



EntriMed

OET READING

TEST 21

Text A

Skin cancer (melanoma of the skin) is the third most diagnosed cancer in males (after prostate and bowel cancer) and females (after breast and bowel cancer). In Australia. In 2016, an estimated 13,280 new cases of melanoma will be diagnosed in Australia, and 1,770 people will die.

In Australia, between 1982 and 2016, the number of cases of skin cancer rose from 27 cases per 100,000 to an estimated 49 cases per 100,000. However, how much of this increase is due to a real increase in the underlying disease, and how much is due to improved detection methods, is unknown. The incidence of melanoma of the skin rose at around 5.0% per year during the 1980s, moderating to 2.8% per year after that up until 2010.

It is predicted that the initial rapid increase is partly attributable to individual behaviour and the use of solariums, resulting in increased exposure to solar ultraviolet radiation. The moderated trend after the 1980s is consistent with increased awareness of skin cancer and improved sun protective behaviours as a result of extensive skin cancer prevention programs dating back to the 1980s.

Melanoma is a commonly used term for skin cancer. Melanoma of the eye and of the ano-rectal area can also occur.

Text B

Overexposure to ultraviolet (UV) light causes 95% of melanoma Skin cancer to be prevented through skin protection and early identification.

1. Skin protection includes:

- seeking shade especially during summer peak hours of 10am-4pm
- wearing clothing that covers back, shoulders, arms and legs
- wearing a broad-brimmed hat
- wearing wrap round sunglasses

2. Early identification involves checking moles and freckles for changes that fall into 5 categories of ABCDE :

- Asymmetry when one-half of a mole or birthmark does not match the other
- Border irregularity when the edges are irregular, ragged, notched, or blurred
- Colour variation when the colour is not the same all over, but may have differing shades of brown or black, sometimes with patches of red, white, or blue
- Diameter of the mole is larger than 6 mm (about the size of a pencil eraser) or is growing larger
- Evolving in size, shape, colour, elevation, or another trait (such as itching, bleeding or crusting).(This last point is likely the strongest of all of the warning signs)

3. Melanoma of the skin can develop anywhere on the body including:

- scalp – so check through hair
- ears and nostrils
- underarms
- hands and nail beds
- soles of the feet

Specialist mole check centres are increasingly available to carry out a thorough check for early changes and monitor at risk moles and spots. Seeking medical advice if any of the ABCDE signs appear is vital.

Text C

Sunscreen use

Three national surveys during summers between 2003-04 and 2010-11 show that sun protection compliance while outdoors on the weekend during peak UV radiation hours was relatively low.

Table 1 Trends in adolescents' weekend sun protection behaviours and sunburn

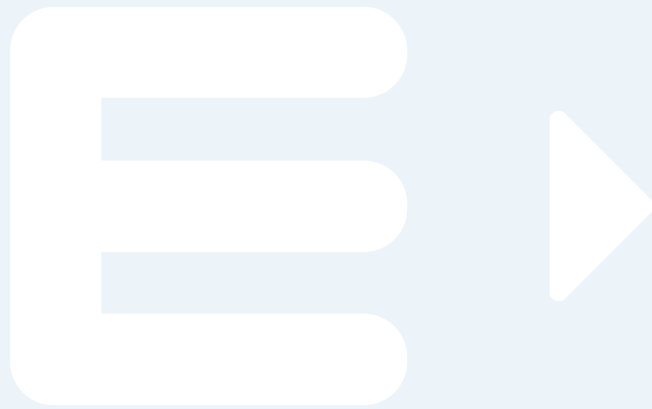
Adolescents (12-17), n=2,718	2003-04	2006-07	2010-11	Significant changes in 2010-11%
Respondents outdoors > 15 minutes	80%	82%	77%	↓ since 2006 - 07
Time spent outdoors (minutes)	110	111	112	no change
Hat Used	38%	29%	23%	↓ since 2003 - 04
Sunscreen used (at least SPF 15+)	37%	37%	37%	no change
3/4 or long sleeved top worn	11%	9%	11%	no change
3/4 or long leg cover worn	37%	30%	28%	↓ since 2003 - 04
sunglasses	23%	24%	24%	no change
stayed mostly in the shade	19%	20%	21%	no change
Two or more sun protective	29%	22%	24%	↓ since 2003 - 04
Weekend sunburn	25%	24%	21%	↓ since 2003 - 04 2006 - 07

Text D

A staggering two in three Australians will be diagnosed with skin cancer before the age of 70, which is why it is so important that we learn about skin cancer and sun protection.

