

HOROSCOPE



ARIES (MAR 21-APR 20)

Residential moves should be considered carefully. Try to think things through. Self-improvement could bring amazing results. Your lucky day this week is Thursday.



TAURUS (APR 21-MAY 21)

Help others solve their dilemmas. Make changes that will enhance your appearance. Moves will be hectic but favourable. Your lucky day this week is Friday.



GEMINI (MAY 22-JUN 21)

Your family needs to spend some time with you. Avoid joint financial ventures. Do a little extra work at home. Your lucky day this week is Tuesday.



CANCER (JUN 22-JUL 22)

Look out for yourself. Don't make accusations without knowing the full story. Social events will be plentiful. Your lucky day this week is Saturday.



LEO (JUL 23-AUG 22)

Physical improvements may lead to psychological changes, too. Re-evaluate your motives regarding friendships. Your lucky day this week is Tuesday.



VIRGO (AUG 23-SEP 23)

Try to keep to yourself. Work diligently on domestic chores. Attending group activities will lead to emotional relationships. Your lucky day this week is Wednesday.



LIBRA (SEP 24-OCT 23)

Rely on yourself to look good to superiors. Opportunities for friendship are apparent. Do not expect others to help. Your lucky day this week is Monday.



SCORPIO (OCT 24-NOV 21)

Don't get upset. Don't divulge secret information. Let your partner know what you expect out of this relationship. Your lucky day this week is Saturday.



SAGITTARIUS (NOV 22-DEC 21)

Be careful about disclosing information. Arguing won't help. Be careful while travelling. Your lucky day this week is Saturday.



CAPRICORN (DEC 22-JAN 20)

Keep your feelings to yourself to avoid embarrassment. Business trips might prove unproductive. You will do well in social settings. Your lucky day this week is Tuesday.



AQUARIUS (JAN 21-FEB 19)

Uncertainties about your personal life are probable. Being erratic will lead to personal mistakes. Do something special with children. Your lucky day this week is Friday.



PISCES (FEB 20-MAR 20)

You will meet people who will help you professionally. Avoid risky financial schemes. Emotional matters may be difficult to process. Your lucky day this week is Tuesday.



DR. SEE HUI TI *Senior Consultant, Medical Oncology* Parkway Cancer Centre, Singapore

Dr. See is a Medical Oncologist at Parkway Cancer Centre, Mount Elizabeth Hospital. Dr. See was awarded the Singapore Government HMDP fellowship in 2002 after completing advanced oncology training at the National Cancer Centre



HEALTH

Common cancers in women

Dr See Hui Ti, Medical Oncologist at Parkway Cancer Centre, looks at common women genital cancers. Of the top 10 cancers in women, three are to be found in the gynaecologic organs. Some of them can be easily screened or detected early, so it is important for women to keep their genital organs healthy.

THE FEMALE REPRODUCTIVE SYSTEM

The female genital system consists of two main parts — the uterus, and the ovaries. The uterus is divided into the uterine body — the womb, whose main function is holding the baby before it is born, and the uterine cervix, which serves as the entrance or gate to the womb.

The ovaries host ovum or eggs. At regular intervals, they release an ovum which can be fertilised by sperm during sexual intercourse, leading to pregnancy and childbirth.

The lesser-known parts of the female genitalia include the fallopian tubes, which connect the ovaries to the uterus, and the vagina. These parts are internal. The external parts consist of the vulva, labia, and clitoris.

OVARIAN CANCER

This refers to malignant growth arising from the ovaries. The most common ovarian cancers are 'epithelial'. They arise from the 'skin' (epithelium) of the ovary. The less common ones arise from the 'internal parts' of the ovary, either from the egg cells (germ cell tumour) or supporting cells (sex cord/stromal). There are also extremely rare cancers from the lymph cells of the ovary, known as lymphoma of the ovary.

Ovarian cancer is the fifth most common cancer in Singapore and usually affects older women. Germ cell cancers of the ovary occur more frequently in younger women.

Risks —

Causes and associations include late pregnancy, early onset of menstruation, later menopause, a family history of ovarian cancer, and endometriosis.

Ovarian cancer is rarely genetic, though some families have genetic mutations such as BRCA gene abnormalities or Lynch syndrome. Women who have a first-degree relative (sister or mother) with this disease have 20 times higher risk of developing ovarian cancer.

