

**KASHMIR  
PANDITS FLEE THE VALLEY AGAIN**

**CLIMATE CHANGE: ARABIAN SEA  
WORRY ON THE WEST COAST**

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**ARTIST JITISH KALLAT  
AND GANDHI'S  
FIVE ENVELOPES**

# THE WEEK

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ANNIVERSARY



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**ENFORCEMENT  
BIG**

The agency is battling  
for political masters,  
cries opposition



**DIRECTORATE SEEKS  
KILL**

**PLUS**

Kapil Sibal: Why only  
non- BJP leaders targeted?





## Venom from the mouthpiece

The Cheshire Cat in Alice's Wonderland had no face or body, but only a smile. Spokesmen in the olden days were like that. They had no face, and often no name either, but only a voice.

All political parties, ministries, companies and institutions had spokesmen, mostly senior functionaries of the organisation who were part of the decision-making upper crest. They knew the organisation's policy, because they had helped make that policy.

The politically tumultuous 1990s thus had veterans like V.N. Gadgil, Pranab Mukherjee, Margaret Alva, Najma Heptulla, Ambika Soni and Kapil Sibal speaking for the Congress. The BJP had the likes of K.L. Sharma, Govindacharya, Sushma Swaraj, and even Narendra Modi as spokespersons. The Janata *parivar* had the inimitable Jaipal Reddy as its permanent spokesman. Their English was provincial; their Hindi pan-Indian, their vision universal, and their statements measured.

From their long experience in government and politics they knew the various sensitivities that people and communities had. So careful were they in naming people and places that one foreign office spokesman, who combined diplomatic caution with British understatement, once described a VVIP visit to Pakistan as a "flight in the westerly direction". That might have been taking caution behind a purdah, but that was how things were run in government and politics. If they erred, they erred on the side of extreme caution.

Not so in this television age of bytes, bites and barks. Motormouth news anchors want glib talkers in their studios, preferably ones with the right accent, and ones who can make quicker repartees than Winston Churchill.

Now two of the BJP's such spokespersons, Nupur Sharma and Naveen Kumar Jindal, have

landed India and the Narendra Modi government in trouble. Their comments about the Prophet have so outraged the Muslim world that the Modi regime's Gulf diplomacy, carefully crafted over eight years, is at the risk of being sunk. Envoys are being summoned; expats threatened; exports blocked.

Indeed, the Arab world had always been kind to India since the days of Nehru, Shastri and Indira. So when Modi came to power riding on the crest of a majoritarian wave, many were worried how he would steer his diplomatic vessel through the choppy waters of the Persian Gulf. But Modi has since been working magic in the Arab world—prevailing on them into dumping terror-breeder Pakistan; persuading them to look

the other way even as he openly engaged their worst enemy, Israel; using his good offices to make the Arabs talk to the Jews; engaging the Sunni Arabs even while maintaining India's age-old ties with the Shia Iran; and even getting Hindu temples built in Islamic sheikhdoms. In all, Modi has been projecting an India that is growing, powerful, peaceful, prosperous and modern, despite

the shrill anti-Muslim cries that have been emanating from his domestic political backyard.

All that is in danger of being lost because of an intemperate remark. Calls for boycott of Indian goods are being heard, threatening to wreck the many trade deals that Modi has been crafting.

But let us not blame the two spokespersons alone. Inexperienced as they are, they got carried away by the rhetoric that has been emanating from a political constituency that is being fertilised with fake history, falsified ideas of moral rectitude, fanciful visitations of past glory, and fabricated notions of historical wrongs.

End this trend, prime minister! As the RSS chief said, let us not look for a *shivling* under every mosque.



## Early Diagnosis and Screening of Lung cancer

Lung cancer is the third most diagnosed cancer, but the first most prevalent cause of cancer-related deaths worldwide. This rather high death rate is due mainly to the fact that most patients are diagnosed only once they are at an advanced stage, for which the conventional treatment does not work.<sup>1</sup> If lung cancer is detected at an earlier stage, when it is small and has not spread much, it is more likely to be treated successfully.<sup>2</sup>

However, symptoms of lung cancer don't appear until the disease is already at an advanced stage. Additionally, the symptoms are such that many people may mistake them for other problems, such as an infection or long-term effects from smoking. This makes early diagnosis difficult.

In the earlier article of this series, we looked at the FAQs about lung cancer screening. Here's a detailed look at all you need to know about early diagnosis in lung cancer and the process of screening.

### What do the numbers say?

Spotting cancer early can drastically alter survival rates. Statistics show that almost 9 in 10 of lung cancer patients will survive their disease for at least a year if diagnosed at the earliest stage. This falls to around 1 in 5 people when lung cancer is diagnosed at the most advanced stage.<sup>3</sup> Early diagnosis means that the disease is treated before it has the chance to spread too far means that procedure is more likely to be successful

### How can lung cancer be detected early?

As mentioned in the earlier part of this series, lung cancer can be detected early via screening,<sup>4</sup> which means looking for the cancer before it shows major symptoms. This can be an effective preventative measure.

### Who is it recommended for?

Lung cancer screening is recommended for certain people who smoke or used to smoke, but who don't have any signs or symptoms. If a person has lung cancer but doesn't have any symptoms, this usually means there's a chance to detect the disease early.<sup>2</sup>

### Tell me more about Lung Cancer Screening?

Screening is the use of tests or exams to find a disease in people who don't have symptoms. Regular chest x-rays have been studied as a screening test for people at higher risk for lung cancer, but they haven't been shown to help most people live longer, and therefore they aren't recommended for lung cancer screening.<sup>2</sup>

### So, what is recommended for Lung Cancer Screening?

For lung cancer, early-detection screening by a low-dose computed tomography (LDCT) scan (also called low-dose spiral CT scan or helical CT scan) has proven to be effective among individuals considered to be at high risk. It is also only recommended for these individuals.<sup>4</sup>

The guidelines from the US Preventive Services Task Force (USPSTF) include annual screening with LDCT in adults who:<sup>4</sup>

- Are aged 50 to 80 years and
- Have a 20 pack-year smoking history and
- Currently smoke or have quit within the past 15 years

LDCT is much more sensitive than chest X-rays and can detect smaller abnormalities that may be lung cancer. Chest X-rays are not recommended for lung cancer screening because they often miss early-stage lung cancers and have not resulted in decreased mortality. This is also the case for sputum cytology, a test that checks for abnormal cells in sputum.<sup>4</sup>

### What are the benefits of this? Will it benefit everyone?

The main benefit of screening is a lower chance of dying from lung cancer, which accounts for many deaths in people who currently smoke or formerly smoked.<sup>2</sup> Still, it's important to be aware that, as with any type of screening, not everyone who gets screened will benefit.<sup>2</sup>



**Dr Vijay Agarwal**

Lead & Senior Consultant  
Medical Oncologist  
Aster CMI Bangalore

USPSTF: U.S. Preventive Services Task Force; LDCT: low-dose computed tomography

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