

CASE STUDY OF CHEST RESEARCH FOUNDATION

Objectives:-

- ❖ Establish Chest Research Foundation as a '**Thought Leader**' in the liberation of sufferings of the patients from Respiratory Ailments
- ❖ Create brand awareness for the academic research institute among other markets like Mumbai & New Delhi

Challenges:-

- ❖ Being a prominent academic research institute, media in other markets were not aware of the brand(Chest Research Foundation)
- ❖ No dissemination of the Press Release as there were no important announcements from the Brand

Strategy & Tactics:-

- ❖ Arranged one-on-one/e-mail media interactions for Dr. Sundeep Salvi, Director-Chest Research Foundation on a regular basis
- ❖ Sustained brand presence through regular placement of authored articles in leading Mainlines, Business dailies, regional publications and Radio

Result/Outcome:-

- ❖ Garnered a total of **81** coverage's in various Print, onlines & Radio
- ❖ Received a **PR value** of worth more than **11 Crores.**

Coverage Snapshot

KNOWLEDGE

INTERVIEW

'All COPD patients must be screened for heart diseases'

Dr Sundeeep Salvi, Director, Chest Research Foundation speaks on the current state of COPD in India, the kind of research underway in understanding its prevalence and the co-relation between CVDs and COPD in conversation with **Raelene Kamblil**

Can you share some latest data on COPD in India?

According to the latest Global Burden of Disease, COPD is the second leading cause of death in India and the third leading cause of death in the world. An earlier report from the Government of Maharashtra (2010) stated that COPD was the first cause of death in Maharashtra. The most objective diagnostic test for COPD in the community is to perform Spirometry after giving a short-acting bronchodilator. Such kind of research studies are only few in India so far. This study has taken place in four centres across India (Mumbai, Pune, Mysore, and Chennai).

journals in the world (Lancet, CHEST, etc) educated the world about Non-Smoking COPD.

What are your learning from this research?

You don't have to be a smoker in India to develop COPD. Exposure to biomass fuel smoke, mosquito coil smoke, diesel, agricultural smoke and smoke from outdoor air pollution, industries such as mining, leather and occupations such as farming are the other main risk factors for COPD in India. Also, poorly treated chronic asthma and people who had lung TB in the past are also more susceptible to develop



Express Healthcare

What kind of research have you done on COPD so far?

CRF studied the prevalence of COPD in 22 rural villages near Pune. The prevalence was found to be 5.5 per cent and that 85 per cent of those had never smoked in their life. Earlier research from the western world established tobacco smoking as the leading cause of COPD. But our research at CRF showed that you don't have to be a smoker to have COPD in India. In fact, majority of the cases of COPD occur among non-smokers.

This seems to be the case in most of the developing countries in the world. The world was not aware about this and the publications of CRF in some of the leading medical

their medicines?

Very important! Many patients of COPD do not receive a proper diagnosis, therefore do not receive appropriate treatment. Some get diagnosed to have COPD, but do not receive the proper treatment and some get the right diagnosis and right treatment, but do not take the medicines regularly. All this contributes to poor quality of care of COPD patients, that contributes significantly to increasing suffering and death.

What kind of impact will this information have in better management of COPD?

Knowledge about the true burden of COPD, its risk factors and the proper treatment need to be informed to the doctors, so that they will dig-

better bring polio

nose the properly patients regularly

Can you associate and CVI COPD in lungs, hi gans of air pollution period of lung tissue releases

Delhi gasping for breath after Diwali

Alarming is an understatement as PM 2.5 soars to 1,126, a far cry from safe level of 60 micrograms

PRABHUDATTA MISHRA & NIRBHAY KUMAR
New Delhi

AS feared, air pollution in Delhi became hazardous after Diwali festivities, exposing the city's 16 million

early Monday morning, necessitating everyone to avoid all outdoor activities. The level of PM 10 had also breached 1,000 micrograms per cubic metre.

