AKHBAR : BERITA HARIAN
MUKA SURAT : 9
RUANGAN : NASIONAL

BH M/S 9 NASIONAL 2/3/2025 (AHAD)

KKM pantau penyediaan makanan ketika Ramadan

Peniaga dilarang guna peralatan tak sesuai simpan, kendali bahan jualan

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Kuala Lumpur: Peniaga termasuk di bazar Ramadan, dilarang menggunakan peralatan yang pembuatannya bukan untuk tujuan penyimpanan atau penyediaan makanan, dalam mengendalikan bahan jualan mereka.

Kementerian Kesihatan (KKM) dalam satu kenyataan, semalam menegaskan ia termasuk menggunakan bekas seperti akuarium sebagai pengganti balang air, tong sampah hitam untuk menyimpan bahan mentah, mahupun peralatan lain yang tidak sesuai.

KKM menekankan ia boleh menyebabkan pencemaran makanan, sekali gus meningkatkan risiko kesihatan terhadap pengguna.

"Selaras Akta Makanan 1983 serta peraturan bawahnya, KKM melalui Program Keselamatan dan Kualiti Makanan (PKKM) akan terus menjalankan pemantauan ke atas makanan yang dijual sepanjang Ramadan bagi memastikan kepatuhan terhadap standard keselamatan makanan ditetapkan.

"Aktiviti pemantauan dijalankan di sepanjang rantaian makanan ini sudah dimulakan sejak sebelum Ramadan, meliputi pemeriksaan ke atas sumber bahan mentah, tempat penyediaan makanan dan peniaga yang dilesenkan pihak berkuasa tempatan (PBT).

"Selain di bazar Ramadan, pemeriksaan turut diperluaskan ke hotel yang menyediakan bufet, premis pembekal bahan mentah serta premis penyediaan ais.

"Ia bagi memastikan semua pihak yang terbabit dalam penyediaan makanan, mematuhi piawaian kebersihan dan keselamatan ditetapkan," katanya.

KKM turut menasihati peniaga supaya tidak menyediakan juadah terlampau awal dan makanan perlu dibawa dalam kenderaan yang bersih serta tidak bercampur dengan bahan kimia bukan makanan dan barangan lain tidak berkaitan.

"Makanan juga perlu dihidangkan dalam bekas yang bersih dan bertutup; sentiasa menggunakan penyepit, senduk, sudu atau sarung tangan yang bersih untuk mengendalikan makanan dan elak menghidang makanan secara bertindih antara satu sama lain.

"Penjual juga perlu memakai pakaian pelindung, iaitu apron dan penutup kepala yang bersih, selain tidak memakai barang kemas, jam tangan dan sebagainya yang boleh menyebabkan pencemaran ke atas makanan.

"Tidak melakukan amalan tidak baik seperti menggaru kepala, bersin atau batuk ke arah makanan, membasuh tangan setiap kali selepas ke tandas dan mengendalikan benda kotor dan juga tidak menjual baki makanan yang tidak terjual, pada keesokan hari," katanya.

Perhebat kempen kesedaran

KKM juga akan memperhebatkan kempen kesedaran melalui pendidikan kesihatan lebih meluas dengan menggunakan pelbagai platform komunikasi, termasuk media sosial, televisyen dan radio.

Justeru, KKM menasihati orang ramai mengutamakan keselamatan makanan sepanjang Ramadan dengan mengamalkan panduan keselamatan makanan ditetapkan.

"Antaranya, mengamalkan 'lihat, hidu dan rasa' sebelum makan; lebihan makanan atau makanan yang dibeli untuk sahur disimpan segera dalam peti sejuk; dan makanan yang disimpan untuk sahur perlu dipanaskan dengan sempurna sebelum dimakan.

"Selain itu, memastikan makanan yang disimpan di dalam peti sejuk tidak lebih tiga hari serta membeli juadah di bazar dengan memilih gerai bersih dan mengamalkan pengendalian makanan yang baik.

"Panduan keselamatan makanan dinyatakan ini perlu dipraktikkan oleh orang ramai sepanjang Ramadan bagi mengelakkan insiden keracunan makanan yang boleh menjejaskan kesihatan," katanya.

