

# What to WATCH

DAY'S EVENT

## GTV & STAR SPORTS SELECT 1

Bangladesh v Zimbabwe  
First T20I (D/N)  
Live from 6:00pm

## STAR SPORTS SELECT 1

English Premier League  
Leicester v Aston Villa  
Live from 2:00am (Tuesday)

Bangladesh v Zimbabwe  
First T20I (D/N)  
Time: 6:00pm

Venue: Sher-e-Bangla National  
Cricket Stadium, Dhaka



Australia players celebrate with the winners' trophy following their 85-run victory over India in the final of the Women's Twenty20 World Cup at the Melbourne Cricket Ground yesterday.

PHOTO: AFP

# Australia crush India to secure fifth crown

AFP, Melbourne

A rampant Australia swept to their fifth women's Twenty20 World Cup title Sunday, crushing India by 85 runs in front of more than 86,000 fans at the Melbourne Cricket Ground.

Alyssa Healy smashed a quick-fire 75 and Beth Mooney an unbeaten 78 as the defending champions plundered an ominous 184 for four -- the highest score ever in a women's T20 final.

India could only manage 99 all out in reply to end a 17-day tournament that reinforced Australia's dominance, having now won five of the seven World Cups held.

The blockbuster showdown between the world's top-ranked team and fast-improving India was billed as the biggest in women's cricket

ROLL OF HONOUR		
Year	Champions	Runners-up
2009	England	New Zealand
2010	Australia	New Zealand
2012	Australia	England
2014	Australia	England
2016	West Indies	Australia
2018	Australia	England
2020	Australia	India

history.

A #FilltheMCG campaign was launched to help bring the sport to a new generation and fans responded with 86,174 attending, despite fears about the deadly coronavirus that has seen other global sporting events cancelled or played behind closed doors.

They were targeting the official world record for a women's sporting fixture -- set at the 1999 football World Cup final when 90,185

watched the United States beat China in California -- but fell just short.

It was nevertheless a record crowd for a women's cricket game helped by the lure of pop superstar Katy Perry, who performed before and after the game.

Australia came into their sixth successive final as heavy favourites, in contrast to India who were playing their first decider.

India had upset Lanning's team in the opening game of the tournament, but they never got a look in on Sunday.

## SCORES IN BRIEF

**AUSTRALIA:** 184 for 4 in 20 overs (Healy 75, Mooney 78 not out; Sharma 2-38, Poonam 1-30)

**INDIA:** 99 all out in 19.1 overs (Sharma 33, Krishnamurthy 19; Schutt 4-18, Jonassen 3-20)

**Result:** Australia won by 85 runs.  
**Player-of-the-match:** Alyssa Healy  
**Player-of-the-series:** Beth Mooney

## TC Sports due amid uncertainty

SPORTS REPORTER

TC Sports Club of Maldives are scheduled to land here today to play their AFC Cup match against Bangladesh Premier League champions Bashundhara Kings amid uncertainty regarding the tournament's fate over coronavirus threat.

The AFC Cup Group E fixture is scheduled to take place on March 11 at the Bangabandhu National Stadium, however, yesterday's decision to postpone AFC Champions League matches of West Zone has also cast doubt over the AFC Cup matches.

BFF's competitions manager Jaber Bin Taher Ansari, though, said they have not received any instructions regarding any postponement of the AFC Cup match till last night.

One of the seven match officials for the match has already arrived in Dhaka while the other six are scheduled to arrive today.

## Uttar Bango win big

SPORTS REPORTER

FC Uttar Bango registered their second victory in Tricortex Women's Football League with 6-0 win over Spartan MM Galactico, Sylhet at the Birsheshta Shaeed Mostafa Kamal Stadium in Kamalapur yesterday.

Tonima scored four goals after Sutana stuck a brace early for Uttar Bango, who now have six points from three outings while Sylhet FC remained winless from three matches.

## TEVEZ SEALS IT WITH A KISS

Carlos Tevez revealed he kissed Diego Maradona for luck before leading Boca Juniors to the Argentinian Primera Division title on Saturday. Tevez scored a 72nd-minute winner to lift Boca to a 1-0 victory over Maradona's Gimnasia y Esgrima La Plata and to the title after River Plate's drew 1-1 at Atletico Tucuman. The forward kissed Maradona on the mouth before the encounter and later said he was seeking luck. "I knew I had to kiss Diego, I was lucky that way...sometimes you have to look for luck," Tevez told Argentine media.

-- AGENCIES



# Manchester painted Red

AFP, Manchester



Manchester United completed a first Premier League double over Manchester City for 10 years as Anthony Martial and Scott McTominay punished two errors from visiting goalkeeper Ederson for a 2-0 win at Old Trafford on Sunday.

Victory keeps United hot on the heels of Chelsea for a top-four finish in the Premier League just three points behind the Blues in fifth place, which could be good enough for Champions League football next season.

