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Online Newspaper Clipping Service
Dtd-Thursday, 18th, January- 2018

Page No. 01

THE NEW
INDIAN EXPRESS

Relax, NEET to factor in State board syllabi too

Would be difficult to base question
papers on multiple syllabi: Experts

SUMI SUKANYA DUTTA @ New Delhi

THE Centre has decided to take into consideration the syllabi of all State boards while framing examination papers for the National Eligibility cum Entrance Test (NEET) from this year. Some experts, however, said it would be difficult to base the question papers on multiple syllabi.

Till last year, NEET exam papers were based on the Central Board of Secondary Education (CBSE) syllabus, which left State board students at a great disadvantage as there is a significant difference in the syllabi for Physics, Chemistry and Biology in many states.

"Today we had a special meeting (on NEET) and we have decided that we will take into account curricula of all State boards while framing the question paper for NEET so that students of State boards are not at any disadvantage from this year," Union Human Resources Development Minister Prakash Javadekar told *The New Indian Express* in an interview. "This problem should be resolved now and states should have no reason to complain anymore. Students of any State board will now not be at disadvantage when it comes to NEET," Javadekar said.

Early menopause a risk: study

In such cases, 33% heightened risk of cardiovascular disease found

AFSHAN YASMEEN
BENGALURU

A recent UK study published in *Heart*, an international cardiology journal, has indicated that women who start their menstruation cycle at the age of 11 or earlier, or enter menopause before 47, have a higher risk of heart disease and stroke.

According to the study, some other factors that were associated with elevated odds of heart problems in later years were miscarriage, stillbirth, undergoing a hysterectomy, and bearing children at a young age.

The findings of the study led by Sanne A E Peters from The George Institute for Global Health, University of Oxford, have suggested that women who had premature reproductive cycles or a history of adverse events should be screened for heart problems.

In an email interview, Dr. Peters told *The Hindu* that the study included 2,67,440 women and 2,15,088 men without a history of cardiovascular disease (CVD) at baseline.

Between 2006 and 2010, the UK Biobank recruited over 5,00,000 participants aged 40-69 years across the UK.

Participants filled in questionnaires on their lifestyle, environment, and medical history, which included their reproductive history.

Risk factor

A study has found a strong link between women's reproductive health and cardiovascular diseases

- Early periods, pregnancy and hysterectomy procedure are linked to heart diseases
- Attaining menopause before the age of 47 increases the risk of cardiovascular disease by 33%
- Similarly, attaining puberty before the age of 12 increases the risk by 10%
- Each miscarriage increases the risk of contracting a cardiovascular disease by 6%
- Having a stillborn child may also lead to heart-related illnesses in general and stroke in particular
- 2.6 lakh women and 2.15 lakh men, without a history of cardiovascular disease, participated in the study



They were monitored up to March 2016 or until they suffered a first heart attack.

The study found a strong link between women's reproductive health and her risk of cardiovascular problems.

Women who began their periods early, or who had pregnancy complications such as stillbirth or who needed a hysterectomy were also more likely to develop heart issues.

Women who went through menopause before the age of 47 had a 33% heightened risk of cardiovascular disease, rising to 42% for their risk of stroke, according to the study.

Those who entered puberty before the age of 12 were at 10% greater risk of

cardiovascular disease than those who had been 13 or older when they started, the study said.

Previous miscarriages were associated with a higher risk of heart disease, with each miscarriage increasing the risk by 6%. Having a stillbirth was associated with a higher risk of cardiovascular disease in general (22%) and of stroke in particular (44%).

During seven years of follow-up, a total of 9,054 incident cases of CVD (34% women), 5,782 cases of coronary heart disease (CHD) (28% women), and 3,489 cases of stroke (43% women) were recorded among the participants.

"The study was conducted primarily among white British women. Although

possible, further studies are needed to establish whether these findings also apply to women in India," said Dr. Peters.

Frequent screening

The research has suggested that policymakers should consider implementing more frequent screening for cardiovascular disease among women with one or more of the risk factors highlighted here in order to put in place measures that can help delay or prevent the development of heart disease and stroke.

Cardiovascular disease, a general term for conditions affecting the heart or blood vessels, remains the leading cause of death worldwide.

Previous research has suggested that the early onset of periods is linked to obesity, a known risk factor for heart disease in later life.

However the findings of this study showed that the risk of developing cardiovascular disease increased for women even if they had a healthy weight.

The researchers also ruled out smoking, diabetes and high blood pressure as possible causes. Dr. Peters pointed out the need for more research to understand the association between an early first menstrual cycle and a greater risk of heart disease and stroke in later life.

India's cancer cases far lower than those in the West, yet death rate higher

Poor Awareness, Social Stigma
Reasons For Delayed Detection

TIMES NEWS NETWORK

India's cancer graphs tell two distinct stories. The first holds out hope as India's cancer incidence is far lower than developed nations such as Denmark and the US. If cancer strikes over 300 out of every 100,000 population in Denmark, the corresponding number in India hovers around 80. But the second Indian cancer story is worrisome: cancer manages to get the upper hand in almost 70% of cases in India. A study in medical journal, The

Indian, almost 50% of all cancers are seen in late stages. This is the reason our death rate is higher than western countries," said senior medical oncologist Shona Nag.

Maximum cancer patients succumb to lung, head and neck and breast cancers. "We lose almost 80% of all patients detected with lung cancer. The death rate due to breast cancer world over is 20%, but we lose over 50% of our breast cancer patients," Nag said.

Almost 60% of cervical cancer patients are diagnosed in stage 3-4 in India, but the West has almost eradicated this cancer due to regular pap smear tests. Given India's population, it is impossible to scan everybody. "Self-breast exams and clinical exams involving community workers or ancillary health professionals are hence crucial," she added.