AKHBAR : THE STAR
MUKA SURAT : 3
RUANGAN : HEALTH

THE STAR m/s 3
2/3/2025 (AHAD)

A rare chance

By REVATHI MURUGAPPAN
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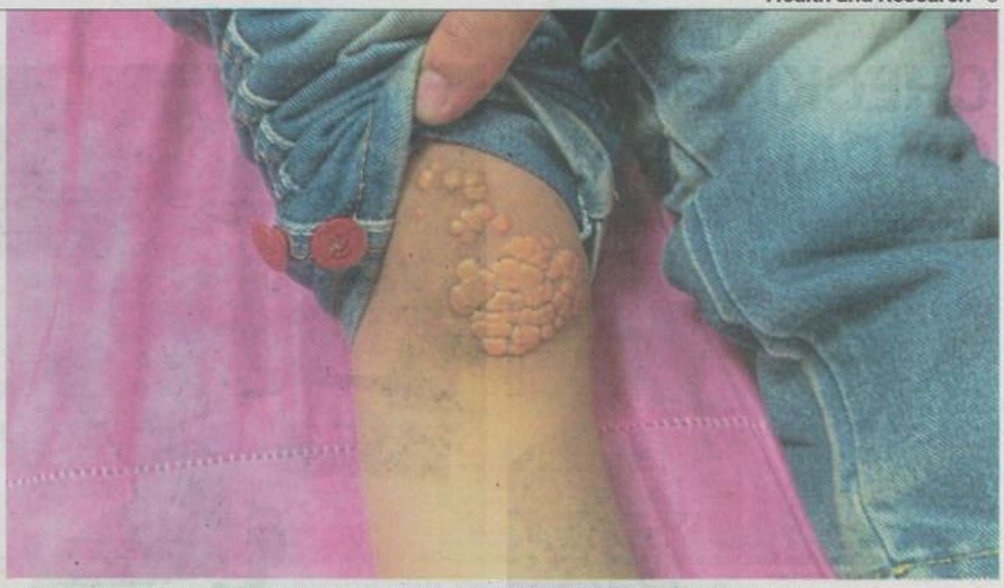

In some types of FH, xanthomas, or fatty bumps on the skin, appear as a symptom in children. — Wikimedia Commons

ALMOST all of us are familiar with the term cholesterol.

It's a waxy substance that's made by the liver and obtained through the diet, and is essential for building healthy cells.

When you have high cholesterol, that means you have high levels of low-density lipoprotein (LDL or "bad") cholesterol, and perhaps not enough of high-density lipoprotein (HDL or "good") cholesterol, which picks up excess cholesterol and takes it back to the liver.

High cholesterol is commonly associated with eating too much saturated fat or trans fat, lack of exercise, being overweight or obese, smoking, and drinking alcohol.

However, high cholesterol can also be an inherited, rare condition present at birth.

Called familial hypercholesterolaemia (FH), the disease is caused by a change in a gene that makes it harder for the body to remove LDL cholesterol from the bloodstream.

With age, most people will see an increase in LDL levels, but those with FH are born with high LDL levels that get higher over time.

Left untreated, excess cholesterol will accumulate in the bloodstream and can eventually build up in the walls of the arteries (a phenomenon known as atherosclerosis).

Early atherosclerosis, due to lifelong exposure to elevated levels of cholesterol caused by LH, can lead to heart attacks in young adults, and even children.

It is estimated that one in 250 people around the world have FH.

"FH is very difficult to pick up and is underdiagnosed because it doesn't usually cause any symptoms.

"Even if a child goes for a health check-up, a lipid profile is not part of the investigation, unless there is a strong family history of coronary heart disease.

"We usually pick up FH by incidental findings," says Hospital Kuala Lumpur (HKL) Genetics Department head Dr Ngu Lock Hock.

If FH is severe, the child will have certain signs such as fatty bumps known as xanthomas (i.e. cholesterol deposits on the skin), yellow areas around the eyes, or a white ring around the iris.

Challenging to diagnose

According to *The landscape for rare diseases in 2024* article published in the *Lancet Global Health* journal:

> Around 80% of rare diseases have a genetic cause
> Almost 70% of rare diseases present in childhood
> About 95% lack approved treatments
> Four to eight years is the average time for an accurate diagnosis, and
> About 30% of children with a rare disease die before the age of five years.

Diagnosis can be difficult, partly because of different symptoms and signs, and partly because few clinicians have direct experience or knowledge of individual rare disorders.

As of March 2023, our Health Ministry (MOH) has listed 502 rare diseases in Malaysia.

The top two categories are inherited metabolic diseases (123 diseases) and neurological/neuromuscular conditions (88 diseases).

FH falls under rare endocrine diseases, which is the fourth highest category out of 17.

This registry is periodically updated and represents rare diseases that have treatments available from MOH (rare diseases that have no treatment are not listed).

Globally, it is estimated that rare diseases affect one in every 4,000 people, which aligns with Malaysia's estimate of between 5,000 and 10,000 affected individuals.