The disturbing level of air pollution in the national capital prompted the Centre to call a meeting of neighbouring Punjab, Haryana and Uttar Pradesh to discuss strategies for minimising air pollution in Delhi.

The PM 2.5 level, which is more dangerous than PM 10, doubled within a few hours to 750 micrograms per cubic meter in Delhi on Sunday night, according to the Central Pollution Control Board data. PM 2.5 is a tiny particulate matter that reaches deep into the lungs and children are highly susceptible to it. Prolonged exposure to PM 2.5 and PM 10 beyond safe limits can harm the respiratory system as the ultra fine particulates can embed deep into the lungs and also enter the bloodstream.

It may be recalled that China ordered closing



Financial Chronicle

for a few days after pollution level worsened in that city to immediately bring down the level of contamination. Even in Beijing the pollution was not as bad as it is in Delhi now.

Experts, however, suggested more sensitisation and regulatory initiatives as long-term steps. "We need both sensitisation of people and some regulatory steps, of course not coercive

Union environment secretary said that it has Punjab, Haryana and Uttar Pradesh to enforce the ban on stubble burning in agriculture fields. The concerned secretaries of the NCR region have been "summoned" on November 4 to "review the situation and to further deliberate on the strategy to minimise occurrences of open burning in agriculture fields," said an official statement.

power plant in Delhi must be replaced now. "The fact that the ambience level has increased 12-15 times is a big concern. What a top-of-building air quality measurement is telling you is the situation at general level. At personal level it is much much higher," said Sundeeep Salvi, director of Pune-based Chest Research Foundation refer-

ring to post-Diwali air quality measured in various cities.

"For those who have respiratory problem situation would be worse because their lungs are already compromised because of the underlying disease. They may either get acute attack when exposed to the poor air quality or may have to go to hospital for emergency treatment. That is happening quite a lot these days. After yesterday's increase pollution level the lung problems would go worse requiring agency care," he said.

Dr Salvi says surgical masks are useless as the particles that cause lung cancer are small enough to pass through them. "Only sophisticated masks like the N95 are the ones which can prevent the entry of these tiny particles into the lung," he adds. He also says that mosquito coil

Smog chokes

from P1

The decision was taken after reviewing the ambient air quality of Delhi, it said. It has identified open burning of solid waste, vehicular emissions and dust as major contributors to pollution. The Centre has asked Delhi Police to ease movement of traffic to reduce vehicular emissions. The problem has been accentuated due to relatively low wind speeds and lower temperatures, resulting in reduced dispersion of pollutants in Delhi.

The Pune-based System of Air Quality and Weather Forecasting and Research had predicted such a level of air pollution for Delhi this year. The highest levels of PM10 and PM2.5 are expected between 11 pm to 3 am on October 30-31 and air quality will be the worst, project director of SAFAR Gufran Beig had said.

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ARUN CHADHA/HINDUSTAN TIMES



long term and is also a great way to be more active, which is linked to a reduced risk of cancer and other diseases," he says. For exercising outdoors, suggests Dr Almel, one could choose less polluted times like the afternoons.

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Mint

turn or blood in common symptoms with general loss, muscle salvi, director, nation, Pune. Scan or MRI rhoscopy and common ways ease," he adds. Almel (medical aya Hospital, ys in which we losing 'active possible, like an help reduce transport in the

try, and one must also avoid going to places that have poor air quality. Tapzo (formerly Holpchat), Safar, and Plume Air Report are some of the apps that will tell you which areas are unsafe," says Dr Almel.

We need governments and local authorities to work together to develop a comprehensive strategy to reduce air pollution, says Dr Salvi. "Meanwhile, we need to consciously reduce our exposure to pollution as far as possible to hedge the risks," he adds.

Write to us at
businessq@live.mint.com

Coverage Snapshot

THE INDIAN EXPRESS, TUESDAY, OCTOBER 25, 2016

9 MAHARASHTRA

**SUGAR MILLS
HC STAYS ON**

Sugar millers in Maharashtra have temporarily put a stay on the use of snake tablets.