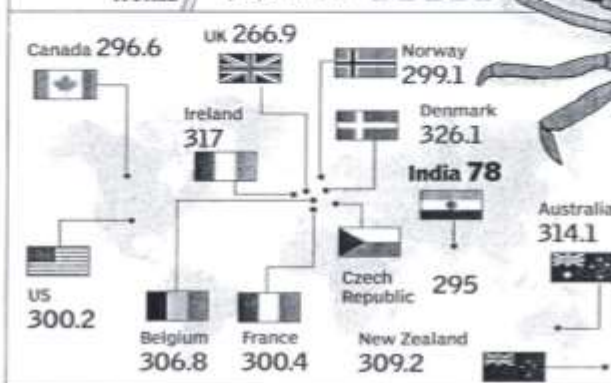
Lack of awareness is the main cause for late detection. "In the western world, the culture is openness and they are more aware. Though we have facilities, we cannot reach out to such a huge population. Almost all cancers are detected at late stage in India mainly because of lack of awareness and social stigma," said medical oncologist Anantbhushan Ranade.

Cancer surgeon Anupama Mane said, "We have women with 10cm lumps who come to us late because the lump didn't hurt or cause pain so they did not think a check was needed." Moreover, men don't discuss women's health. "So a blood stain or excessive bleeding is dismissed and not taken up as cause for worry," Mane said. Early detection is key to reduce mortality. "It is important to diagnose cancer early because then you have a chance at curing it. The spread and extent of it make it harder to control," said oncosurgeon Salta Sinukumar. Lack of a dedicated health care system is one of the big reasons for higher deaths. "Just like Aadhar, we need to make it compulsory to invest in one's own healthcare," Sinukumar added.

IT'S A GLOBAL CONCERN

HOW INDIA COMPARES WITH THE REST OF THE WORLD

Cancer rate per 100,000 population



"Cancer must be made a notifiable disease. It will help us get realistic data on disease prevalence and infrastructure needed."

Sheila Nair | DIRECTOR GENERAL, INDIAN CANCER SOCIETY

"Palliative care has to start from the day of diagnosis. It should be an integral part of cancer care."

Rumana Hamied | CEO, CIPLA FOUNDATION AND HARMALA GUPTA, FOUNDER PRESIDENT, CANCER CARE INDIA

'Disease is not a death warrant, yet cost factor makes people dread it'

TIMES NEWS NETWORK

New Delhi: Cancer is not a death warrant. It is a treatable disease, mostly. People still dread getting it in India because treatment costs a bomb in private facilities and the ones run by government are woefully short of manpower and infrastructure.

This scenario has to change to outsmart cancer, experts said on Wednesday in a roundtable discussion organised by TOI in New Delhi.

Dr Ramesh Sarin, senior consultant and clinical coordinator at Apollo Cancer Institute, said spreading awareness about preventable causes is one step government and civil society must take. 70% of cancers (40% tobacco-related, 20% infection-related and 10% others) are caused by preventable risk factors, said ex-dean of AIIMS Dr P K Julka. "Those at high risk, due to family history or ageing, should undergo periodic screening for early detection. This will help reduce mortality," he added.

LIST OF SPEAKERS

Dr P K Julka | senior director, Max Oncology Daycare Centre
Rumana Hamied | CEO, Cipla foundation

Dr Sudeep Gupta | deputy director, Advance Centre for Treatment, Research and Education in Cancer (ACTREC), Tata Memorial
Harmala Gupta | Founder-President, Cancer Care India

Ashok Kumar Kalkar | senior managing director, Varian Medical Systems

Tata Memorial Hospital in Mumbai and AIIMS in Delhi are flooded with patients from across India. Experts underlined the need to equip regional public hospitals with facilities.

"Treatment in private sector costs a lot and adds to patients' woes. Government facilities are free but few," said Dr Sudeep Gupta, deputy director of Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), one of the premier cancer research centres of Tata Memorial Hospital.



Dr Ramesh Sarin | senior consultant and clinical coordinator, Apollo Cancer Institute

Sheila Nair | director general, Indian Cancer Society

Antony Jacob | CEO, Apollo Munich Health Insurance

Antony Jacob, CRO of Apollo Munich Health Insurance, said wider coverage of insurance schemes can help reduce financial implications.

Antony Jacob, CRO of Apollo Munich Health Insurance, said wider coverage of insurance schemes can help reduce financial implications.

duce financial implications. "Only 25% of people are covered under any scheme," he said. According to Sheila Nair, director general, Indian Cancer Society, cancer must be made a notifiable disease. "It will help us get realistic data on disease prevalence and infrastructure needed," she said.

Every day 1,500 people die of cancer in India, making it the 2nd most common cause of death after cardiovascular disease. 2,000 new cancer cases are detected daily, according to National Institute of Cancer Prevention and Research.

Rumana Hamied, CEO, Cipla Foundation and Harmala Gupta, founder president, Cancer Care India, said palliative care has to start from day of diagnosis. "It should be an integral part of cancer care," Gupta said. Ashok Kumar Kalkar, senior managing director for Varian Medical Systems, stressed the need to share success stories of cancer survivors.

Apollo
CANCER CENTRE

PRESENTS

**OUTSMART
CANCER**

A TIMES OF INDIA
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Campaign Website

Outsmartcancer.in

Lancet, in 2014 indicated only 30% of India's cancer patients survive for over five years.

So while India has lower cancer rates than many other countries, it has a high death rate. Check the World Health Organisation's Globocan 2012 report's analysis for breast cancer: only 1 out every 5 or 6 women newly diagnosed with breast cancer died in the US, but corresponding figures in India stood at 1 out of every 2 patients.

Experts said early detection could go a long way in reducing the high death rate caused due to illiteracy, fear and taboos. "In