Outgoing English champions City are banned from European football for the next two years pending an appeal to the Court of Arbitration for Sport, and on this display seem to already be concentrating on completing a treble of cup competitions this season.

A seventh league defeat of the campaign for City means Liverpool are now just a maximum of two wins away from claiming

a first league title in 30 years.

City dominated possession, but lacked their normal potency without the injured Kevin De Bruyne as United created the better chances on the counter-attack.

City's defensive deficiencies have allowed Liverpool to streak 25 points clear. But it was an uncharacteristic error from Ederson that gifted United the lead.

Bruno Fernandes -- whose arrival in January has coincided with United's now 10-game unbeaten run -- was the creator again with a scooped free-kick to pick out the Frenchman, whose shot squeezed under Ederson at the near post.

Under tremendous pressure for much of the game, a position that has looked untenable for United in the past, Ole Gunnar Solskjaer's men held firm to record a third win in four meetings with City this season.

McTominay sealed the three points deep into stoppage time when he strode onto a wayward throw by Ederson to steer the ball into an unguarded net.



Anthony Martial opened the scoring against Manchester City with a sublime finish, firing home at the near post after a cheeky assist from Bruno Fernandes, as Manchester United won the derby 2-0 at Old Trafford yesterday.

PHOTO: TWITTER

Special Supplement

# All for one

In head and neck cancers, a multi-disciplinary team working in tandem is making a big difference in the way patients are cared for

PATIENTS. AT THE HEART OF ALL WE DO.

Head and neck cancers are devastating for patients, because surgery can mean the loss of a vital function such as speech, and some disfigurement.

A multi-disciplinary team can better prepare patients for surgery and provide comprehensive, customised care, while taking their concerns and preferences into account when deciding on treatment.

At the SingHealth Duke-NUS Head & Neck Centre, a 30-member team like this has been in place since last year. It includes clinicians such as general surgeons, ENT (ear, nose and throat) surgeons, plastic surgeons, medical oncologists, radiation oncologists and dental specialists from the

maxillofacial service. Also in the team are allied health professionals such as speech therapists, physiotherapists, occupational therapists, dietitians, clinical psychologists and social workers. Head and neck cancers are a mixed group of conditions which no single clinician can handle, said A/Prof Tan Hiang Khoon, currently Chairman, Division of Surgery & Surgical Oncology, Singapore General Hospital (SGH) & National Cancer Centre Singapore (NCCS), Academic Chair, SingHealth Duke-NUS Surgery ACP, SingHealth, Senior Consultant, SingHealth Duke-NUS Head & Neck Centre. He also noted that the vital pre-operation assessment of patients by allied health team members puts patients' minds at ease, prepares them better for surgery, and allows doctors to modify surgery in line with patients' needs and preferences.

The entire team does combined weekly ward rounds to see patients, discuss cases, update one another and share input. Patients can also consult specialists at the Centre at the same time. Previously, they saw them at different times and in different clinics. There is also a

preoperation allied health clinic, where complex cases admitted to hospital are referred for counselling before surgery.

## The best treatment

Prof Gopal Iyer Senior Consultant, SingHealth Duke-NUS Head & Neck Centre, said: "The different specialists may have differing opinions, but are united by a common outlook and desire to work in the best interest of patients."

His job is listening, directing and allowing the team to give the best from their own specialties to get the optimum outcome for patients. "Each has an important role to play in the treatment and rehabilitation of patients and I need to ensure that everyone gets a platform to contribute."

The advantage of having everyone on-site is that they can leverage on one another's strengths, he said. More resources mean they can reduce delays in treating people with aggressive cancers, as these delays can be damaging. Doctors can also get information from social workers and practice nurses on what resources are available in the community, before they discharge patients there.

And clinical psychologists can provide clinicians with critical input on the real worries of patients, their social background, and the family structures they will return to after surgery.

"It can help us plan the type of surgery, length of hospital stay, discharge and rehabilitation, and even address mundane things such as how the patient is going to come for regular outpatient treatment or wound care," said Prof Iyer.



The main issues after surgery for patients with head and neck cancer, especially if their voice box is removed, are not being able to speak and having a permanent opening in their neck.

After surgery, the team helps patients -- including those who have had reconstructive surgery -- recover and integrate back into society. "Studies show that most patients, at diagnosis, are most concerned about not dying. But a significant number do survive beyond five years, and so have to return to normal life. Taking care of how they can look and function there, is also important," said Prof Iyer.

"Patients who are reluctant to confide their worries to doctors are helped by the pre-operation counselling and assessment," said Dr Constance Teo, Head & Senior Consultant, SingHealth Duke-NUS Head and Neck Centre, Senior Consultant, Department of Otorhinolaryngology, Singapore General Hospital. She said they can have their nutritional status optimised before surgery, and get psychosocial support, an understanding of the rehabilitation process, as well as advice and assistance with stepdown care arrangements, all in one visit at the combined allied health clinic.

