



Special Issue Oncology

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October is
**Breast Cancer
Awareness
Month**



1st - 31st Oct

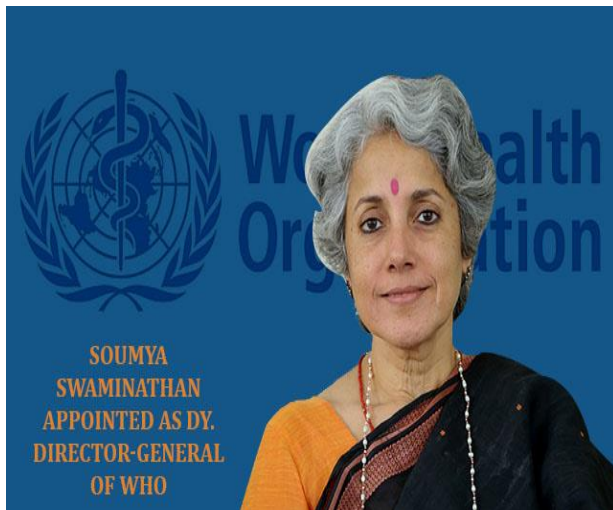
Dr. Soumya Swaminathan, DG ICMR, has been appointed as Deputy Director General for Programmes at WHO. She says "Focus should be on scaling up the use of innovations"

The newly appointed Deputy Director-General for Programmes at the WHO says her elevation reflects on the growing importance of India in global health diplomacy

After a career in research and academia, Soumya Swaminathan's recent elevation to the post of Deputy Director-General for Programmes (DDP) at the World Health Organization (WHO) came as a surprise, even to her. "This was not planned at all," she says. "In fact, I've always thought of myself as a researcher. I wanted to stay on in clinical research, even up to the point I became Director-General (DG) of the ICMR (Indian Council of Medical Research). Most of my experience has been with research, but because it has been in diseases like HIV and TB, I was able to observe the public health system very well, and the different aspects of health programmes."

She adds: "I'm very grateful to the Centre that they nominated me, but it's an unusual path for an academic." After a characteristic pause, she says: "Perhaps it's a good thing. It recognises the importance of science and data and evidence as being central to policymaking. It has even given a big boost to medical researchers. In fact, I have had young medical students writing to me, even those who are applying next year for NEET (National Eligibility and Entrance Test), saying they feel inspired."

In her two years at the ICMR, a time when funding was enhanced by about 40% for the institution, Dr. Swaminathan was at the forefront of launching several key research initiatives. And thus, there are questions about how these will be shepherded as she moves on. Excerpts from an interview in Chennai:



What does this mean for the WHO, for you as the first Indian to be elevated so, and India at the WHO?

Essentially, my selection is a recognition underlining the fact that India plays a role in global health and should be represented in the WHO, the highest decision-making body in public health. It reflects on the growing importance of India in global health diplomacy. Personally... it's a challenge and a huge opportunity because the WHO has the convening power that no other body has, and the present Director-General, Tedros Adhanom Ghebreyesus, was selected by an overwhelming majority.

Broadly, I'm completely in alignment with his priorities, which also reflect my belief that the involvement of patient voices and the community and civil society are extremely important for public health gains. Nothing can be achieved without this. Look at dengue, for instance. The government can only do so much because the dengue-carrying mosquitoes are breeding within and outside people's homes. So, unless there is a mass movement to eliminate breeding sources, it is unlikely we can control dengue and other vector-borne diseases.

The voice of the developing countries will be stronger with Dr. Tedros (from Ethiopia) as DG. I think the focus on populations from lower and middle-income countries is going to go up. It has been high, but now that the leadership is also from there, I'm sure it will make a lot of difference.

What will be your focus areas as DDG?

The focus should be on bringing affordable, quality healthcare and scaling up the use of innovations. I believe that we can do a lot just by, perhaps, putting to use, bringing into public health, the various innovations that are happening

mostly in the private sector, among entrepreneurs and start-ups in India. There is a huge amount of innovation in devices, diagnostics, sensors, and drug delivery systems. When we think of research and development, we usually think of a new drug or a vaccine, but there are many innovations that can impact public health delivery, which India and other middle-income countries will be generating in the years to come. One of the new aspects of work would be to look at how we look at all these innovations across the world, how we evaluate them, how we create some benchmarks and validate them, and work them into large-scale production and use. This would also go along with one of the priorities — access to medicines and the best treatments, and prevention strategies, to all citizens of any country.

Also, balancing the needs and demands of intellectual property protection vis-a-vis access and equity in that access is going to be a challenge. The WHO is the only agency that can be central in that. There have been successes like the Medicines Patent Pool, but a lot more needs to be done, including drugs for non-communicable diseases, cancers, and vaccines which are now going to be developed for emerging infections.

Emerging epidemics will have to be a key aspect. Vector-borne diseases are a serious concern for the entire developing world. Southeast Asia and South America have suffered from chikungunya, zika, dengue, and we don't know what next. Vectors are very smart; they have been adapting themselves to the changing ecosystem. As urbanization expands, the whole thing is going to spread. Again, science will have to provide the solutions.

Can issues that are unique to India be a part of the agenda too?

Indeed. One area of attention to turn [to is] lesser known tropical diseases.

There are several diseases now with elimination targets — for kala-azar, filariasis, and measles. There are also neglected diseases like snake bite which causes an estimated 50,000 deaths in India and is an important cause of death in both India and Africa. Snake venom manufacturing must be regulated, as also access to the right venom at the right time.

Soil-transmitted helminthes, or intestinal worms, have an impact on morbidity-causing anemia and nutritional deficiencies. The government started deworming, but the problem was we targeted only children. Currently we are planning a study to see if deworming the entire population for a few years, instead of just children, will drive down infection with worms.

One of the biggest areas of concern is Universal Health Coverage, a priority laid out in the National Health Policy. How are we going to reach large populations that do not

have access to doctors? We need to factor in a bit of task-shifting, using available health-care providers, training community health-care providers, and launching health literacy campaigns.

How much leverage does the WHO have with member nations?

There are certain things that are binding — agreements that the countries have finalized and signed — for instance, the Framework Convention on Tobacco Control and the emergency health regulations. Most of the others are non-binding, more recommendatory in nature, but most nations take them seriously and find ways to implement them. For instance, for achieving the Sustainable Development Goals, there have been a number of guidelines drawn up and frameworks and indicators issued. Most countries are adapting them. HIV treatment is a good example. Only when the WHO said ARTs should be given in developing countries and launched the 3 by 5 Initiative that the programme was scaled up.

Will the WHO be able to regulate or influence national policies, not necessarily health, that would then have an impact on public health?