The major cause of skin cancer is overexposure to the sun's ultraviolet (UV) radiation. The more exposure you have over your lifetime, the greater your risk of cancer. Working outdoors will increase skin cancer risk, as will a history of severe sunburns and tanning.

Having a history of skin cancer in the family, a large number of moles, fair skin or red hair may also make a person more susceptible to developing skin cancer.



Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once. In which text can you find information about

1. The ABCDE guide to identifying mole changes of concern?
2. The rise in the number of cases of skin cancer in Australia between 1982 and 2016?
3. What makes a person susceptible to skin cancer?.....
4. Trends in sunscreen use among adolescents?
5. The age of most people who are diagnosed with skin cancer?
6. The most commonly diagnosed cancers among men and women in Australia?
7. Is skin protection needed to prevent skin cancer?

Questions 8-14

Answer each of the questions, 8-14, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8. What are increasingly available to carry out thorough checks for early changes?
9. The use of solariums has resulted in the increased exposure to what type of radiation?
10. Surveys were carried during summers between 2003-04 and 2010-11 to check what sort of compliance over weekends
11. What other areas of the body apart from skin and eye can develop melanoma?

12. During surveys carried out of adolescent behaviours, what use was constant at 37%

13. What hours should a person seek shade in peak summer hours?

14. Working where will increase the risk of developing skin cancer?

Questions 15-20

Complete each of the sentences, 15-20, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

15. How much the increase in numbers of people with skin cancer is due to methods are unknown.

16. Overexposure to ultraviolet (UV) light cause

17. Having skin or hair may also make a person more susceptible to developing skin cancer.

18. The incidence of melanoma of the skin rose at around per year during the 1980s.

19. Diameter of the mole is (about the size of a pencil eraser) or is growing larger.

20. Sun protection compliance while outdoors on the weekend during peak UV radiation hours was

TEXT 1

Developing diagnostic tests for respiratory disease using sound measurement and machine learning techniques - clinical trial. This study is designed to develop accurate digital diagnostic tests, used on a smart device, for common respiratory illnesses in children and adults including asthma, croup, bronchiolitis, COPD and pneumonia. These tests can then be used in resource-poor communities, emergency departments or via telehealth applications. The aim is to develop tests that are as accurate as an expert clinical assessment but do not need a clinical examination or other investigations such as x-rays to be performed. Patients with a history of a chronic respiratory condition or who have symptoms of an acute respiratory disease are included. Patients will be excluded if they: have an inability to provide a cough either spontaneously or voluntarily; are unable to provide informed consent or assent; have severe respiratory distress including the use of CPAP or BiPAP or have had abdominal or eye surgery within 3 months.

Question

1. The clinical trial is

- Ⓐ open to people with severe respiratory symptoms
- Ⓑ exploring new ways to confirm a person has a respiratory disorder
- Ⓒ aimed at checking that expert clinical assessments are accurate

TEXT 2

professional and the woman, communicating with the woman in her preferred language either in person or through a telephone service. Involving an accredited interpreter, preferably with training in medical terminology, is recommended for all antenatal appointments if the health professional and the woman have difficulty communicating. Interpreters accredited by NAATI (National Association of Accreditation for Translators and Interpreters) have been assessed as having a high level of technical competence in both English and one or more other languages and are bound by a code of ethics including strict confidentiality. However, there is a shortage of accredited interpreters, particularly for languages of new and emerging communities. While involvement of female interpreters is preferable in antenatal care, their availability may also be limited.

