



Occupational English Test

READING SUB-TEST

Part A - Text Booklet

Practice test

You must record your answers for **Part A** in the **Part A - Answer Booklet** using **pen or pencil**.

Please print in BLOCK LETTERS

Candidate number - -

Family name _____

Other name(s) _____

City _____

Date of test _____

Candidate's signature _____

YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM.

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Reading: Part A - Text Booklet

Instructions

TIME LIMIT: 15 MINUTES

- Complete the summary on pages 2 and 3 of **Part A - Answer booklet** using the information in the four texts (A1-4) below.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words**. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

Text A1

Vasectomy: Texts

Title: Risk of Prostate Cancer After Vasectomy (2003)

Authors: Krishnamurthy, McLeod & Williams

Context: Vasectomy is a common method of contraception, but concern exists about a reported association with risk of prostate cancer.

Objective: To examine whether vasectomy increases risk of prostate cancer.

Design, Setting, and Participants: National population-based case-control study of 923 new cases of prostate cancer among men aged 40 to 74 years from the Australia Cancer Registry who were on the general electoral roll. Controls (n = 1224) were randomly selected from the general electoral roll, with frequency matching to cases in 5-year age groups. Cases (3-15 months after diagnosis) and controls were interviewed by telephone over a 3-year period.

Main Outcome Measures: Relative risk (RR) of prostate cancer for men who had had a vasectomy vs those who had not.

Results: There was no association between prostate cancer and vasectomy (RR, 0.92; 95% confidence interval [CI], 0.75-1.14) nor with time since vasectomy (RR, 0.92; 95% CI, 0.68-1.23 for ≥ 25 years since vasectomy). Adjustment for social class, geographic region, religious affiliation, and a family history of prostate cancer did not affect these RRs.

Conclusions: Vasectomy does not increase the risk of prostate cancer, even after 25 years or more.

Text A2

Vasectomy Statistics from Britain (2008)
men aged 16-69: percentage who had had a vasectomy (2001-2008)

2001	2002	2003	2004	2005	2006	2007	2008
17	15	18	17	18	18	17	18

percentage who had had a vasectomy: by age (2008)

16-29	30-34	35-39	40-44	45-49	50-54	55-64	65-69
1	6	15	19	20	30	31	30

Texts continue on the next page

Text A3

Male sterilisation (vasectomy) – FAQs for patients

Q: How will I feel after the operation?

A: Your scrotum will probably be bruised, swollen and painful. Wearing tight-fitting underpants, to support your scrotum, day and night for a week may help. You should avoid strenuous exercise for at least a week. For most men pain is quite mild and they do not need any further help. The doctor or nurse should give you information about how to look after yourself.

Q: Are there any serious risks or complications?

A: Research shows that there are no known serious long-term health risks caused by having a vasectomy.

- Occasionally, some men have bleeding, a large swelling, or an infection. In this case, see your doctor as soon as possible.
- Sometimes sperm may leak out of the tube and collect in the surrounding tissue as sperm granulomas. These may cause inflammation and pain immediately, or a few weeks or months later. If this happens, they can be treated.
- Some men may experience ongoing pain in their testicles. This is known as chronic pain. Treatment for this is often unsuccessful.
- The large majority of men having a vasectomy will have a local anaesthetic but sometimes a general anaesthetic is used. All operations using a general anaesthetic carry some risks, but serious problems are rare.

Q: Can sterilisation be reversed?

A: Sterilisation is meant to be permanent. There are reversal operations but they are not always successful. The success will depend on how and when you were sterilised. Reversal can be difficult and may cost a great deal because of this.

Text A4

Reverse vasectomy: a case study

Gary married young and had three children in his twenties. He had a vasectomy at 31. Then his first marriage broke down. He met Sarah and they decided they also wanted a family. Gary paid to have a reverse vasectomy operation but it wasn't successful. A second operation with a different urologist did succeed, and Sarah is now pregnant with their first child. Gary felt that the original vasectomy was the right thing to do at the time, but with hindsight he now believes men under 40 should not rush into having one if there is even the smallest chance they may want a child in the future.

END OF PART A

THIS TEXT BOOKLET WILL BE COLLECTED