

## Women face higher cancer risk before age 65: What you need to know

New research from the American Cancer Society shows that women under 65 face a higher risk of being diagnosed with cancer compared to men. The disparity is most noticeable in women aged 49 and younger, with 1 in 17 expected to develop invasive cancer by age 50. For men in the same age group, the risk is 1 in 29.

Younger women are seeing a rise in cancers like lung cancer, pancreatic cancer. Other cancers, such as those affecting the uterus and liver, are also becoming more common and fatal in women.

**Tips to lower your cancer risk**  
While not all cancers can be prevented, these steps can help reduce your risk:

1. **Get regular screenings:** Early detection can significantly improve outcomes. Women should prioritise screenings like Pap smears, mammograms, and colonoscopies as recommended by their doctors.

2. **Maintain a healthy diet:** Eat a variety of fruits, vegetables, and whole grains. Reduce processed and red meat consumption, and include foods rich in antioxidants like berries, nuts, and leafy greens.

3. **Stay physically active:** Aim for at least 150 minutes of moderate exercise per week to maintain a healthy weight and reduce cancer risk.

4. **Avoid tobacco and limit alcohol:** Smoking is a major risk factor for many cancers, including lung cancer. Limiting alcohol intake can also lower your risk of liver and breast cancer.

5. **Protect your skin:** Wear sunscreen and protective clothing to lower your risk of skin cancer. Avoid tanning beds and prolonged sun exposure.

6. **Stay up to date on vaccinations:** Vaccines like HPV and hepatitis B can protect against certain cancers. Talk to your doctor about the vaccines you may need.

7. **Manage stress and sleep well:** Chronic stress and poor sleep can weaken your immune system. Practice stress management techniques like yoga or meditation and aim for 7-9 hours of sleep per night.

By adopting these healthy habits and staying informed, you can take proactive steps to reduce your cancer risk and protect your overall health.



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Ageing is a natural and unavoidable phenomenon that brings with it various health challenges, including arthritis, memory loss, joint degeneration, lung fibrosis, and other complications.

While medicines can alleviate symptoms or modify disease progression, they cannot regenerate or rejuvenate tissues or organs. This is where the magic of regenerative or interventional rheumatology comes in, offering hope for pain relief and rejuvenation.

To understand the essence of regenerative or interventional rheumatology, it is important to first define rheumatology and the diseases it encompasses. Rheumatology differs from conditions like rheumatic fever, which affects children and adolescents following a sore throat and causes migratory joint pain. Rheumatology, however, primarily deals with autoimmune conditions, where the immune system mistakenly attacks the body's own tissues. These autoimmune disorders can cause joint pain, skin rashes, organ damage, and more. Some of the major autoimmune arthritic diseases include:

1. **Rheumatoid arthritis:** Affects the small joints of the hands and feet, causing morning pain.

2. **Ankylosing spondylitis:** Causes back pain, particularly in young to middle-aged males.

3. **Other seronegative arthritides:** Associated with conditions like psoriasis or chronic diarrhoea.

4. **Lupus:** Affects females and causes joint pain, skin rashes, and other symptoms.

5. **Systemic sclerosis:** Involves tightening of the skin and hardening of the lungs.

6. **Dermatomyositis:** Causes skin rashes and muscle pain.

7. **Sjogren's syndrome:** Leads to dryness of natural fluids like tears and saliva.

Rheumatology also addresses degenerative arthritis, such as

## Live pain-free and YOUNG AGAIN



Platelet Rich Plasma (PRP) treatment

osteoarthritis, which is commonly seen in the knees, hips, and back due to ageing or injury, and other conditions like gout, caused by the deposition of waste products in joints. Mechanical pain from ligaments and tendons, often due to sports injuries, obesity, or sedentary lifestyles, is another area treated by rheumatologists. Nutritional deficiencies, such as vitamin D deficiency, are also common causes of muscle and joint pain.

Interventional rheumatologists focus on providing relief for debilitating arthritis, especially knee and hip osteoarthritis, back pain, and other joint issues like shoulder, ankle, and wrist pain. Some cutting-edge regenerative treatments, which have been successfully introduced in Bangladesh, include:

1. **Prolotherapy:** A treatment that stimulates healing of inflamed joints, ligaments, or tendons using a dextrose solution or ozone.

2. **Platelet-based treatments:** PRP (Platelet Rich Plasma): Plasma from the patient's own blood is rich in platelets that contain growth factors to repair damaged tissues.

**Platelet lysate:** Platelets are broken down to release growth factors and mRNA, which promote tissue regeneration.

3. **Stem cell therapy:** Involves using

mesenchymal stem cells (MSCs), derived from the patient's own bone marrow or fat or from umbilical cord blood, to replace damaged tissues and rejuvenate joints.

4. **Bone marrow and fat-based treatments:** These involve using stem cells from the patient's own bone marrow and adipose tissue to provide sustainable relief from joint pain and neurological disorders like spinal cord paralysis and Alzheimer's.

