

Global tuberculosis epidemic cannot be ended unless it is eliminated in India

STAR HEALTH DESK

The 50th Union World Conference on Lung Health recently took place in Hyderabad, India, which opened with a call to end the emergency of the global tuberculosis (TB) epidemic, now responsible for killing some 1.5 million people each year.

"Ending the TB emergency starts right here in India," said José Luis Castro, Executive Director of the International Union Against Tuberculosis and Lung Disease (The Union), convenor of the Union World Conference, which is being held for the first time in India in half a century. The Indian government led by Prime Minister Narendra Modi has committed to eliminate TB in India by 2025, five years ahead of the official UN target.

"One in four people living with TB are in India – so it is clear that we cannot end TB globally unless we end it in India. This is why it is so important to get behind the Indian government's commitment to ending the epidemic", concluded Castro.

The Union World Conference is the world's largest gathering of clinicians, policy makers, public health managers, researchers and advocates working to end the suffering caused by lung disease, with a focus specifically on the



challenges faced by low- and middle-income countries. Some 3,500 delegates from over 80 countries were expected to attend.

News announced that work on a vaccine trial is

yielding encouraging progress is expected to be followed up at the conference with a dramatic reduction in the price of a key prevention drug and the announcement of a major

clinical trial aimed at preventing multidrug-resistant TB (MDR-TB).

"We cannot end the TB emergency unless we dramatically scale up prevention in those

parts of the world where we are treating it," said Dr Jamhoih Tonsing, Director of The Union's South East Asia Office in New Delhi. "If we are to make inroads into the epidemic here in India and beyond we need to see a radical scale up of preventative therapy that can help to stop the TB transmission cycle," concluded Castro.

The Honourable Vice-President of India, Shri M. Venkaiah Naidu, officially inaugurated the conference at the opening ceremony. Speakers at the opening ceremony included film and television actress Claire Forlani, Dr Ren Minghui, Assistant Director-General at the World Health Organisation (WHO), senior representatives of the State of Telangana, and Nandita Venkatesan, a TB survivor, activist and journalist from Mumbai.

The conference hosted the inaugural Survivors Summit, which was attended by dozens of survivors of TB and other lung diseases from around the world.

The scale of the TB global health emergency has been acknowledged by the United Nations (UN), which held the inaugural High-Level Meeting on TB in New York last September, culminating in a Political Declaration signed by world leaders committed to ending TB by 2030.

BREAST CANCER



Interval breast cancers linked to risk for other tumours

Women with breast cancer identified between screening mammograms are more likely to be diagnosed with other cancers both before and after their breast cancer diagnosis, according to a Nature Communications study.

Researchers studied nearly 15,000 women diagnosed with breast cancer from two Swedish cohorts and the Women's Health Initiative. Some 12% of the cancers were interval cancers — that is, they were diagnosed after a negative screening mammography and before the next scheduled screen. The remainder were screen-detected cancers.

Women with interval breast cancers were significantly more likely than those with screen-detected cancers to have been diagnosed with a non-breast cancer tumour before the breast cancer diagnosis (odds ratio, 1.43). Women with interval cancers were also more likely to be diagnosed with a non-breast cancer tumour after their breast cancer diagnosis (OR, 1.28).

In addition, women with interval cancers were more likely to have a family history of non-breast cancer tumors.

The researchers conclude, "These findings could have implications for future screening and prevention programmes."

HEALTH bulletin



Heavy smoking causes faces to look older

"Smoker's Face," a condition where smokers look older than they are, is just one of many negative effects caused by heavy tobacco usage. Louise Millard of the University of Bristol and colleagues report these findings in a new study published recently in PLOS Genetics.

Some people carry one or two copies of a genetic variant that is associated with heavier tobacco use. To identify effects of the heavier smoking, scientists can separate out the effects of the genetic variant via tobacco use from other possible effects associated with carrying that variant that are unrelated to tobacco use.

To simultaneously identify these two types of effects, the researchers used a novel combination of two data analysis approaches and applied them using data from people in the UK Biobank. They separated people into two groups. The first contained people who had never smoked, and the second included current and former smokers.

The researchers reasoned that the smoking group would reveal the effects of tobacco exposure, while the never-smokers would show them any unrelated effects of the genetic variant.

Precision in the treatment of breast cancer

STAR HEALTH REPORT

Worldwide, breast cancer is the most common invasive cancer in women. It affects about 12% of women worldwide. Breast cancer comprises 22.9% of invasive cancers in women and 16% of all female cancers.

Dr Radhika Lakshmanan, a Senior Consultant General Surgeon, who has special interest in breast cancer and reconstructive surgery working at the Farrer Park Hospital, Singapore recently shared her views with Star Health on breast cancer.

Since breast cancer is very common and the specialty has already drawn the attention, almost all the countries have some capacity to deal with the problem. She was asked how Singapore was different in treating breast cancer.

She informed that there is a certain protocol that is maintained in Singapore which makes significant differences in the treatment. For example, minimally invasive surgery of lymph nodes or the sentinel lymph node biopsy.