Question

2. The guideline highlights

- Ⓐ The need for accredited interpreters at all appointments if there is a language barrier
- Ⓑ That an accredited interpreter is recommended for all antenatal visits
- Ⓒ That health professionals are responsible for translating discussions

TEXT 3

Patient safety advice : Medication

It's important you keep track of your medicines – taking the right medicine at the right time will help you get well. Using medicines in the wrong way may cause unwanted side effects. To be medicinewise in hospital you need to tell staff if you have had an allergic or bad reaction to any medicines or if you have trouble swallowing medicines. You should tell the staff straight away if you feel unwell after taking any medicine. Let staff know if you think you should have received some medicines, or the medicines appear different. It is important that all medicines are explained to you before you leave the hospital to go home or to another care provider. Always ask your doctor, nurse, or pharmacist if you don't understand your medicine instructions. Questions you should ask about your medicines in hospital are "What is this medicine for?", "Are there any possible side effects?" and "Can they be taken safely with other medicines?"

Question

3. The patient safety leaflet encourages patients to
- Ⓐ The need for accredited interpreters at all appointments if there is a language barrier
 - Ⓑ That an accredited interpreter is recommended for all antenatal visits
 - Ⓒ That health professionals are responsible for translating discussions

TEXT 4

Memo to staff re-escalation process for dispute resolution

If, on review, the inpatient team disagrees that a patient requires admission to the respective specialty, the inpatient team shall make the onward referral to the alternate specialty. The senior inpatient MO shall provide the alternate specialty with a clinical handover and advice of the time frame in which the patient must be reviewed.

In the event of a dispute regarding inpatient team acceptance of the patient, a Consultant level case conference shall be convened. The case conference shall include the ED, original inpatient and alternative inpatient Consultants. The three Consultants shall make a timely clinical decision regarding the patient's admission. If the matter remains unresolved, then the case shall be escalated to the Executive Director of Medical Services (EDMS) for a clinical and time urgent decision.

Question

4. If the inpatient team cannot agree on accepting a patient who has to attend a case conference?
- Ⓐ The senior MO from the alternative specialty, the ED consultant and the original inpatient team representative
 - Ⓑ The patient, the senior patient medical officer and the Executive director of Medical services
 - Ⓒ The patient's first consultant, a consultant from the ED and a consultant from the alternative speciality that the inpatient team suggests

TEXT 5

Taking a blood pressure reading manually

Wrap the cuff around the patient's arm and use the INDEX line to determine if the patient's arm circumference falls within the RANGE area. Otherwise, choose the appropriate smaller or larger cuff.

Palpate/locate the brachial artery and position the BP cuff so that the ARTERY marker points to the brachial artery. Wrap the BP cuff snugly around the arm. Ensure the cuff is located about 2.5 cm above the antecubital fossa (crease of the arm). Perform a preliminary palpatory systolic blood pressure. To achieve this, palpate the arm at the antecubital fossa to locate the brachial artery with your non-dominant hand and ensure the pressure valve is closed. Inflate the bladder until no blood is flowing through the artery and no pulse is palpated. The pressure reading on the sphygmomanometer at this stage is an estimate of the maximum pressure required to measure the systolic pressure. Deflate the cuff and rest the arm for one to two minutes to allow the blood to be released and recirculate.

Question

5. How is a preliminary palpatory systolic blood pressure check performed?

- Ⓐ Feeling for a pulse in the crook of the elbow, inflating the sphygmomanometer cuff until the pulse stops and noting the reading after a minute or two

- Ⓑ Feeling for a pulse in the crook of the elbow, inflating the sphygmomanometer cuff until the pulse stops in the non-dominant hand
- Ⓒ Feeling for a pulse in the crook of the elbow, inflating the sphygmomanometer cuff until the pulse stops and noting the reading

TEXT 6

GP Notify guidance for GPs

GP Notify is an automated notification system that informs GPs about: patient admission; patient discharge; patient death. When a patient is admitted, discharged or dies, the automated computer system will inform the patient's nominated GP by email or fax of the update. GPs will receive an enrolment confirmation the first time such an event occurs. The form needs to be completed and faxed for automated notifications to continue. To receive notification via fax or email: you will receive an enrolment confirmation form the first time an event occurs on one of your patients. Once the form is completed and returned via fax, automated notifications will commence. If your contact details change, notify the GP Notify Coordinator. Please note that GPs are responsible for ensuring their details are correct and ensuring fax machines or computer systems provide adequate privacy after transmission.