5. **GOLDIC therapy:** Involves using gold nanoparticles to release rejuvenating molecules and growth factors from the patient's blood, promoting healing.

6. **Peptide therapy:** Uses amino acid sequences mimicking the body's natural healing molecules to stimulate joint repair and collagen production.

7. **Exosome therapy:** Involves the use of extracellular vesicles produced by stem cells, which deliver therapeutic molecules directly to the target tissue for faster healing.

These regenerative treatments, all of which use biologically active products, aim to rejuvenate painful joints and other diseased structures, offering a promising alternative to traditional medicine.

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### FOOD & MENTAL HEALTH

## Boost your mood through diet

The connection between food and mental health is stronger than ever, with growing evidence highlighting how diet influences emotional well-being. The gut-brain axis, a vital communication link between your digestive system and brain, plays a significant role in regulating mood and mental health. A diet rich in nutrients does more than fuel your body—it nourishes your mind too.

Here are practical tips to boost mental health through better food choices:

**Include gut-friendly foods:** Prebiotics (like garlic, onions, and bananas) and probiotics (found in yoghurt, kefir, and fermented foods) promote a healthy gut microbiome, which supports emotional balance.

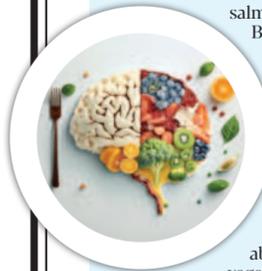
**Choose brain-boosting nutrients:** Add omega-3 rich foods like salmon and walnuts, B vitamin-packed leafy greens, and magnesium sources like almonds and spinach to your meals for optimal brain function.

**Adopt a Mediterranean-inspired diet:** The Mediterranean diet—abundant in fruits, vegetables, whole grains, nuts, and olive oil—has been linked to reduced risk of depression and better overall mental health.

**Cut back on processed foods:** Ultra-processed snacks, sugary drinks, and refined carbs can negatively impact your mood. Opt for whole, minimally processed foods instead.

**Stay hydrated and eat regularly:** Drinking enough water and maintaining regular meal times help stabilise energy levels and prevent mood swings.

Making small, manageable changes—such as swapping processed snacks for fresh fruit can have a lasting impact on mental well-being. Combining these dietary steps with mindful eating practices and social mealtimes can further enhance your emotional health.



## Innovating for a healthier, sustainable future

### STAR HEALTH REPORT

The inaugural Asia-Pacific Global Health Innovation Hackathon 2025 took place from 17-18 January 2025 and brought together 16 teams from 13 Asia-Pacific markets to address the urgent intersection of health challenges and climate change. Jointly hosted by the SingHealth Duke-NUS Academic Medicine Innovation Institute, SingHealth Duke-NUS Global Health Institute, and the SingHealth International Collaboration Office, this unique regional event aimed to develop transformative, scalable solutions for some of the region's most pressing health issues.

Climate change significantly impacts human health through environmental changes such as deteriorating air quality, altered disease vector distribution, extreme weather events, and disruptions to food systems. These changes exacerbate respiratory, cardiovascular, and waterborne diseases, increase the risk of undernutrition, and affect mental health. Addressing these challenges requires comprehensive climate mitigation and adaptation strategies.

The hackathon brought together teams of three to four participants, including innovators, technical experts, researchers, and healthcare professionals from Bangladesh, China, India, Indonesia, Malaysia, Mongolia, Nepal, Singapore, Sri Lanka, Taiwan, Thailand, the Philippines, and Vietnam. Participants developed data-driven solutions to combat climate-



related health challenges, receiving expert guidance from mentors from Duke-NUS Medical School, the National Environment Agency, WHO, and other organisations.

The event concluded on 18 January 2025 with a pitch session, where teams presented their ideas to a judging panel from the International Finance Corporation, PATH, Singapore Deep-Tech Alliance, and the WHO. Three winning teams were awarded a six-month incubation programme to further develop their concepts into fundable solutions. The programme included mentorship from experts in health, sustainability, and innovation, with a two-week in-person incubation session in Singapore and ongoing virtual support.

Professor Ng Wai Hoe, Group CEO of SingHealth, emphasised the healthcare implications of climate change, particularly for Singapore, which is vulnerable to rising temperatures and evolving infectious disease patterns. The hackathon, he

stated, is a platform for innovation at the intersection of climate resilience and medicine, with the goal of creating sustainable healthcare solutions adaptable to the region's needs.

Ms Lee Chen Ee, Group Director of SingHealth Division of Innovation & Transformation and Co-Chair of the SingHealth Duke-NUS Academic Medicine Innovation Institute, added that the hackathon aims to bring together healthcare professionals from diverse backgrounds to create scalable solutions that address the impact of climate change on health.

Ms Vijaya Rao, Director of the International Collaboration Office at SingHealth, emphasised the importance of collaboration across borders to develop culturally relevant solutions, ultimately aiming to forge a healthier and more equitable future for all.