Yes, for instance in the sector of non-communicable diseases. Recent surveys have shown that there are a large number of people in the prediabetic and prehypertensive stage. If you have 60 million people with diabetes, you also have 70 million prediabetics. Dr.V. Mohan's data from Chennai, for example, shows very high conversion from the prediabetes to diabetes stage, and it has also started affecting the poor because the food choices available to them are limited to a carbohydrates-rich diet, as they cannot afford fruits and vegetables and the diversity of protein.

I think some policy measures are being considered like labeling of food for high salt, sugar, and fat content; higher taxes on these products; some kind of package labeling to indicate whether it is a healthy choice or not. Micronutrient fortification — mandatory fortification of milk, oil, rice wheat and double fortification of salt — will help eliminate micronutrient deficiencies.

At one level, we need to make these policy-level interventions and at another level, individuals should take responsibility for their actions. Community-level

interventions — having enough open spaces and parks where people can walk safely, and urban planning... The WHO will now bring health into all policies and one sector is environment and health — we know climate change, air pollution, and health are linked [On Tuesday, Dr. Tedros announced the setting up of a high-level commission on non-communicable diseases].

The government has started with a screening programme, and many of them will be identified. But this is an area where lifestyle interventions will make a bigger difference. On the NCD front at least, certain validated Indian Systems of Medicine treatments and practices have proven to be effective from a preventive aspect. But there are other areas that we need to do more validation studies in. For instance, in the area of anti-dengue properties of certain herbal compounds. The ICMR is bringing together an Ayurvedic college and an allopathic department to conduct a regular clinical study with a control group, and all parameters are being measured.

What next at the ICMR?

Perhaps the ICMR will be known by more people globally, and hopefully this will bring in more funds. In the last two years, we have made a lot of plans for the ICMR, or rather, for health research in the country. One of my life's ambitions would be to see research thrive in medical colleges in the country — that is not happening now. We need to bring focus into research even during the training stage. We are hoping it will take off in the next year or so.

We have been a bit shy of big-ticket research programmes, but the good sign is that funding has increased over the years. When I took over, it was ₹750 crores; this year, it is ₹1150 crores. We are expecting it to go up. Salaries do go up, and the real increase may be less. Still, there has been a steady increase and if this continues, we can do the big things we are hoping to do in research.

The WHO assignment comes with an initial contract for two years, but the term of Dr. Tedros is for five years and he can choose to keep his team members on. I will, of course, have to step down as DG, ICMR, and the process will be set in motion to find another head.

The Hindu | October 11, 2017

ICMR awards 86 scientists across India

The Indian Council of Medical Research (ICMR) on Wednesday awarded scientists and researchers for their

contribution in the field of biomedical science research. Minister of State for Health and Family Welfare Ms. Anupriya

Patel was the chief guest at the event. Also present were Dr. V. K. Paul, member, NITI Aayog; Dr. K. Vijay Raghavan, Secretary, Department of Biotechnology; and Vaidya Rajesh Kotecha, Special Secretary, Ministry of AYUSH.

The council also released National Guidelines for Stem Cell Research, and ICMR Strategic Plan and Agenda 2030 at the event.

The ICMR awards recognize the contributions of Indian biomedical scientists undertaking pioneering work in various fields of health sciences and finding solutions for health problems in the country. Eighty-six awards were presented to meritorious scientists across various categories.



Studentship award

In an effort to encourage young researchers to join health research and choose it as preferred career path, a new category, the short-term studentship excellence award, was presented for the first time this year.

Ms. Patel congratulated the awardees for their contribution towards health and scientific research. Speaking about the

National Guidelines on Stem Cell Research, she said India has always upheld ethical standards and is on the forefront of developing cutting edge health research. She also commended the work done by ICMR in various areas of communicable and non-communicable diseases.

Research promotion

Dr. Soumya Swaminathan, Secretary, Department of Health Research, and Director-General, ICMR, said: “It has been ICMR’s endeavour for over a century now to promote scientific research and provide scientists with the necessary platform and tools to find solutions to the most difficult health challenges.”

“It is indeed heartening to see the talent pool available in our country today. It gives us immense hope for the future. It will be our constant endeavour to create an enabling environment for the next-gen scientists to help them achieve their potential and serve the nation,” she noted.

Health challenges

Speaking about the Strategic Plan and Vision 2030, Dr. Swaminathan said the document outlined ICMR’s vision for the next seven years to deal with health challenges faced by the country, such as non-communicable diseases, antimicrobial resistance, emerging infections, maternal and child health, and issues related to health systems and health care delivery.

The Hindu: October 12, 2017

Opportunistic cervical cancer screening of women visitors at a trade fair in India

India is facing an epidemiological transition with non-communicable diseases (NCDs) emerging as the new threat in the country ^[1]. One of the most dangerous aspects of this group of diseases is that these may be symptomless during the course of the disease. People often do not realize that they have the disease until it reaches an advanced stage when the management becomes difficult. This puts a huge load on the already overburdened health system of the country. Some of these NCDs are preventable if appropriate screening and early diagnosis measures are adopted. Cervical cancer is one

such disease which is the second most common malignancy among women in India ^[2]. The International Agency for Research on Cancer (IARC) estimated 123,000 new cases and 67,500 deaths due to cervical cancer in India in the year 2012^[2].

An awareness campaign was organized by National Institute of Cancer Prevention and Research (NICPR), Noida, India, at the India International Trade Fair, Pragati Maidan, New Delhi, India, with the aim of educating the public about risk

factors and symptoms of some of the NCDs, using innovative methods to enhance the campaign efficiency from November 14-27, 2014. The study was approved by the institutional ethics committee and the participation was voluntary with informed written consent. A total of seven health camps were set up. Of these, five were devoted to common NCDs and the sixth was exclusively for three most common cancers. The seventh camp was set up for oral health and oral cancer.