Question

6. When a GP's patients are entered into the GP Notify system, the GP

- Ⓐ Needs to complete and return a confirmation form by fax to confirm they have received the information
- Ⓑ Gets notification via email or fax, unless it is the first time one of their patients has been entered into the GP notify system
- Ⓒ Faxes or emails the GP Notify Coordinator to confirm they have received the message

PART C

TEXT 1

Heart failure patients have weakened hearts, but researchers say an experimental drug used for the first time in humans may repair heart cells and improve heart function. According to the results of a small phase 1 trial, a single intravenous infusion of the drug cimaglermin was safe and, at high doses, improved heart function for at least three months.

"Right now we have many therapies that we use for heart failure, and these patients [in the study] were on all of those therapies and still had significant heart dysfunction," said lead researcher Dr. Daniel Lenihan. He's a professor of medicine and director of Vanderbilt University's heart clinical research program in Nashville. People with heart failure often take a combination of drugs, Lenihan said. These include medications to lower blood pressure and diuretics to help remove excess

fluid that builds up as a result of the heart's laboured pumping ability. In addition, some people have implanted defibrillators or pacemakers. Even with all these options, the death rate among these patients is "unacceptably high," Lenihan said. Heart failure, a condition where the heart can't pump enough blood to meet the body's needs, is among the leading causes of death worldwide. A significant number of heart failure patients don't respond well to current treatments, particularly those patients whose left lower heart chamber, which pumps blood into the arteries, is weak, Lenihan said. Cimaglermin acts as a growth factor for the heart, helping it repair itself following injury, Lenihan said. Specifically, it binds to the HER2 and HER4 receptors on the surface of heart cells that are important for cellular repair and survival, he explained. Researchers have tried using stem cells to repair heart muscle in much the same way, he said, but these efforts have not been effective. "You don't see any sustained effect," he added. A phase 1 trial like this one is designed to see if a new drug is safe, not to test its effectiveness. Before Cimaglermin could be used to treat patients, it must prove its worth in a series of progressively larger and challenging trials and then be approved by the U.S. Food and Drug Administration. The process can take several years. Based on these preliminary findings, larger trials are being planned, Lenihan said. "This drug, although still in an experimental phase, might be an

important way to improve heart function in patients with heart failure," he said. For the study, Lenihan and his colleagues randomly assigned 40 patients to get an infusion of Cimaglermin or a placebo. Compared with patients who received a placebo, patients given a high dose of Cimaglermin had a sustained increase in the heart's ability to pump blood. The improvement lasted 90 days, with the maximum increase in heart function reached in 28 days, the researchers found. The most common side effects were headache and nausea directly after receiving the drug. One patient who received the highest dose of Cimaglermin developed abnormal liver function, which cleared up over a two-week period, Lenihan said. Despite the encouraging results of this first trial, a lot more testing will be needed before Cimaglermin can be considered a standard treatment for heart failure, Bishopric said. "These findings need to be replicated in larger trials, and you have to be able to predict whether improved heart function from Cimaglermin will help people live longer and feel better," she noted.

Questions 7-14

7. According to the first paragraph, Cimaglermin

- (A) is safe when used in high doses
- (B) improves heart function indefinitely
- (C) is undergoing trials
- (D) is used in high doses

8. Which of the following statements does Dr. Lenihan make?

- Ⓐ patients who received Cimaglermin were on many other therapies
- Ⓑ Patients who received Cimaglermin suffered from heart failure
- Ⓒ Patients received Cimaglermin at the Vanderbilt University
- Ⓓ Patients who received Cimaglermin were not on any other therapies

9. Which of the following therapies are not mentioned by Dr. Lenihan?

- Ⓐ Therapy to decrease high blood pressure
- Ⓑ Diuretics to get rid of excess fluid
- Ⓒ Defibrillators and pacemakers
- Ⓓ Therapy to increase low blood pressure

10. What is heart failure?

- Ⓐ A condition in which the lower heart chamber is weak
- Ⓑ A condition in which the left lower chamber pumps blood into the arteries
- Ⓒ A condition in which the blood pumped by the heart can't satisfy the body's requirements
- Ⓓ A condition for which there is no treatment

11. According to Dr Lenihan, Cimaglermin

- Ⓐ replaces receptors on the heart's surface.
- Ⓑ helps to enhance the size of the heart.
- Ⓒ aids the heart's recovery process.
- Ⓓ has not been as effective as stem cells.