Of all polluting firecrackers, snake tablet carries most pollution

Perhaps first-ever such study measuring pollution caused by different firecrackers compares

out in only 12 seconds but produces 64,500 mcg/m3 of particulate matter generated during burning of the six most commonly used firecrackers were measured. Burning of firecrackers produces both gaseous as well as particulate matter air

Indian Express

Children generally burn the fuljhadi, pulpi and snake tablet barely a foot or two away from them, and end up inhaling a large amount of smoke particles.

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EDUCATION

PHFI, CRF, Narayana to launch COPD & asthma course

Laxmi Yadav, Mumbai

PUBLIC Health Foundation of India (PHFI) in association with Chest Research Foundation (CRF), Pune and Narayana Health, Bengaluru is set to launch a Certificate Course for management of COPD and Asthma cases from next month. The initiative is with the intention to train the general physicians on a regular basis to handle patients suffering from chronic lung diseases and associated complications.

The eight months certificate course, divided into 8 modules, will be coordinated by PHFI. The course, designed by CRF and Narayana Health (NH), Bengaluru, will be conducted at weekend once a month at 25 centres across India including Mumbai, Delhi, Bengaluru, Pune, Hyderabad, Kolkata, Patna, Ranchi, Ahmedabad, Gurgaon, Guwahati, Mysore, Mangalore, Aurangabad etc.

The certificate course will be conducted by 25 faculties, all of them trained in pulmonary medicine. The course will be attended by 500 doctors. On completion of the course, the participants will be awarded certificate by PHFI. Initially 20-25 doctors will be trained at each centre. 500 doctors are likely to be trained in the first round by the end of 2017, informed Dr Sundeeep Salvi, director, chest research foundation.

Asthma, called personality disorder of airways in lungs, where lungs become very sensitive or hypersensitive to some of inhaled substances like allergens, dust, pollution. The airways respond in a hypersensitive manner where they become very hypersensitive and they start contracting and don't allow air to pass the lungs.

In India an estimated 50-60 million people suffer from asthma and COPD. As per a large asthma prevalence study conducted across multiple centres in India,

5-10 per cent of children aged 5-6, 13-14 years are affected with asthma. An estimated 5-17 per cent of people aged 30-35 years are affected with COPD. COPD and asthma both lead to a whopping Rs.45,000 crore loss to Indian economy every year. Considering the huge health burden on the government of India, it is huge. It has huge economic suffering and economic perspectives. COPD is the second leading cause of death in India and it has not yet received required attention, said Dr Salvi.

Medical colleges in India churn out around 350 pulmonologists per annum as against requirement of 3-4 times. It's difficult to get that jump. Considering the shortage of chest physicians in the country, capacity building of existing general practitioners who see an estimated 3.5 million asthma and COPD patients a day is need of the hour. Asthma and COPD are often poorly diagnosed by general practitioners due to lack of knowledge of best available diagnostic tool like spirometry. Once diagnosed, the patients are often given oral dosage of drugs rather than inhaled therapies which are considered best treatment for the chronic respiratory diseases like asthma and COPD in terms of efficacy and safety.

Inadequate emphasis on respiratory diseases in medical colleges, including lack of training in spirometry during undergraduate and postgraduate courses is a major cause of under diagnosis and poor management of chronic respiratory diseases in the country.

Notwithstanding the risk factor, we have found and even studies reveal that older patients who receive surgery usually survive their lung cancer for more than five years and are more likely to die from a non-cancer-related cause. It is pertinent to note that survival chances are much higher in those who were diagnosed at the early stage. A recent study at Memorial Sloan Kettering Cancer Centre (MSKCC), New York, showed that patients with lung cancer who received their cancer treatment within the first two years after diagnosis had a 70 per cent survival rate at five years compared to 65 per cent for those who were treated after two years.

At MSKCC, nearly 70 per cent were 65 years or older, and about 30 per cent were at least 75. Among the patients who did not die during the first two years after surgery, the five-year survival rate was close to 90 per cent. Those who died during the first two years were more likely to die from non-cancer-related causes. We firmly believe that no patient should be denied surgery simply because of age.