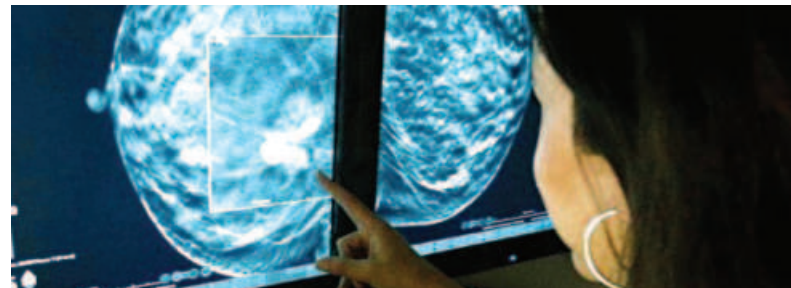
A sentinel lymph node is defined as the first lymph node to which cancer cells are most likely to spread from a primary tumor. Sometimes, there can be more than one sentinel lymph node. A sentinel lymph node biopsy (SLNB) is a procedure in which the sentinel lymph node is identified, removed, and examined to determine whether cancer cells are present.

This is not done in most of the countries in Asia. Even in early breast cancer surgery, all the lymph nodes are removed which causes lots of complications like swelling of the

arm. It hampers the lifestyle of the patient to a great extent.

Another example is the removal of the whole breast. In most of the countries, the whole breast is removed. But in Singapore, they give neoadjuvant chemotherapy for breast cancer. It refers to medicines that are administered before surgery for the treatment of breast cancer. Doctors may recommend neoadjuvant chemotherapy due to the size of the tumor, since the drugs may shrink the tumor and give more surgical options. It helps in downstaging of the tumour.

The third reason Dr Radhika



pointed out is the availability of latest drugs in Singapore. Patients get the most advanced medicine for the treatment. Alongside, they are provided treatment with the use of latest cutting-edge technology for diagnosis and prognosis. For example, an accurate tissue analysis (e.g. genetic analysis of tissue) can alter the whole treatment guideline.

Oncotype DX test is a genomic test that analyses the activity of a group of genes that can affect how a cancer is likely to behave and respond to treatment. The Oncotype DX is used in two ways:

1) to help doctors figure out a woman's risk of early-stage, estrogen-receptor-positive breast cancer coming back (recurrence), as well as how likely she is to benefit from chemotherapy after breast cancer surgery.

2) to help doctors figure out a woman's risk of Ductal Carcinoma in situ (DCIS) coming back (recurrence) and/or the risk of a new invasive cancer developing in the same breast, as well as how likely she is to benefit from radiation therapy after DCIS surgery.

Of all the breast cancer genomic tests, the Oncotype DX test has the

strongest research behind it. The results of the Oncotype DX test, combined with other features of the cancer, can help the patients make a more informed decision about whether or not to have chemotherapy to treat early-stage, hormone-receptor-positive breast cancer or radiation therapy to treat DCIS.

An advocate of breast cancer awareness, Dr Radhika also explained how a partial breast surgery followed by oncoplastic and reconstructive surgery helps a patient in breast cancer management.



Bolster efforts to tackle leading causes of urban deaths

A new report by the World Health Organisation (WHO) offers guidance and tools for urban leaders to tackle some of the leading causes of death in cities.

Non-communicable diseases (NCDs) - like heart disease, stroke, cancer and diabetes - kill 41 million people worldwide every year, and road traffic crashes kill 1.35 million.

The report, titled 'The Power of Cities: Tackling Non-Communicable Diseases and Road Traffic Injuries' is geared towards mayors, local government officials and city policy planners.

The report highlights key areas where city leaders can tackle the drivers of NCDs, including tobacco use, air pollution, poor diets and lack of exercise, and improve road safety.

From anti-tobacco actions in Beijing and Bogor, to road safety initiatives in Accra and Bangkok, a bike sharing scheme in Fortaleza, and actions to create walkable streets for seniors that have reduced elderly pedestrian deaths by 16% in New York City, the report aims to share knowledge between urban policy planners.

Of the 19 case studies cited, 15 are from developing countries, where 85% of premature adult deaths through NCDs take place, and over 90% of road traffic fatalities are recorded.

Over 90% of future urban population growth will be in low or middle-income countries, and seven of the world's 10 largest cities are in developing countries.

Some 193 countries have committed to reducing premature deaths from NCDs by a third by 2030, and halving road traffic deaths and injuries by 2020, through the Sustainable Development Goals.

  /StarHealthBD

WINTER SKIN CARE TIPS

SEEK A SPECIALIST

A dermatologist can analyze your skin type, troubleshoot your current skin care regimen, and give advice on the skin care products that you should be using.

MOISTURIZE MORE

Use an "ointment" moisturizer that's oil-based, rather than water-based, as the oil will create a protective layer on the skin that retains more moisture than a cream or lotion.

SLATHER ON THE SUNSCREEN

Sunscreen isn't just for summertime. Winter sun can still damage your skin. Try applying a broad-spectrum sunscreen to your face and your hands (if they're exposed) about 30 minutes before going outside.

GIVE YOUR HANDS A HAND

Wear gloves when you go outside, if you need to wear wool to keep your hands warm, slip on a thin cotton glove first to avoid any irritation the wool might cause.

AVOID WET GLOVES AND SOCKS

Wet socks and gloves can irritate your skin and cause itching, cracking, sores or even a flare-up of eczema.

HYDRATE FOR YOUR HEALTH, NOT FOR YOUR SKIN

Drinking water helps your skin stay young looking. Water is good for your overall health.

GREASE UP YOUR FEET

Use lotions that contain petroleum jelly or glycerine and use exfoliants to get the dead skin off periodically.

BAN SUPERHOT BATHS

The intense heat of a hot shower or bath actually breaks down the lipid barriers in the skin, which can lead to a loss of moisture.


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