### SingHealth's commitment to innovation and



### sustainability

Innovation is one of SingHealth's key pillars of advancement, as they recognise its importance in driving continual progress in healthcare. Their partnership with Duke-NUS Medical School to form the Academic Medicine Innovation Institute (AMII) highlights this commitment, fostering a culture where every team member is empowered to challenge the status quo, collaborate across disciplines, and contribute new ideas to improve healthcare delivery. AMII acts as a catalyst for pioneering solutions that will address both current and future health challenges.

SingHealth has long recognised the power of cross-border collaboration to transform healthcare. Through various initiatives, they have built partnerships with healthcare organisations from across Asia and beyond, sharing knowledge and expertise to tackle regional and global public health challenges. This collaborative spirit was evident at the hackathon, as participants worked together to create scalable solutions for climate-related health issues.

This first-of-its-kind hackathon in the Asia-Pacific region is made possible by the generous support of The Moh Family Foundation. Beyond the event, the hackathon aims to establish a regional network of innovators focused on climate health, fostering collaboration and innovation in addressing the adverse health impacts of climate change.

## Breathe easy: The best allergy treatments

If you suffer from seasonal allergies, you are not alone. Many people turn to oral antihistamines or montelukast



for relief, but research shows that nasal sprays are far more effective. A systematic review of 35 clinical trials compared nasal sprays and oral medications in managing seasonal allergic rhinitis in teens and adults. The results were clear: nasal preparations outperformed pills across all measures, including symptom control and quality of life.

Nasal steroids provided the most significant benefit, especially when compared to montelukast. Nasal antihistamines also performed better than oral antihistamines, making sprays the top choice for treating allergies.

For mild-to-moderate symptoms that come and go, nasal antihistamines work quickly—often within 15 minutes—and can be used as needed. For persistent or severe symptoms, nasal steroids are more effective but require consistent daily use. If symptoms remain uncontrolled with one spray, combining nasal steroids with nasal antihistamines provides better relief than adding oral medications.

While many patients prefer pills, nasal sprays clearly deliver better results. If you are struggling with allergies, talk to your healthcare provider about switching to a nasal preparation.

Source: Journal of Allergy and Clinical Immunology



### REVOLUTIONISING INFANT CARE

## New approaches to treating possible serious bacterial infection in young infants

### STAR HEALTH REPORT

A dissemination meeting showcasing the key findings of two pioneering clinical trials aimed at enhancing the management of Possible Serious Bacterial Infection (PSBI) in infants under 2 months of age was held at the Radisson Blu Water Garden Hotel in Dhaka recently. The event was hosted by the Ministry of Health and Family Welfare in collaboration with Projahmo Research Foundation (PRF), Bangladesh.

These landmark trials provided evidence for innovative approaches to optimise the place of treatment and duration of inpatient care for newborns, paving the way for better neonatal outcomes and are crucial for resource-limited countries like Bangladesh, where limited hospital beds and challenges in referring young infants hinder neonatal care.

Infections in young infants are a major global health concern and a significant contributor to under-five mortality, particularly in low- and middle-income countries (LMICs). In Bangladesh, neonatal mortality stands at 20 per 1,000 live births, with infections accounting for 20%-40% of these deaths. Approximately 8-10% of infants experience at least one episode of PSBI in their first two months of life.

The World Health Organisation (WHO) currently recommends inpatient care, including injectable antibiotics and supportive treatment to treat neonatal infection. However, many of these infants may not require hospitalisation, which carries additional risks such as hospital-acquired infections, complicating care, and longer hospital stays. Hence, there is a need to conduct multicountry, large-sample clinical trials to improve the management of PSBI in young infants less than 2 months of age. In this context, WHO coordinated two

clinical trials concurrently across six countries, including Bangladesh, Ethiopia, India, Nigeria, Pakistan, and Tanzania, with funding from the Bill and Melinda Gates Foundation.

In Bangladesh, PRF and Johns Hopkins University, USA, led these trials in collaboration with WHO and the Ministry of Health and Family Welfare, Government of Bangladesh, in the Sylhet district. These trials evaluated the safety and efficacy of outpatient care versus currently recommended inpatient treatment for infants with low-mortality-risk signs of PSBI.

Key findings reveal that young infants with any low-mortality-risk signs can be safely treated with outpatient care, simplifying care for families while maintaining effectiveness. Young infants with moderate-mortality-risk signs who respond well to a 48-hour course of injectable antibiotics can benefit from switch therapy (early discharge on oral antibiotic therapy at home).

These trials prove that infants with PSBI could be safely and effectively treated with first-generation antibiotics, such as amoxicillin, ampicillin, and gentamicin. These innovative approaches may minimise unnecessary hospitalisations, reduce healthcare costs by optimising health systems and family resources, reduce the risk of hospital-acquired infections, and offer families in resource-limited settings a safe, effective, and accessible alternative to standard inpatient care.

The dissemination meeting highlighted the potential impact of these findings and discussed strategies for scaling up evidence-based practices across Bangladesh and other LMICs. These strategies are expected to significantly enhance neonatal care, save countless lives, and address one of the most urgent global health challenges.