There are four types of lung cancer surgery. **Wedge resection and segmentectomy:** Removal of cancerous tissue from the lung. In cases where more tissue is removed, the thoracotomy procedure is called a segmentectomy. **Lobectomy:** Removal of an entire lobe from the lung. The right lung has three lobes and the left lung has two. **Pneumonectomy:** Removal of an entire lung. **Video-assisted thoracic surgery (VATS):** VATS is a minimally invasive technology that our cancer doctors use to perform a lobectomy or wedge resection without opening up the chest. This thoracotomy procedure involves inserting a long, thin tube with an attached camera (thoracoscope) and small surgical instruments into the chest. Using images from the camera, the surgeon removes cancerous tissues. If you are a candidate for VATS, it offers a quicker recovery time and less pain than other types of lung surgery because no large incision or movement of the ribs is needed. VATS may also be used to biopsy lung tissues and confirm a lung cancer diagnosis, called a thoracoscopy.

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DESPATCH & COURIER

Age should not be a limiting factor for Lung Cancer Surgery

By Dr. Sundeeep Salvi, Director, Chest Research Foundation

Young or elderly, everybody is scared of surgery. Surgery is an effective curative measure for patients with lung cancer, not only for young, but even for older patients. In India, the population of elderly people is growing rapidly, thus cases of lung cancer among them have also surged. Lung cancer is the second most common cancer in men and women. It is estimated that only

swers for all older lung cancer patients, however, medical community found that surgery is an effective treatment for early-stage lung cancer. Lung surgery, known as Thoracotomy, is essentially a procedure where the surgeon opens up the chest cavity to gain access to the lungs. An incision is made in the side of the chest and the ribs are spread apart. With this process a surgeon removes cancerous tissue from the lungs.

Our major concern is older patients who are sometimes very reluctant to go through surgery as they strongly believe that risks are much higher than the benefits. Cancer in elderly is a major problem in India also. Several studies, conducted by American medical institutions point out treatment acceptance was poorer in elderly group; however, treatment compliance was not related to the age of patient. A significant proportion of elderly patients were treated by aggressive approach with combination of chemotherapy, radiotherapy, and surgery and all modalities were well tolerated. Notwithstanding the risk factor, we have found and even studies reveal that older patients who receive surgery usually survive their lung cancer for more than five years and are more likely to die from a non-cancer-related cause. It is pertinent to note that survival chances are much higher in those who were diagnosed at the early stage. A recent study at Memorial Sloan Kettering Cancer Centre (MSKCC), New York, showed that patients with lung cancer who received their cancer treatment within the first two years after diagnosis had a 70 per cent survival rate at five years compared to 65 per cent for those who were treated after two years.

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MEDICALLY SPEAKING



Dr. Sundeeep Salvi

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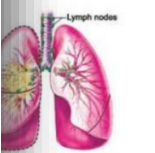
Afternoon -DC

TELL US WHAT YOU THINK
@Afternoon_News

1. Surgery is effective for early-stage lung cancer.
2. Older patients sometimes opt for other treatments.
3. Older patients usually survive more than five years after surgery.
4. Age should not be a limiting factor.

Elderly Need Special Care

Elderly patients with lung cancer need special attention from surgeons and they should have adequate curative expertise in handling older patients. The expertise of an experienced surgeon enhances the confidence of such patients. While we talk about special attention, it obviously refers to the care patients receive from other specialists like cardiologists, neurologists, etc. This expertise and experience play an important role in ensuring that older lung cancer patients maintain their health and mobility. So before offering an option of surgery to an old patient, we need to ensure that their quality of life going to the same after the process and once he walks out from hospital, he can lead a normal life. Overall, an elderly patient can bear the disease with the help of surgery if it is detected at early stage. Here age would hardly be a limiting factor. Moreover, on the basis of experiences and studies, it can be concluded that old patients also deserve curative option like surgery if they can tolerate it. We should certainly give them some opportunity which is offered to young.



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