Characteristics	n (%)
Age (yr)	
21-30	42 (12.43)
31-40	116 (34.32)
41-50	116 (34.32)
51-60	52 (15.38)
61-65	12 (3.55)
Parity	
Nil	19 (5.6)
1-3	285 (84.4)
>3	34 (10)
Menopausal status	
Premenopausal	237 (70.12)
Menopausal	101 (29.88)
Symptoms*	
Asymptomatic	128 (37.8)
White discharge	168 (49.7)
Pain abdomen	107 (31.6)
Backache	18 (5.32)
Itching of perineal region	14 (4.14)
Menstrual abnormalities	5 (1.48)
Dysuria	2 (0.59)
Something coming out of vagina	2 (0.59)
Stress incontinence	1 (0.29)
Clinical findings	
Normal cervix	260 (76.9)
Cervical erosion	62 (18.3)
Cervicitis	5 (1.48)
Cervical hypertrophy	1 (0.29)
Cervical polyp	1 (0.29)
Suspicious of cancer cervix	1 (0.29)
Healthy vault	8 (2.37)

Table 1: Demographic and clinical Profile of women (n=338) attending

The demographic and clinical details are given in the [Table 1] A total of four epithelial cell abnormalities were detected in Pap smear cytology: three pre-neoplastic [one each of atypical squamous cells-undetermined significance (ASC-US), high-grade squamous intraepithelial lesion (HSIL) and atypical glandular cells (AGC)] and one malignant (squamous

cell carcinoma) [Figure 1]. The women with epithelial cell abnormalities were followed up. The woman diagnosed with malignancy refused further evaluation/treatment. Despite rigorous counseling and apprising her of the consequences of refusing treatment, she was unwilling to undergo any sort of intervention and so her nearest kin were informed about the situation. The woman diagnosed with ASC-US underwent colposcopy and the finding of leopard skin appearance was

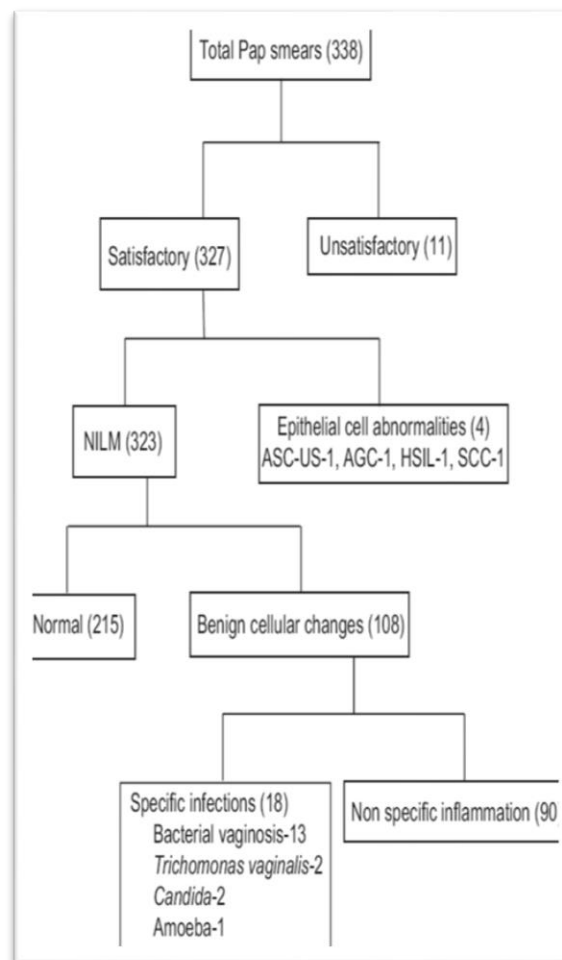


Figure 1: Flow diagram summarizing the results of Pap smear cytology. NILM, negative for intraepithelial lesion or malignancy; ASC-US, atypical squamous cells-undetermined significance; AGC, atypical glandular cells; HSIL, high-grade squamous intraepithelial lesion; SCC, squamous cell carcinoma.

cell carcinoma) [Figure 1]. The women with epithelial cell abnormalities were followed up. The woman diagnosed with malignancy refused further evaluation/treatment. Despite rigorous counseling and apprising her of the consequences of refusing treatment, she was unwilling to undergo any sort of intervention and so her nearest kin were informed about the situation. The woman diagnosed with ASC-US underwent colposcopy and the finding of leopard skin appearance was

suggestive of *Trichomonas vaginalis* infection. She was treated with metronidazole and a repeat Pap smear done after three months was normal. The woman diagnosed with HSIL underwent colposcopy at a private hospital and was reported as normal. She underwent a repeat Pap smear after three months which was within normal limits. The woman with AGC was persistently advised to undergo colposcopy but she did not comply. The rate of Pap positivity during the present screening was found to be 1.2 per cent. The positivity rate using Pap test in previous community-based studies ranged from 2.8 to 8 per cent [31,41]. The low positivity rate in our study could be attributed to the urban setting of the screening programme, and also the sample size of women covered in the present screening programmes was small making the estimate less precise.

Asymptomatic women are usually not screened for cervical cancer even once in their lifetime in India [51]. The implementation of opportunistic screening programmes becomes very important in such circumstances to reduce the country's burden of cervical cancer [61]. At present, opportunistic screening in India is practiced only at tertiary care centres where Pap smear is offered to women with symptoms related to reproductive tract infections. These programmes could be more effective if conducted at a large scale.

As per the WHO guidelines for Cervical Cancer Prevention 2013 [71], the recommended screening methods are any of the following three tests: human papillomavirus (cut-off level ≥ 1.0 pg/ml), cytology (cut-off level ASC-US+) and visual inspection with acetic acid (VIA). Though VIA has been used as a primary screening tool in many low-resource settings [81], it has the limitation of being practicable only in women whose transformation zone is visible (typically in those younger than 50 yr of age) while Pap test has no such limitation, and screening coverage using Pap test can be extended up to 65 yr of age.

Opportunistic screening of women attending health services should be carried out in medical colleges and tertiary care institutions to spread awareness and increase coverage. All women in the target age group who visit a facility for any reason should receive information on cervical screening and should be encouraged to get them screened. The goal of a screening programme should be to reach a larger proportion of women at risk with quality screening strongly linked to treatment as also recommended in the guidelines for screening and early detection of common cancers in India [91].

(This write-up was contributed by Roopa Hariprasad¹, Pushpa Sodhani², Sanjay Gupta², Latha Sriram¹, Deepika Sara³, Suman Bodat³, Rajeev Kumar⁴, Preetha Rajaraman⁵, Ravi Mehrotra⁶)
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In conclusion, mass gatherings provide an opportunity for public education to create awareness about screening for cervical cancer which is an initial step towards reducing its burden in our country

Conflicts of Interest: None.

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Improve nutritional content of school meals to tackle stunting



The article is an opinion editorial of Dr. Soumya Swaminathan, Director General, ICMR and S.V. Subramaniam, Professor, Harvard University. Stating that more than 48 million

children suffer from stunting in India, to increase the pace of reduction in stunting, India needs to make nutritious food more affordable and accessible to poor families and increase the intake of good quality protein and micronutrients in the diet of the poor, which is largely cereal based. The authors added that while building a functional toilet and motivating households to use these toilets is crucial, safe disposal and treatment of human excreta is equally important for a clean and healthy India.

