about

A Symptoms
B Occurrence
C Transmission
D Prevention

6 CJD…

A Is transmitted by a virus
B Is genetic
C Develops more commonly after brain surgery in some people
D Can’t say

7 One of the most common risk factors includes

A Exposure to contaminated tissue
B Age
C Genetics
D B and C

8 "People who may have the human growth hormone derived from human pituitary glands may be at risk of iatrogenic CJD."

A 100% true
B 100% false
C 50% true
D 50% false

9 "Confirmation of the Creutzfeldt-Jakob disease can be done only after the death of the person."

A True
B False
C True in some cases
D Not given

10 What is most helpful in detecting CJD?

A Electroencephalogram (EEG)
B Spinal fluid exams
C MRI
D All of the above

11What can be most effective in treating CJD?

A Steroids
B Antibiotics
C Antiviral agents
D Not given

Part B

B2 - Heat Rash

Paragraph 1

The skin's job is to protect the inside of the body from the outside world. It acts as a preventive barrier against intruders that cause infection, chemicals, or ultraviolet light from invading or damaging the body. It also plays an important role in the body's temperature control. One way that the body cools itself is by sweating, and allowing that sweat or perspiration to evaporate. Sweat is manufactured in sweat glands that line the entire body (except for a few small spots like fingernails, toenails, and the ear canal). Sweat glands are located in the dermis or deep layer of the skin, and are regulated by the temperature control centers in the brain. Sweat from the gland gets to the surface of the skin via a duct. A heat rash occurs when sweat ducts become clogged and the sweat can't get to the surface of the skin. Instead, it becomes trapped beneath the skin's surface causing a mild inflammation or rash. Heat rash is also called prickly heat or miliaria.

Paragraph 2

It is uncertain why some people get heat rashes and others don't. The sweat gland ducts can become blocked if excessive sweating occurs, and that sweat is not allowed to evaporate from a specific area. Some examples of how blockage may occur include the following: creases in the skin, for example the neck, armpit, or groin which have skin touching adjacent skin, making it difficult for air to circulate, therefore preventing sweat evaporation; tight clothing that prevents sweat evaporation; bundling up in heavy clothing or sheets - this may occur when a person tries to keep warm in the winter or when chilled because of an illness with fever. Heavy creams or lotions can also clog sweat ducts. Babies have immature sweat glands that aren't able to remove the sweat they produce; they can develop heat rash if they are exposed to warm weather, are overdressed, excessively bundled, or have a fever. Heat rash may occur as a side effect of some medications, for example, isotretinoin (Accutane) or clonidine (catapres).

Paragraph 3

The most common symptoms of heat rash are red bumps on the skin, and an itchy or prickly feeling to the skin. These are due to inflammation of the superficial layers

of the skin (the epidermis) and the prickly sensation is similar to the feeling of mild sunburn. The symptoms of heat rash are the same in infants and adults; however, since an infant can't complain about the rash sensation, he or she may be fussy. Newborns, infants, the elderly, and obese individuals with large areas with skin-on-skin contact areas (for example, a large overlapping area of abdominal fat or panniculus) are at risk of developing heat rash. They are all especially at risk if they are immobile for long periods of time and parts of the skin aren't exposed to circulating air, which results in the inability of the sweat ducts to "breathe" (evaporative cooling). Heat rashes are more common in places with hot, humid, climates because people sweat more. Intense exercise associated with lots of sweating may cause a heat rash, especially if the clothing worn does not allow adequate air circulation.

Paragraph 4

The appearance of a heat rash depends upon where the excess sweat gets deposited in the skin. Tiny blisters that look like small beads of sweat are seen if the sweat is blocked at the most superficial layers of the skin where the sweat duct opens on the skin surface. Called miliaria crystalline, it has no symptoms other than these "sweat bubbles." Classic heat rash or miliaria rubra occurs if the sweat causes inflammation in the deeper layers of the epidermis. Like any other inflammation, the area becomes red and the blisters become slightly larger. Because the sweat glands are blocked and don't deliver sweat to the skin's surface, the area involved is dry and can be irritated, itchy, and sore. This rash is also called prickly heat. Less frequently, after repeated episodes of prickly heat, the heat rash may inflame the deeper layer of the skin called the dermis, and cause miliaria profunda. This rash is made up of larger, harder bumps that are more skin colored. The rash begins almost immediately after exercise, and again no sweat can be found on the affected areas. Rarely, this type of heat rash may potentially be dangerous if enough skin is involved, since the lack of sweating can lead to heat-related illnesses like heat cramps, heat exhaustion, or heat stroke.

Paragraph 5

Heat rash or prickly heat is detected by physical examination. Knowing that the rash appears during sweating or heat, appreciating the location on the body (in skin creases or where clothes fit tightly) and seeing what the rash looks like is enough to make the

diagnosis. As with many rashes, the health care professional may look at the involved skin and, because of previous experience, immediately make the diagnosis. An effective recovery process may depend more on treating heat rash with remedies such as over-the-counter creams and sprays. Medical treatment for heat rash may involve antibiotics if the sweat glands become infected.

Questions 12-20

12 Heat rash develops when

A sweat ducts become clogged
B sweat can't come out onto the skin
C skin stops developing sweat
D none

13 One of the most common reasons given for the blockage of the sweat glands is

A excessive sweat is not allowed to evaporate from the skin
B creases in the skin which makes circulation difficult
C tight clothing
D heavy creams and lotions

14 In babies, heat rash often develops due to

A warm weather
B overdressing
C fever
D not given

15 Paragraph 3 talks more about

A risk factors
B who is at risk
C symptoms
D development of the disease

16 Heat rash is common in

A cold areas
B areas with higher humidity
C desert areas
D B and C

17 Paragraph 4 talks more about

A heat rash symptoms
B mode of occurrence
C what heat rash looks like
D B and C

18 Heat rash may cause "miliaria profunda."

A true in some cases
B false
C 100% true
D not given

19 Paragraph 5 talks more about

A diagnosis
B treatment
C 50 % treatment and 50 % diagnosis
D not given

20 Medical treatment for heat rash is effective

A when the blockage is high
B when the blockage is mild
C when the blockage is low
D when home remedies are ineffective

End of Part B