Our inherently small population of rare disease patients also makes conducting clinical trials here difficult.

More than one gene

Ever since whole exome sequencing has become more accessible, more patients are being asked if they want to do the test.

It is a type of genetic sequencing performed from a blood or saliva sample to understand what may be causing a person's symptoms or disease.

Dr Ngu explains: "In the past, we only analysed a single gene, i.e. if we suspect the patient has a certain disease caused by gene A, we study gene A, and if that is not the answer, we study gene B.

"But with whole exome sequencing, we can analyse 20,000 genes from one sample, so we can quickly diagnose what the disease is."

As the service is limited in Malaysia, the samples are often sent overseas.

Dr Ngu was surprised that at least 30 cases of FH among Malaysian children were picked up as a secondary finding during whole exome sequencing – a very high number for this rare disease. — FAIHAN GHANI/The Star

Prior to that, parents or patients will be asked if they want to include any incidental findings in the report.

Most will agree.

"In the past four or five years, we have sent almost 5,000 samples for whole exome sequencing and we were quite surprised to discover that at least 30 had FH as a secondary finding.

"That means FH is not so rare in Malaysia!

"Of course, we only see a selected population [at HKL] so we don't know about the incidences in the general population," says the consultant clinical geneticist.

That opened up an opportunity for Malaysia to participate in a global clinical trial run by a pharmaceutical company.

"They had already completed the adult study, and the drug, inclisiran, has been approved for adult FH usage for those not responding well to statins.

"They now want to extend it to children and approached us; we agreed, screened a few patients and found a subject willing to participate.

"Globally, we were the first to be recruited for the study and the company hopes to recruit 50 subjects worldwide.

"Since HKL is the national referral centre for genetic and rare diseases, we have a large clinic database of 15,000 families, so a lot of pharmaceutical companies reach out to us to check if we have a certain rare disease population that they can recruit into their clinical trials," says a delighted Dr Ngu.

Double-blind trial

The randomised clinical trial will be run in two parts, with the first year seeing patients either receiving two different doses of inclisiran or a placebo, and the second year with everyone on inclisiran, but at different doses.

As a double-blind study, neither the doctor nor the patient will know which substance they are receiving until the end of the study.

The trial aims to evaluate the safety, tolerability and efficacy of the drug in children ages six to less than 12 years, who have heterozygous FH and elevated LDL-cholesterol.

Heterozygous means that a person has two different copies of the same gene, one inherited from their mother and the other from their father.

Each copy may have a different mutation, or one may be mutated while the other is normal.

In contrast, if both parents have FH and their child inherits the FH gene from both of them, that makes it homozygous FH as the child has two of the same mutated genes.

Having two FH genes makes the disorder much more severe.

It is estimated that approximately one in a million people worldwide have homozygous FH.

Says Dr Ngu: "Our patient actually has developmental delay and when we did the whole exome sequencing, we found FH.

"He is already on early intervention treatment, but from the incidental findings, we called the family to screen the child for high cholesterol.

"Imagine, a six-year-old can have a reading of 7-8mmol/L (normal is up to 5mmol/L)!

"We discussed with the parents and put the child on statin treatment immediately.

"There was not much improvement so he is now in the clinical trial, which started in January."

In this case, the patient's father is also being treated for high cholesterol and is awaiting results to see if he carries the FH gene.

In the clinical trial, the drug is administered via a subcutaneous (under the skin) injection once every six months.

The patient is monitored for side effects and drug efficacy.

"With this trial, our patients have the opportunity to get early access to new treatments, and usually, they are receptive.

"I already have a few families asking if they can also be included in the study.

"We're discussing with the sponsor to see if they can offer us more spots," he says.

At present, HKL's Genetic Clinic has three active clinical trials, while two more are in the approval stage.

Dr Ngu says: "It's not a big number, but we want Malaysia to be part of this global medical advancement – it's like soft power for the country.

"Ten years ago, we had no opportunity, but now, pharmaceutical companies don't only want to focus on Caucasians, they want more diversity.

"As Asians, we have an advantage as our genetic diagnosis is quite structured and systematic.

"The majority of our patients are from the Klang Valley, but we do have visiting clinics and outreach programmes in other states."

Read *StarHealth* next Sunday to find out about a rare disease where muscles and connective tissues gradually transform into bone.

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : CHILD HEALTH

When your child can't hear

By Assoc Prof Dr VIVIAN GEORGE VINCENT FERNANDEZ

HEARING is essential for the development of an infant and child as it impacts intellectual growth and speech development.