In India, more than 4.8 crore children suffer from stunting, which means they are below the normal height range for their age group. The consequences of stunting are immediate and lifelong, ranging from learning disabilities, reduced earning opportunities, and increased disease risks in adulthood.

The causes of stunting are well known: Lack of adequate nutrition; contaminated drinking water and poor sanitation; inadequate access to health care facilities; delayed treatment of infections; low parental socioeconomic and educational status (especially of the mother). A comparison of data from India's National Family Health Survey 1 and 4 shows a reduction in stunting from 52% in 1992-93 to 38% in 2015-16. The single biggest factor behind this is improved access to primary health facilities, focusing on maternal and child health including immunization. To increase the pace of change, first, India needs to make nutritious food more affordable and accessible to poor families. As per the latest National Nutrition Monitoring Bureau, which has been collecting data on diet and nutritional status of rural, tribal and urban populations for almost four decades, the calorie intake of children (1-3 years) in rural areas was only about 70% of their requirement due to shortage. For example, take milk, a vital source of nutrition for physical and brain development in young children. While India is a leader in milk production globally, substantial shortfalls in consumption persist, especially in poor communities. This shortfall could be tackled by establishing "milk stations". This was a key strategy in the US in the early 20th century to improve the nutritional status of its population. Further, the intake of good quality protein and micronutrients are missing in the diet of the poor, which is largely cereal based. This deficiency could be addressed by adding pulses and millets and milk, eggs, fruits and vegetables in the food basket of the poor.

Swachh Bharat, a key to Swastha Bharat

A clean India will also be critical for a healthy India. Access to clean drinking water and sanitation facilities reduces risks of water-borne infectious diseases, and thus enables children to absorb their food better. While building a functional toilet for every household and motivating them to use these toilets are crucial, what is equally important is the safe disposal and treatment of human excreta. Currently, less than 20% of the human waste is treated before it enters the water bodies, which is again recycled for human consumption.

Is there a silver lining?

The situation may look dismal but a study done in 1992 by researchers at the Uppsala University in Sweden shows that the window to eliminate stunting is far wider than that was thought. Between 1969 and 1987, 27,000 children were adopted by Swedish foster parents from across the world, including 114 Indian children (aged three months to six-years) who moved to Sweden in 1985. The study followed these 114 and found that at the time of their arrival in Sweden, 47% were stunted, but the move brought a striking change in them. In less than two years, this figure dropped to 4%. Even children beyond two years saw equally stunning increases in their height when they moved to Sweden. This means that even as sustained efforts must be made to prevent stunting among all children, it is also possible to help older children who are suffering from stunting. This can be done through creating a stimulating educational environment till their adolescent years and improving the nutritional content of school meals. Almost half of the 400 million adults entering the workforce over the next 15 years would be experiencing stunting in childhood and we must do all we can to ensure that they live healthy and productive lives.

The stories of the 114 children who overcame stunting in an incredibly short time must be scrutinized. Can we give the millions of children living in India, who have suffered stunting, a similar chance to grow and thrive? It appears that we can.

Soumya Swaminathan & S.V. Subramaniam

(Soumya Swaminathan is secretary, department of health research and director general, Indian Council of Medical Research).

(SV Subramanian is professor, Harvard University)

Hindustan Times: November 6, 2017

Fighting the silent killer



Often loaded with emotional overtones, many of us are guilty of saying words to the effect, “The traffic snarls while driving to work make my blood pressure rise” or “my blood pressure shoots up every time my boss calls me for a meeting.”

As innocuously as these phrases are uttered, their casual inclusion in common parlance reflects their grim influence on our lives. And that is a matter of great concern.

As per the Global Burden of Disease (GBD) 2015 report, **hypertension** or high blood pressure caused 16.4 lakh deaths in India in one (every) year. It is the single biggest risk factor for heart attacks and stroke, and often detected only after deadly complications have occurred.

Why it should be checked

So, what really is high blood pressure? Simply put, the pressure of blood in the arteries, which carry blood from the heart to the brain and other parts of the body, is referred to as blood pressure. Having high blood pressure or hypertension means that an individual’s blood pressure is consistently higher than recommended levels. Contrary to popular belief, there are no early warning symptoms and the only way to find out whether you have hypertension is to have it measured. Hypertension can be easily detected and managed in consultation with your doctor. All individuals above the age of 18 should get their blood pressure checked at least once a year. Unfortunately, if left uncontrolled, hypertension can lead to a heart attack, stroke, kidney failure, blindness and cognitive impairment.

A 2016 study indicates that about 30% of adult Indians have hypertension (34% in urban and 28% in rural areas). The rate has almost doubled in the past 20 years, and the gap between rural and urban dwellers is closing. Worryingly, less than 40% of people had any general awareness about hypertension and only 12% of people with high blood

pressure had it under control. Another study by the Indian Council of Medical Research’s (ICMR) Medical Research Centre in Dibrugarh, Assam, showed hypertension in 60% migrant tea garden workers in Assam who have an age-old practice of consuming salted tea. High rates of hypertension have also been reported in populations in the Himalayan region who consume salted tea.

Keeping hypertension at bay

Another ICMR study showed that reducing salt intake led to a significant reduction in blood pressure levels, with about half of those affected responding to lower salt consumption. Similarly, a community-based intervention of a low salt diet (including giving up salted tea) and intensive health communication among tea garden workers in Assam, resulted in a significant drop in mean blood pressure levels.

A new initiative is being spearheaded by ICMR and Vital Strategies, and working with the Central and State governments, the World Health Organisation and CDC. Here, an algorithmic-based approach to BP management will be implemented involving front-line health workers such as Accredited Social Health Activists and Auxiliary Nurse Midwives. They will monitor BP control (levels) at facility- and community-levels in 50 pilot districts across six States. Unless BP management is decentralised, standard treatment algorithms accepted, drug availability ensured, regular monitoring done and private sector involved, it is unlikely that control rates can be improved. The health and wellness centres (previously sub-centres) envisaged by the government will focus on preventive and promotive (enabling) health care, where screening and management of diabetes and hypertension will be key activities. Counseling on diet and exercise and other lifestyle changes as well as integration of yoga and Ayurveda can also play a very important role in keeping people healthy. This is one step to help achieve a goal of 25% reduction in hypertension levels in India by 2025.