12. Which of the following considerations is not part of the approval for a new drug?

- Ⓐ Safety
- Ⓑ Effectiveness
- Ⓒ Challenging trials
- Ⓓ Planned trials

13. Which of the following results were achieved with Cimaglermin?

- Ⓐ Cimaglermin didn't produce any results
- Ⓑ The effects of Cimaglermin were adverse
- Ⓒ Cimaglermin improved the heart's ability to pump blood
- Ⓓ Cimaglermin produced several side-effects

14. Which of the following is the most suitable title for the article?

- Ⓐ A promising new drug treats heart failure
- Ⓑ A new heart failure drug shows promise in first human trial
- Ⓒ A new heart failure drug shows promise when tested on animals
- Ⓓ A promising new drug that treats heart failure has a bright future ahead

TEXT 2

After years of studies that seemed to swing between dire warnings and cheery promises about what our favourite caffeinated beverages do and don't do, much of the recent science regarding coffee and tea is generally positive.

The WHO's International Agency for Research on Cancer recently took coffee off its list of suspected carcinogens, and some research suggests it could help keep colon cancer from coming back after treatment. Other studies suggest drinking coffee might stave off Alzheimer's and Parkinson's diseases. Various studies have pointed to tea drinkers having lower odds of skin, breast, and prostate cancers. Researchers are still trying to pinpoint the exact ways that this happens. But tea, particularly green tea, is rich in compounds like antioxidants, which can limit cell damage and boost the immune system; and polyphenols, which have been shown to lower blood pressure and cholesterol. It also may help stave off Alzheimer's disease through a polyphenol known as EGCG which prevents the formation of plaques that are linked to that brain-damaging illness. Is one better for you than the other? Experts say that's hard to say. That's because it's difficult to separate out their different ingredients, their role in your diet, and their effects on different body systems. "I think people are looking at both coffee and tea and how they affect everything, including cancer and GI disease and cardiovascular diseases,"

says Elliott Miller, MD, a critical care medicine specialist at the National Institutes of Health. Miller and his colleagues recently looked at signs of heart disease in more than 6,800 people from different backgrounds across the country. About 75% drank coffee, while about 40% reported drinking tea. Drinking more than one cup of tea regularly was linked to less buildup of calcium in arteries that supply blood to the heart, a development that can lead to heart disease. Coffee didn't have an effect either way on heart disease, but that was significant in itself, Miller says. "Very often patients will ask their doctors, 'Hey, doc, I've got coronary artery disease, or I've got risk factors like high blood pressure or cholesterol. Is it safe for me to drink coffee?' Because everyone thinks drinking coffee makes your heart excited and is potentially bad," Miller says. "So finding that it's neutral, I think, is pretty important." Researchers say it's hard to pinpoint exactly how both drinks affect health. Both coffee and tea are "complex beverages" that contain a variety of ingredients. They include caffeine, polyphenols, and antioxidants -- compounds researchers are studying for their potential cancer-fighting properties, says Lisa Cimperman, a clinical dietitian at University Hospitals Case Medical Center. "It's more of a dynamic interaction than one single compound," Cimperman says. Some people have tried to isolate one element in tea or coffee that they think is the secret to one effect or another, "and then they realise that it doesn't have the