When hearing impairment goes unnoticed, children may struggle with communication, experience social isolation, and face delays in reaching developmental milestones.

According to the World Health Organization (WHO), over 5% of the world's population – or 430 million people – require rehabilitation to address their disabling hearing loss, including 34 million children.

Understanding developmental milestones

As infants grow, they reach specific milestones that indicate their growth is on track.

Awareness of these milestones allows parents to detect potential hearing problems early and seek timely intervention.

Individual children develop at their own rate, but there are some general patterns to look out for.

By one to three months of age, babies typically cry and coo.

Between four to six months, they gurgle, squeal and laugh.

From six to nine months, they often babble and imitate speech sounds.

At around 12 months, most children start speaking their first words.

If a child does not make the proper sounds or speak by the right age, or shows little reaction to loud noises or speech, hearing loss should be considered.

Babies must hear sounds and speech to learn how to produce them.

By 18 months to two years, they should be able to use approximately 50 words and combine them into short phrases.

A limited vocabulary (fewer than 10–15 words) or difficulty forming phrases may indicate hearing issues.

Early identification of hearing loss and speech delays leads to significantly better rehabilitation outcomes.

While hearing screening for newborns is standard in many urban medical centres, children born in the rural or underserved areas may not have access to these tests.

The earlier a child's hearing problem is diagnosed, the better their rehabilitation outcome is likely to be. — Filepic

As a result, some cases of hearing loss may go undetected until developmental delays become evident.

Once delayed speech development is confirmed, the child should be referred for assessment to specialists in related fields.

The underlying causes could stem from brain-related issues, hearing loss or oral cavity abnormalities.

Rehabilitation options

Rehabilitative services focus on a child's individual needs.

Hearing aids, training by speech and language specialists, and cochlear implants, are some of the modalities available today.

Parents play a crucial role in the rehabilitation process.

Frequent interaction, conversation and engagement are essential for a child with hearing impairment.

Schools and teachers should also be aware, ensuring that the child is seated in front of the classroom.

Teachers must take special care to ascertain the child's learning keeps pace with their peers.

Building a strong support system, including family, teachers, therapists and support groups, can provide emotional and practical assistance to children and their families.

Connecting with other families facing similar challenges can be incredibly reassuring.

Early detection and intervention are the cornerstones of successful rehabilitation.

Parents, healthcare providers and educators must work together to ensure children with hearing impairments receive the support they need to thrive.

By staying informed and proactive, parents can make a profound difference in their child's development and overall quality of life.

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AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : HEALTH

THE STAR M/S 4 HEALTH 2/3/2025 (AHAD)

CHECKING UP ON CANCER

Is the annual medical check-up an effective screening tool for cancer?

By PAUL YEO

While annual check-ups play an important role in overall health maintenance, they are not a substitute for targeted cancer screenings, advises Dr Tan.

For effective cancer screening, it's essential to go beyond the annual check-up and follow the screening guidelines for specific cancer types.

ANNUAL medical check-ups are a health habit that many believe can detect early signs of various illnesses, including cancer.

But are these check-ups enough to identify cancer in its early stages?

According to consultant clinical oncologist Dr Tan Chih Kiang, with cancer being a complex group of diseases, assessing the effectiveness of regular check-ups as a cancer screening tool requires understanding what these exams entail and how they relate to cancer detection.

"The usual medical check-ups are geared towards detecting diseases such as heart disease, diabetes and high blood pressure.

"In most check-up packages, there's nothing much on cancer detection or screening, except for tumour markers. And even then, most tumour markers are not really specific," says Dr Tan.

Cancer screening vs general check-ups

A standard annual check-up usually includes an assessment of one's medical history, a physical examination and routine blood tests.

This may cover basic markers of health like blood pressure, cholesterol levels, blood glucose and a full blood count.

However, standard check-ups generally do not include specific cancer screening tests unless there is an identified need based on symptoms, risk factors or age.

"Many people are under the false impression that if their medical check-up gives them a clean bill of health, that means they are free of cancer too, especially when their tumour markers are all normal.

But in actual fact, this may not necessarily be the case.

"We can see patients come in with cancer six months after their medical check-up indicated they were in good health.

"Tumour markers alone are not an accurate tool to diagnose cancer. The sensitivity of such tests is even lower," notes Dr Tan.

Someone can have cancer and their tumour markers may be completely normal, he adds.

"Sometimes, the tumour marker may be slightly above normal, but the patient doesn't have cancer.

"Tumour markers are not a very sensitive test to screen for cancer itself, except for one tumour marker – PSA (prostate specific antigen). This tumour marker is very specific for prostate cancer," he reveals.