Dr. Soumya Swaminathan is Director General, Indian Council of Medical Research and Deputy Director General at the World Health Organization

The Hindu | October 29, 2017

Government formulates new regulations to curb misuse of stem cells

The National Guidelines for Stem Cell Research 2017 formulated and released by Indian Council of Medical Research (ICMR) and Department of Biotechnology on

Wednesday have now included the provision of action against erring clinicians/entities as per the existing rules and regulations. The move has taken a cue from the fact

that the last decade has seen a proliferation of indiscriminate use of stem cell based therapies without establishing either their safety or therapeutic efficacy. Advertising and publicity through any mode by clinicians is not permitted as per the Indian Medical Council (Professional Conduct, Etiquettes and Ethics) Regulation. "It is mandated that the Medical Council of India (MCI) and Medical Councils of respective state should initiate action on the erring clinicians for violation of code of ethics prescribed by it either taking suo moto cognizance or acting on any complaint received by them," stated the guidelines.

Similarly, the Drugs and Magical Remedies (The Objectionable Advertisements) Act-1954 prohibits misleading advertisements relating to drugs and magical remedies. As per the guidelines, the Directorate General of Health Services (DGHS) and relevant state authorities are mandated to take necessary action for violations. "Clinical research is struggling to cope with the regulatory requirements, industry sponsored clinical research is gaining momentum, but seeks greater clarity and direction. Meanwhile, unscientific or unethical stem cell therapy continues to pose a threat to the well-being of patients and other vulnerable individuals," stated Soumya Swaminathan, secretary, Department of Health Research, ministry of health & family welfare and director general, ICMR. "In the prevailing scenario, one may question if our regulatory framework and mechanisms can keep up with the rapid pace of changes in stem cell research and ground realities. We have revised these guidelines keeping in mind the latest advancements in the field," she said.

Stem cells and their derivatives fall under definition of 'drug' as per the Drugs and Cosmetics Act 1940, and are categorized as 'investigational new drug (IND)' or 'investigational new entity (INE)' when used for clinical application.

"The advertisement of treatment of several diseases as listed in Schedule-J of Drugs and Cosmetics Act, 1940 and rules therein is not permissible. Hence publicity claiming available cure for these conditions using stem cells and its derivatives is prohibited. Central Drugs Standard Control Organization (CDSCO), DGHS and relevant state authorities are mandated to take necessary action for violation of this act," the guidelines stated. In recent times, there have been advertisements claiming cures for diseases and ailments which a drug may not purport to prevent or cure, including claims to prevent or cure AIDS, diabetes, blindness, genetic diseases, cancers etc. Similarly as per these revised guidelines, no advertisement which violates the code for self regulation in advertising, as adopted by the Advertising Standards Council of India (ASCI), Mumbai, for public exhibition, from time to time, shall be published. Earlier in 2007, the ICMR and DBT had first framed the guidelines for stem cell research and therapy. The National Apex Committee for Stem Cell Research (NAC-SCRT) and drafting committee decided to update these guidelines from time to time based on new knowledge generated in the field. Hence these were further revised in 2013 as National Guidelines for Stem Cell Research (NGSCR). This document has been revised incorporating recent advances.

Livemint | October 16, 2017

ICMR News

India Needs 20 Medical Colleges Like Harvard, Stanford: WHO Scientist Soumya Swaminathan

The article reports Dr. Soumya Swaminathan being appointed as Deputy Director General of the World Health Organization (WHO). Speaking about the direction that ICMR needs to take in the near future, Dr. Swaminathan is quoted saying that new priorities that have been set for ICMR in the last two years by the recommendations of the committee chaired by Dr. M.K. Bhan, former Secretary of Department of Biotechnology, are important. She highlighted that at least 20 medical colleges in India need to commence producing exceptional research work akin to a Harvard, a Stanford or a Johns Hopkins to get medical students interested in research, get opportunities for people

to train abroad and garner funds to keep them incentivized and excited.

News18.com | October 5, 2017

ICMR dengue survey in four districts for vaccine analysis

The article states that ICMR will be conducting a survey in four districts of Odisha as part of its nationwide exercise to map dengue so that a vaccination programme can be introduced. Regional Medical Research Centre, Bhubaneswar, has already selected Nayagarh, Bhadrak, Sambalpur and Sonepur for the survey on a random sampling basis. Apart from Odisha, Maharashtra, Karnataka, West Bengal, Chhattisgarh and two states in

North East are also part of the survey which will kick off from third week of this month.

The New Indian Express | October 7, 2017

‘TB is a disease of poverty’

The article is an interview of Dr. Soumya Swaminathan focusing on status of tuberculosis (TB) control worldwide and in India, and ICMR’s priorities moving forward. Dr. Swaminathan states that ICMR has a 10-year strategy with five priority focus areas aligned with the objectives of the ICMR health research. On TB, Dr. Swaminathan highlighted that TB exists on a large scale in India, and access to drugs to treat TB, including drug resistant TB, are a major concern.

The Statesman | October 7, 2017

A second chance for the HPV vaccine

Reporting that Delhi and Punjab governments started administering HPV vaccines to girls aged 11-13 from November 2016 onwards, the article states that while the Delhi administration intends to expand the program to cover 250,000 school girls per annum, Punjab will be expanding it to five more high-prevalence districts in its second phase. Dr. Soumya Swaminathan, Director General, ICMR and now Deputy Director General of Programs at World Health Organization (WHO) is quoted saying that “The National Technical Advisory Group on Immunization is considering the introduction of HPV vaccination as part of the Universal Immunization Program.”

The Hindu | October 8, 2017

Dengue cases in city touch 4,545 mark

The article informs of the high incidence of vector-borne diseases in the state of Delhi. It highlights that National Institute of Malaria Research (NIMR) had already found two new species of Anopheles Stephensi (urban vector) and Anopheles Culicifacies (rural vector) circulating this year. The parasitic infection (Malaria) was lying dormant after mutating, but it has made a comeback after a gap of five years at a time when Delhi is already reeling under the scourge of dengue and chikungunya.

The Pioneer | October 10, 2017

World Mental Health Day 2017: 25 Projects to See Light of Day in India

The article highlights the commencement of 25 mental health care projects by this month conceived by the ICMR. ICMR has mentored 25 researchers for over a

year to turn research into action that reaches patients. It mentions that Dr. Soumya Swaminathan, Director General, ICMR had spoken of plans to set up a registry of patients with severe psychiatric disorders, to help further research on them. The article also quotes Dr. Ravinder Singh, Scientist, ICMR informing that it aims to turn the District Mental Health Program (DMHP) into actual patient care.

News18.com | October 10, 2017

Biomedical and health research: ICMR releases revised Guidelines.