same effect.” Cimperman said drinking tea has been linked to lower risks of cancer and heart disease, improved weight loss, and a stronger immune system. Meanwhile, studies point to coffee as a potential way to head off not just Parkinson’s but type 2 diabetes, liver disease, and heart problems, Cimperman says. Another recent study, led by Charles Fuchs, MD, director of the Gastrointestinal Cancer Center at Boston’s Dana-Farber Cancer Institute, found regular coffee drinking may help prevent colon cancer from coming back after treatment. In his study of nearly 1,000 patients, Fuchs says, there was a “significant and linear” association between drinking coffee and lower risk of colon cancer returning in those who drank four or more cups a day. “The more coffee they drank, the lower the risk of recurrence.” But the researchers aren’t clear on which element of the drink contributed to that result, and there didn’t seem to be any effect from drinking tea, he says. “I think you can have two or more cups a day without any concern, and certainly that may benefit you,” Fuchs says. But what about those who don’t drink coffee? “If it was somebody who hates the stuff and asks, ‘Should I drink it?’ I’d say no. I’d counsel them about diet and exercise and avoiding obesity as measures I think would have a similar benefit.” Other researchers are asking questions about what role genetics and lifestyle play into the effects of drinking coffee or tea. For instance, coffee and cigarettes once went together like ... well,

like coffee and cigarettes, which cause cancer and heart disease. Some people's bodies process coffee differently than others, says Martha Gulati, MD, head of cardiology at the University of Arizona College of Medicine in Phoenix.

Meanwhile, a preference for tea over coffee might reflect other healthier behaviours, she says. "Does someone who drinks tea do yoga or meditation more?" Gulati says. "I'm not necessarily saying they're associated, but do they exercise more? Are they drinking things like green tea to maintain their weight better than other types of drinks?"

Questions 15-22

15. What did past studies suggest about coffee and tea?

- Ⓐ They produced clear evidence that they were harmful.
- Ⓑ They produced clear evidence that they were beneficial
- Ⓒ They produced evidence that they could be either harmful or useful.
- Ⓓ They didn't produce clear evidence on whether they are harmful or useful.

16. According to some research

- Ⓐ Coffee can be used as an effective treatment for Alzheimer's and Parkinson's diseases.
- Ⓑ Alzheimer's and Parkinson's diseases can be caused by coffee.
- Ⓒ Alzheimer's and Parkinson's diseases can effectively be prevented by coffee.
- Ⓓ Drinking coffee may help with the prevention of Alzheimer's and Parkinson's diseases.

17. Which of these effects is not attributed to drinking tea?

- Ⓐ Decreasing the risk of breast cancer.
- Ⓑ Increasing blood pressure.
- Ⓒ Strengthening the immune system.
- Ⓓ Decreasing the risk of developing Alzheimer's disease

18. What does the fourth paragraph suggest?

- Ⓐ That it's easy to determine the positive effects of coffee and tea
- Ⓑ That it's not easy to determine the positive effects of coffee and tea.
- Ⓒ That it's not easy to determine which one is healthier: coffee or tea.
- Ⓓ That the positive effects of coffee and tea are determined by their role in our diet

19. What is Dr. Miller's opinion on the findings?

- Ⓐ Coffee increases the risk of heart disease in 75% of the people who took part in the research.
- Ⓑ Coffee has no effect on heart disease.\
- Ⓒ he fact that coffee has no effect on heart disease is noteworthy.
- Ⓓ From now on, patients will stop asking doctors if coffee is safe to drink.

20. What makes coffee and tea beneficial, according to Cimperman?

- Ⓐ A secret ingredient found in coffee and tea.
- Ⓑ The relations among the complex ingredients coffee and tea contain
- Ⓒ One single compound isolated by some scientists
- Ⓓ The fact that they help to fight many different diseases

21. What does “linear” suggest in the seventh paragraph?

- Ⓐ That the more coffee people drank the lower the risk of colon cancer was
- Ⓑ That coffee intake had no significant impact on colon cancer
- Ⓒ That drinking coffee is proportional to the recurrence of colon cancer
- Ⓓ That drinking coffee is proportional to the prevention of the recurrence of colon cancer

22. Which of the following points is not made in the eighth paragraph?

- Ⓐ Coffee can affect people differently.
- Ⓑ People’s lifestyles may play a part in whether they drink tea or coffee.
- Ⓒ There is no connection between genetics and whether people drink tea or coffee.
- Ⓓ Research has shown that there is a direct connection between drinking coffee and smoking