Symptoms —

Ovarian cancers are difficult to prevent or detect early because they rarely have early symptoms or signs.

Irrespective of that. Some early indicators may include discomfort in the abdomen, bloating, and change in bowel habits, which tend to signify later ovarian cancer. While a marker in the blood called

CA125 is higher in about 80 percent of patients with epithelial ovarian cancers, it is not always accurate for early diagnosis, as the marker can also be higher in noncancerous conditions such as endometriosis and appendicitis.

Screening —

At the moment, there is no widely-accepted and effective screening test for ovarian cancer. However, if you have a strong family history of breast or ovarian cancer, you might want to go for genetic counselling and testing.

Suggestions —

If you are slim and experience signs of abdominal bloating and discomfort, go for an ultrasound scan and blood tests to detect early ovarian cancer.

If you have a strong family history of breast or ovarian cancer, see your gynaecologist once every year to get a check-up and an ultrasound.

Women with very strong family history should consider getting a BRCA mutation testing followed by consideration of prophylactic oophorectomy (surgical removal of the ovaries).

CERVICAL CANCER

Most cervical cancers arise from the inner lining of the cervix. If exposed to infection from the Human Papillomavirus (HPV), and if the cervix cannot clear the infection over a period of time, the cells lining the cervix may develop pre-cancerous changes called Cervical Intraepithelial Neoplasia (CIN). These turn into cancer cells if left untreated.

Improved education has helped women at higher risk go for screening and get treatment at the CIN stage, so cervical cancer has become less common these days.

Most of the time, it occurs in women who do not go for regular screening, and have never done a Pap smear.

Causes/risk —

Sexual intercourse at an early age, multiple sexual partners, smoking, and a history of sexually transmitted disease can increase the risk of cervical cancers.

Symptoms —

There are no symptoms in the early stages. In late stages, typical symptoms include vaginal bleeding after sexual intercourse, abnormal vaginal bleeding between periods, discomfort during sexual intercourse, and foul vaginal discharge.

Screening —

As cervical cancer can take up to five to 10 years to develop from CIN, screening using regular Pap smears can detect CIN early enough so that it can be managed before it reaches the cancerous stage. It is, therefore, important to go for regular Pap smears.

Suggestions —

If you are sexually active, go for Pap smears yearly. However, if you have had three consecutive Pap smears, you can reduce the frequency to every two years.

If you have done an HPV testing on the cervical smear and the results are normal, you can go for Pap smears once every five years.

If you are concerned about a high risk of cervical cancer, consider getting vaccinated before you start any sexual relationship.

The earlier the vaccination, the stronger the immune response.

UTERINE CANCER

This is the most common cancer of the female genital tract in Singapore, and the most common among this affects the lining of the uterus. The less common type takes place in the muscular layer (sarcoma). If found early and treated, the cure rate for uterine cancer is more than 90 percent.

In Singapore, most cases involve women between 50 and 70 years old.

Risk —

Women who are obese, have early menarche (first menstrual period) and late menopause, or who are on oestrogen-only hormone replacement therapy may be at higher risk.

While you may have some or all of these risk factors and not get uterine cancer, you should be aware of the symptoms and discuss your concerns with your doctor.

Symptoms —

Look out for irregular and abnormal bleeding, especially if it is premenopausal.

Screening —

It is important to do regular check-ups, including pelvic examinations. About 75 percent of women diagnosed with uterine cancer have the Stage 1 disease. Of these, 85 to 90 percent will have no evidence of cancer five years or more after treatment. After surgery, some patients may benefit from adjuvant radiation and chemotherapy.

Tips —

While there is no simple way to screen for uterine cancer, the key to detecting it at an early stage is looking out for the symptoms, such as irregular and abnormal bleeding, especially when premenopausal.

You can cut your risk of endometrial cancer by keeping an ideal weight and body mass index (BMI). Exercise regularly and keep a low-fat diet.

For further enquiry, please do not hesitate to contact local office: CanHope Dhaka, Suite-B3, Level-4, House-10, Road-53 Gulshan-2, Dhaka-1212, Bangladesh. Call 019 7777 0 777 or email: zeba@parkway-health.net