ICMR released the 'National Guidelines for Biomedical and Health Research Involving Human Participants 2017' and the 'National Ethical Guidelines for Biomedical Research Involving

Children' aimed at strengthening the protection of rights, well-being and safety of research participants involved in all types of biomedical and health research. It quotes J.P. Nadda, Union Minister of Health & Family Welfare, lauding the efforts directed by ICMR to ensure that the biomedical and health research is carried out in an ethical manner to maintain and improve the public trust towards the medical research. Dr. Soumya Swaminathan, Director General, ICMR added that every stakeholder should be aware of the provisions made in the revised ethical guidelines.

Press Trust of India | October 13, 2017

14.5 Lakh People Are Living With The Cancer In India, With Haryana Recording 39 Percent Of The Cases!

The article informs on the increasing burden of Cancer in India, with Haryana having a major share in the burden amongst the states. It informs that Indian Council of Medical Research (ICMR) reports suggest that cancer of the cervix has become the third most common cancer after breast and lung cancer. The article adds that among women in India, The National Cancer Registry, commenced by ICMR puts breast cancer as the most common and cervical cancer as the second most common cancer.

India Times | October 17, 2017

ICMR unveils strategic plan to increase health research output by 30%

The article states that ICMR has unveiled a Strategic Plan 2017-24 aimed at raising the national health research output by 30% and launching at least 10 globally validated Indian traditional medicines by 2030. Additionally, the article reports that ICMR plans to acquire an independent university or equivalent status to position itself as a teaching agency and provide an opportunity to students to obtain a postgraduate or doctoral degree under the ICMR brand.

Moneycontrol.com | October 20, 2017

Dr S. Swaminathan suggests providing adequate pulses to curb under nutrition

The article states that a five-point program to overcome undernutrition was suggested by M.S. Swaminathan, Founder, M.S. Swaminathan Research Foundation (MSSRF) at a World Food Day Program organized by the MSSRF in Chennai. G.S. Toteja, Senior Deputy Director General, ICMR, shared India's progress in nutrition over the past several years. For more action at the micro level, a new initiative on malnutrition-free districts is being rolled out by ICMR in partnership with ICAR, the Department of Biotechnology (DBT) and MSSRF in three states of India as a model district-level project.

FNBNews.com | October 23, 2017

Govt plans to utilize potential of science & technology to improve efficacy of ayurvedic drugs

The article talks about the Ministry of Ayush strategizing to utilize the potential of science and technology in traditional medicines and setting up All India Institute of Ayurveda (AIIA) in New Delhi. The article further states that AIIA has signed a MoU with National Institute of Cancer Prevention and Research (NICPR) Noida, Indian Council of Medical Research (ICMR), AIIMS New Delhi, Morarji Desai National Institute of Yoga (MDNIY) and EAA (Germany) for research in various area.

Pharmabiz | October 24, 2017

ICMR releases Handbook on IPR & Technology Transfer to step up awareness among scientists



The article states that ICMR has released the Handbook on Intellectual Property Rights & Technology Transfer that will help increase awareness among

ICMR scientists to help them protect all new knowledge before publication. The booklet has been prepared by a group of experts under the chairmanship of Professor Sayyad Hasnain. The article informs of Dr. Soumya Swaminathan, Director General, ICMR, undertaking measures such as fostering partnerships, increasing expenditure on drug discovery, dismantling regulatory layers and roping in fresh talent as she envisions ICMR to mirror National Institute of Health, USA. She adds that clinical trials need to be strengthened and expressed that ICMR has been proactively working with the Indian Government to create Phase 1 trial sites in India.

Pharmabiz.com | October 30, 2017

Dr Soumya Swaminathan, Director General, ICMR, Elected as member of Prestigious National Academy of Medicine

The article states that Indian American Prof. Arup K. Chakraborty and Dr. Soumya Swaminathan, Director General, ICMR, are one among the newly elected 80 members of The National Academy of Medicine (NAM), India. Stating that the results were announced on October 16, 2017, the article adds that Dr. Swaminathan was among 10 international members elected to the Academy. Election to the NAM is considered as one of the highest honors in the fields of health and medicine.

India West | October 31, 2017

Scientists at National Institute of Virology discover new genotype of the Dengue virus

The article states that scientists from National Institute of Virology (NIV), Pune have found a new genotype of dengue virus in patients who suffered due to one of the worst epidemics in recent years in Tamil Nadu. The study shows that the strain originated in Singapore and emerged in Tamil Nadu in 2012 and Kerala in 2013. It quotes Dr. D Cecilia, Scientist, NIV and lead author of the paper stating that this is the first time after 20 years that they have observed a change in genotype in India.

Firstpost | November 2, 2017

'India committed to support research on preventing TB'

The article states that India Tuberculosis Research Consortium (ITRC), formed by ICMR, convened its second International Scientific Advisory Group (ISAG) meeting to discuss developing and translating, research and development leads across four key thematic areas – diagnostics, vaccines, therapeutics and implementation research. Speaking on the occasion, Dr. Soumya Swaminathan, Director General, ICMR, stated that ITRC brings together diverse stakeholders to develop new tools to enable India to take a leadership role in fast-tracking translational TB research. Dr. Barry R. Bloom, Distinguished Service Professor, Harvard University and Chair, ISAG, spoke about TB being the largest single cause of death in the world from an infectious disease.

The Hindu | November 3, 2017

Bengal dengue outbreak, result of unplanned urbanization: experts

The article states that the large scale ongoing construction work in Kolkata provides ample breeding ground for mosquitos. Dr. Shanta Dutta, Director, National Institute of Cholera and Enteric Diseases (NICED), is quoted saying that even in rural areas of North 24 Paraganas district (which as per State government is worst affected by dengue), unplanned building construction without proper drainage system has increased over the last decade. She adds that till September 2017, about 15% of the blood samples at NICED tested positive with dengue and that since late September the positive samples have gone up to 40 to 45%.

The Hindu | November 4, 2017

Free treatment for pre-cancerous lesions at NICPR in Sector 39

The article states that the wellness clinic of the National Institute of Cancer Prevention and Research (NICPR), Noida, shall be treating patients suffering from pre-cancerous lesions for free from mid-November. The article adds that LEEP — an advanced surgical procedure for removal of the precancerous lesions from a patient's cervix — is available in Noida at only a few private clinics. Dr. Ravi Mehrotra, Director, NICPR, is quoted informing that "The clinic runs from 10am to 4pm from Monday to Friday. Any patient can walk in to get free screening for breast, oral and cervical cancers."

The Times of India | November 5, 2017

Go green

The article reports National Institute of Nutrition, Hyderabad, highlighting the importance of leafy green foods and stating that people are not eating enough greens. Sheela Krishnaswamy, President of Indian Dietetic Association and Dharini Krishnan, Chennai-

based dietitian, explain the importance of these nutrients and suggest ways to procure maximum benefit from the green leaves. The article talks about mustard leaves for Vitamin C, spinach for iron, drumstick leaves for Vitamin A among others.