"The multi-disciplinary approach is the only way forward in caring for cancer patients in the 21st century," said Dr Tan Ngian Chye, Senior Consultant and Director, Education,

SingHealth Duke-NUS Head & Neck Centre. "It allows those with debilitating cancers to be treated in a holistic and organised manner. Previously, they may not have been as well-prepared mentally, physically and emotionally."

## To speak again

"The main issues after surgery for head and neck cancer, especially if their voice box is removed, are not being able to speak and having a permanent opening in the neck," said Ms Elizabeth Roche, Senior Principal Speech Therapist, SGH. Patients have to rely on gestures, facial expressions and mouthing words to communicate, and are fed through a tube until their wound heals in about two weeks. They worry about going back to work and interacting with people. Those who cannot read or write are more anxious than others.

"These are real fears, and their anxiety is high. We pre-empt this by always trying to see them before surgery and giving them information about what it entails so that they will be prepared," said Ms Roche.

For some, the reality of the opening in the neck only hits home after the operation. "They ask if and when it will close up. They don't always take it in, even though the surgeon would have told them before."

A speech therapist helps patients regain their ability to eat and speak well. To restore speech, patients need a voice prosthesis which the surgeon can insert in selected patients by creating another opening in the throat. Patients use their thumb to close the opening in the neck, thus letting air flow through tissues in the throat, to create vibrations that produce sounds. This serves as their new voice. A hands-free feature can be added later.

Other methods include using an electronic artificial larynx (an external electronic device) or learning oesophageal speech (swallowing and trapping air in the throat to produce speech).

Patients may get depressed after surgery. "I encourage them to meet

others who've had similar surgeries and experienced similar difficulties. This often shows them that there is light at the end of the tunnel. One patient who had suicidal thoughts was a changed man after learning to speak again with a voice prosthesis."

## Coping with losses

"It is important for patients to have a thorough psychosocial assessment before surgery," said Mrs Tan Yee Pin, Clinical Psychologist and Medical Social Worker, Head, Department of Psychosocial Oncology, NCCS.

She assesses what psychological, social and spiritual resources patients and their families have to deal with their needs, challenges, anxieties and fears. Knowing these helps the team prepare them psychologically and socially for treatment, its aftermath and long-term recovery. "The impact of this on how they cope with the



Dr Constance Teo, Head and Senior Consultant, SingHealth Duke-NUS Head & Neck Centre (2nd from right) with some members of her team during weekly ward round: Prof Gopal Iyer, Senior Consultant, SingHealth Duke-NUS Head & Neck Centre, Dr Tan Ngian Chye, Senior Consultant, SingHealth Duke-NUS Head & Neck Centre & A/Prof Tan Hiang Khoon, Senior Consultant, SingHealth Duke-NUS Head & Neck Centre.

cancer cannot be underestimated. The rapport and trust built before surgery can help the team enhance patients' psychosocial coping after surgery."

She said that after diagnosis, patients are in a crisis-like situation. They worry about many things -- treatment, finances, the uncertainty ahead, how they will function, speak, eat, work, cope with disfigurement and feeding tubes, or become a burden to others. For instance, a taxi driver may be anxious about how he will speak to passengers, and an illiterate, elderly person living alone will fear not being able to call for help or manage tube feeding at home.

"In the past, without this assessment and problems not being pre-empted, it felt like we were fighting fires. Now, the whole team is aware of the challenges patients face, so we can pre-empt and address them."

Clinical psychologists also work with medical social workers, who assess and help patients with practical things such as interim financial aid and work with families to harness social support to help in the recovery process.

One strategy to integrate patients back into the community is by setting up a routine. "We work out a schedule and encourage them to take small, incremental steps to

go out of their homes, until they're more able to deal with their anxieties and less conscious of stares. Each little success can motivate them to take on more challenging tasks."

## Dietary strategies

Ms Peh Hui Yee, Senior Dietitian, SGH, ensures that patients get adequate nourishment before, during and after surgery. She assesses their nutritional status and recommends intervention to ensure optimum nutrition because malnutrition may lead to slower recovery and a risk of infection.

She guides patients and caregivers through specific dietary strategies to help maximise their oral intake and minimise symptoms that may arise from treatment, especially while on a modified texture diet. "Before surgery, many patients find it difficult maintaining adequate nutrition because of the disease itself. They may have pain in the mouth or throat, swallowing difficulties, or suffer from weight loss," she said.

"Immediately after surgery, many are unable to eat and often put on nasogastric tube feeding. Some can eat after a week but still need tube feeding, a modified texture diet, or both. Those who need further radiotherapy or chemo-radiotherapy may have pain, weakness and nausea that prevent them from eating enough, so their intakes are closely monitored."



A/Prof Tan Hiang Khoon said the assessment of patients before surgery by allied health team members is vital. It better prepares them for surgery, puts their minds at ease, and allows doctors to modify surgery in line with patients' needs and preferences.

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