"Tumour markers such as CEA, CA 19-9, CA 125, AFP, HCG – all these are not specific for cancer.

"Take the example of a lady with slightly elevated levels of CA 125.

"She might have that because she has just menstruated, or she might have a gynaecological condition that has raised her CA 125 levels."

Dr Tan adds that there are also many cancers that are not associated with elevated levels of tumour markers.

In all instances, cancer screenings are more targeted and vary by cancer type.

For example, mammograms screen for breast cancer, Pap smears for cervical cancer and colonoscopies for colon cancer.

Each screening test is specific to a certain age group, gender or individual risk factors, and they are usually not part of a routine annual exam.

General check-ups often overlook these specialised screenings unless a patient proactively requests them or has clear symptoms. As such, relying solely on regular check-ups can lead to missed opportunities for early cancer detection.

When are specific cancer screenings necessary?

There are many different types of cancer. However, according to Dr Tan, there are only a few cancers in which screening tools or tests are available.

"For us to actually use a test or tests as a screening tool, the test must be relatively cheap, and be quite sensitive and specific to detect the cancer reliably.

"Not all tests fulfil such criteria, hence only a few reliable screening tests are available for cancer thus far," he observes.

Specific cancer screenings are recommended for individuals based on age, lifestyle, family history and certain risk factors.

For instance:

> **Breast cancer:** Women over 40 are often advised to undergo regular mammograms.

Women with risk factors, such as family history of breast cancer, are encouraged to go for screening at a younger age – usually 10 years younger than the age the breast cancer sufferer was first diagnosed.

> **Colon cancer:** Faecal occult blood test (FOBT) and colonoscopy screening are typically recommended for those above 50.

If there's a family history of colon cancer, then the test should be done at a much younger age.

> **Cervical cancer:** Regular Pap smears are recommended for women who are married or have had sexual intercourse.

> **Lung cancer:** High-risk individuals, such as heavy smokers over the age of 50, may benefit from low-dose CT scans.

> **Prostate cancer:** PSA tumour marker is recommended for men aged 50 years and above.

Each of these screening tools has been proven effective for its specific cancer type, and they are best performed on a schedule suited to the individual's risk profile. This approach is more efficient than relying on annual check-ups alone.

For some cancers, genetic testing is available. "Take the example of breast cancer," says Dr Tan.

"If a breast cancer patient is found to have the BRCA gene associated with breast cancer, her family members could be tested too if they wanted to see if they are a carrier for the gene as well."

According to him, genetic and environmental factors can both play a role in cancer occurrence.

"Most of the time, it's a multifactorial phenomenon – genes, advancing age, stress, poor diet, air pollution, sedentary lifestyle.

"We are not yet able to quantify how much of a role these factors play in cancer, just that they have an effect."

Why annual check-ups are still valuable

Even though annual check-ups may not catch all cancers early, they are still valuable for maintaining overall health.

They provide an opportunity to detect other underlying issues, manage chronic conditions, and encourage lifestyle modifications that can lower cancer risk, such as quitting smoking, reducing alcohol intake and maintaining a healthy weight.

Regular discussions with a healthcare provider can also help identify when cancer screenings should be incorporated into one's routine.

"There's also a new diagnostic test called MCED (multi-cancer early detection).

"A blood sample is taken to look for cancer cell DNA.

"They have found that in some patients, they are able to detect the cancer way earlier, before any symptoms, and sometimes, even before the cancer forms any lumps or mass in the body.

"However, whether this test is good enough to be offered as a screening tool, the jury is still out.

"For one, the test is very expensive. And it's not totally reliable.

"The patient may have cancer, but the test may not pick it up.

"Conversely, the patient may not have cancer, but the test says otherwise.

"Studies are currently being conducted to assess whether this test can be used as a screening tool," reveals Dr Tan.

The importance of awareness and proactive screening

Cancer is a complex disease with various types and risk factors, and early detection often depends on more than just a once-a-year check-up.

Knowing one's risk factors, recognising symptoms and communicating with the healthcare provider are essential steps.

By being proactive, individuals can work with their doctors to set up a screening plan that fits their unique health profile.

While annual check-ups play an important role in overall health maintenance, they are not a substitute for targeted cancer screenings, advises Dr Tan.

"Cancer detection requires specialised tests tailored to the individual's risk factors and age.

"For effective cancer screening, it's essential to go beyond the annual check-up and follow the screening guidelines for specific cancer types," he exhorts.

This proactive approach offers the best chance of catching cancer early, improving treatment outcomes, and potentially saving lives.