The Hindu | November 6, 2017

Improve nutritional content of school meals to tackle stunting

The article is an opinion editorial co-authored by Dr. Soumya Swaminathan, Director General, ICMR and S.V. Subramaniam, Professor, Harvard University. Stating that more than 48 million children suffer from stunting in India, to increase the pace of change, India needs to make nutritious food more affordable and accessible to poor families and increase the intake of good quality protein and micronutrients in the diet of the poor, which is largely cereal based. The authors added that while building a functional toilet and motivating households to use these toilets is crucial, safe disposal and treatment of human excreta is equally important for a clean and health India.

Hindustan Times | November 6, 2017

One-hour test for TB

The article states that an international scientific group advising TB research consortium set up by Indian Council of Medical Research (ICMR) recommends a phased rollout of the molecular diagnostic test developed by Bigteclabs (a Bangalore based company) into the national TB control program.

An ICMR official is quoted saying that unlike the imported test, that requires an air-conditioned laboratory, the indigenous battery-powered test is a point-of-care system that gives results within an hour and may be used even in primary health centres.

Telegraph India | November 6, 2017

New TB Infections Fall, But Drug-Resistant Cases Rise

The article highlights statistics from WHO's *Global Tuberculosis Report 2017* which state that deaths due to tuberculosis (TB) in India fell by 12%, however the number of new TB cases in 2016 that were drug-resistant increased by 13%. Dr. Soumya Swaminathan, Director General, ICMR, is quoted saying that the numbers are estimations and that the real burden of the disease can only be found once a national prevalence survey is completed. Dr. Swaminathan further adds that to meet TB elimination goals, new cases must be reduced by 10% every year.

Indiaspend | November 7, 2017

Health ministry to roll out indigenously developed Tuberculosis detection test Truenat

The article states that the Union Health Ministry shall be rolling out an indigenously developed diagnostic test called “Truenat test” for effective case detection of Tuberculosis (TB). As per the article, ICMR stated that point-of-care (POC) molecular diagnostic test has been

validated through multi-centric studies. Dr. Soumya Swaminathan, mentioned that while a Cartridge-based Nucleic Acid Amplification test (CBNAAT) has been successfully rolled-out as a tool to detect drug resistance, it remains expensive and inaccessible as a front-line TB test. Second International Scientific Advisory Group (ISAG) suggested that all patients testing positive for TB by POC test, may also be tested by another nationally endorsed rapid test for diagnosing drug resistance TB.

Livemint | November 7, 2017

SEMINARS/ SYMPOSIA/ CONFERENCES/ WORKSHOPS ETC SUPPORTED BY ICMR

S. No.	TITLE	DATE/ DURATION/ PLACE	ORGANISERS
1	Workshop on Societal Awareness Program on Cardio Vascular Disease-Symptoms & Remedial Features	1st Oct. 2017 at Perundurai (Erode) TN	Nandha Engineering College, Perundurai
2	Seminar on Clinical Application of Emerging Sensor Technologies in Diabetes Management	4-5 Oct. 2017 at Tiruchengode (Namakkal) TN	K.S. Rangasamy College of Technology, Namakkal
3	Workshop on Bio Printing for Medical Implants Using Ct Scan & Mimics	5th Oct. 2017 at Coimbatore	Sri Krishna College of Technology, Coimbatore
4	Seminar on Early Brain Stroke Detection Using Medical Image Analysis	5th Oct. 2017 at Coimbatore	Sri Krishna College of Technology, Coimbatore
5	Workshop on Awareness of Heart Attack Due to Diabetics With A Demo of IOT Based Heart Attack Alert System	6th Oct. 2017 at Chennai.	Panimalar Institute of Technology, Chennai
6	Seminar on Nanotechnology in Food and Medicine: Opportunities and Challenges in The Science of Small	6th Oct. 2017 at Perundurai (Erode) TN	Kongu Engineering College, Perundurai
7	Workshop on Healthcare Data Analytics Using R and Bioconductor	6-7 Oct. 2017 at Satyamangalam (Erode) TN	Bannari Amman Institute of Technology, Satyamangalam
8	Seminar on Recent Trends in Medical Imaging Technologies For Skin and Lung Cancer Detection	6-7 Oct. 2017 at Coimbatore	KIT- Kalaigarkarunanidhi Institute of Technology, Coimbatore
9	Seminar on Advancement in Surgical Instruments and Biosignal Processing	6-7 Oct. 2017 at Puducherry	Rajiv Gandhi College of Engineering & Technology, Puducherry
10	10 th National Conference of Aids Society of India (Asicon-2017)	6-8 Oct. 2017 at Hyderabad (Telangana)	Aids Society of India, Unison Medicare & Research Centre, Maharukh Mansion, Hyderabad

11	UCMS Surgical Oncology Update 2017, National Symposium on Recent Advances in Oncology & Master Video Workshop	7-8 Oct. 2017 at New Delhi	UCMS & GTB Hospital, New Delhi
12	Conference on Future Trends in Diabetes-2017	9-10 Oct. 2017 at Belagavi (Kar.).	KLES Dr. Prabhakar Kore Hospital & Medical Research Centre, Belagavi
13	International Course in Health Research Methodology and Evidence Based Medicine	9-13 Oct. 2017 at Bangalore	St. John's Medical College, St. John's Research Institute, St. John's National Academy of Health Sciences, Bangalore
14	Seminar on Pharmacovigilance: Recent Aspects & Future Prospects	10th Oct. 2017 at Nadiad (Guj.).	Dharm Singh Desai University, Nadiad
15	Seminar on Impact of Electronic Nose Technology and Its Applications	10th Oct. 2017 at Coimbatore.	Hindustan Institute of Technology, Coimbatore
16	Seminar on Application of Big Data Techniques in Healthcare and Its Challenges	10-11 Oct. 2017 at Coimbatore	SVS College of Engineering, Coimbatore
17	Workshop on Virtual Reality	10-11 Oct. 2017 at Coimbatore	Sri Ramakrishna Engineering College, Coimbatore
18	63rd Annual National Conference on Association of Physiologists and Pharmacologist of India (APPICON 2017)	10-14 Oct. 2017 at Puducherry.	JIPMER, Puducherry
19	Seminar on Stereotactic Body Radiation and Cyber knife Radio surgery Process Systems	11th Oct. 2017 at Tiruchengode (Namakkal) TN	K.S.R. College of Engineering, Tiruchengode
20	National Seminar on Herbal Drug Therapy Against Neurological Diseases: Recent Advances and Challenges	11-12 Oct. 2017 at Thrissur (Kerala).	St. James College of Pharmaceutical Sciences (SJCOPS), Thrissur
21	Symposium on Intersectoral Approaches to Combat Zoonoses: Strategies and Challenges	11-13 Oct. 2017 at Tirupati (AP).	Sri Venkateswara Veterinary University, College of Veterinary Science, Tirupati
22	2nd IBRO-APRC Chandigarh Neuroscience Symposium	12th Oct. 2017 at Chandigarh	University Institute of Pharmaceutical Sciences, Punjab University, Chandigarh
23	International Seminar on IOT Technologies For Health Care	12 Oct. 2017 at Tirunelveli (TN).	Francis Xavier Engineering College, Tirunelveli
24	Hands on Head and Neck Cadaveric Dissection and Reconstruction Workshop	12-14 Oct. 2017 at Delhi	UCMS & GTB Hospital, Delhi
25	Symposium on Internet of Things: Unlocking New Solutions in Healthcare	13-14 Oct. 2017 at Tiruchengode (Namakkal) TN	K.S. Rangasamy College of Technology, Tiruchengode
26	Continuing Medical Education on Minimal Invasive Surgery in Pediatric Surgery- Current Trend and Future Perspectives	14-15 Oct. 2017 at Delhi Cantt	Army Hospital R&R New, Delhi

27	Introductory Course in Primary Immune Deficiency Disorders	15th Oct. 2017 at Guwahati (Assam)	Indian Academy of Pediatrics, Guwahati
28	National Conference on Ayurvedic Sciences: From Vedic Period to Nano Era-Challenges, Opportunities & Skills	16-17 Oct. 2017 at Satna (MP)	Science & Technology, AKS University, Satna
29	National Seminar on Recent Advances in Drug Design and Discovery Against Emerging and Re-Emerging Viral Diseases	24-25 Oct. 2017 at Krishnankoil (TN)	Sir Cv Raman-Krishnan Int. Research Centre, Kalasalingam University, Krishnankoil
30	The 6th Asian Biomaterials Congress (ABMC6) on Innovative Biomaterials: Technologies for Life and Society (Kerala).	25 -27 Oct.2017 at Thiruvananthapuram	Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram
31	Workshop on Research Methodology	25-28 Oct. 2017 at Madurai (TN).	Lions Aravind Institute of Community Ophthalmology, Madurai
32	CME on Tackling Emergencies in Field Medical Setup	26-27 Aug. 2017 at Kolkata.	Command Hospital (EC), Kolkata
33	Workshop on Customized Design and Manufacturing of Implants and Prostheses Using Mimics-3d Printing Technology	26-27 Oct. 2017 at Coimbatore	Sri Krishna College of Technology, Coimbatore
34	GISICON – 2017	26-28 Oct. 2017 at Bhopal.	Ground Floor Medical College Building, Bhopal
35	17th Annual Conference of Indian Society of Veterinary Pharmacology and Toxicology (ISVPT) and National Symposium on Combating Antimicrobial Resistance	26-28, Oct.2017 at Hisar (Haryana).	College of Veterinary Sciences, Lala Lajpat Rai University of Veterinary & Animal Sciences, Hisar
36	CME- RNTC- Step Towards Tb Elimination & Conference – “RMNCH +A” – Embracing Transition From Child Through Adolescent to Mother	26-28 Oct. 2017 at Dharwad (Kar.).	SDM College of Medical Sciences & Hospital, Dharwad
37	Seminar on Integrated Approaches Towards Nutrition Development of Rural Communities in India	27th Oct. 2017 at Perundurai (Erode) TN	School of Chemical & Food Sciences, Kongu Engineering College, Perundurai
38	Seminar on Noise Induced Hearing Loss: An Propagative Guidance Initiation of Hearing Conservation Program	27 Oct. 2017 at Mysore	All India Institute of Speech & Hearing, Mysore
39	9th International Symposium on Computational Methods in Toxicology and Pharmacology Integrating Internet Resources (CMTPI-2017)	27-30 Oct. 2017 at Goa	Global Institute of Pharmaceutical Education & Research (GIPER), Goa
40	International CME on Gynecological Pathology – Recent Advances and Update	28-29 Oct. 2017 at Chandigarh	PGIMER, Chandigarh

41	International Conference on Role of Basic Sciences in Translational Research in Ayurvedic Medicine (ICRBSTRAM)	28-29 Oct.2017 at Varanasi (Up).	Mahima Research Foundation & Foundation & Social Welfare, Varanasi
42	National Symposium on Acoustics-NSA-2017	28-30 Oct. 2017 at Aligarh (Up).	Aligarh Muslim University, Aligarh
43	TCS Annual Meeting & Workshop on Applications of Flow Cytometry in Health & Disease	28-31 Oct. 2017 at Trivandrum (Kerala).	Regional Cancer Centre, Trivandrum (Kerala)-695011
44	Symposium on Challenges in Clinical Neuroscience: From Bench To Bedside	1 Nov. 2017 at Bhubaneswar	All India Institute of Medical Sciences, Bhubaneswar
45	35th Annual Conference of Indian Society for Medical Statistics	2-4 Nov. 2017 at Lucknow (UP).	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
46	2nd Asian Congress of Pediatric Intensive Care	2-5 Nov. 2017 at Chandigarh	PGIMER, Chandigarh
47	National Conference on Protein Structure and Dynamics in Health and Agriculture	3-4 Nov. 2017 at New Delhi	Centre for Interdisciplinary Research in Basic Sciences, New Delhi
48	Seminar on Medical Image Analysis with Deep Learning Frameworks	3-4 Nov. 2017 at Pollachi (TN)	P.A.College of Engineering & Technology, Pollachi
49	Seminar on Suicides Among Medical Professionals, Cocktail of Social Competency, Hormonal Imbalance or Stress	3-4 Nov. 2017 at Mumbai	Hinduja College of Nursing, P D Hinduja Hospital & Medical Research Centre, Mumbai
50	International Conference FIPSPHYSIOCON 2017	5-7 Nov. 2017 at Delhi	Deference Institute of Physiology & Allied Sciences (DIPAS), Deference Research & Development Organization (DRDO), Delhi
51	3rd World Congress on Disaster Management –2017 (3rd WCDM-2017)	6-10 Nov. 2017 at Visakhapatnam (AP)	Disaster Management Initiatives & Convergence Society (DMICS), Visakhapatnam
52	Workshop on Medical Lab Technology: Recent Advances in Lab Diagnostics	7-13 Nov. 2017 at Bilaspur (C.G.).	Bilaspur University, Bilaspur
53	Symposium on Managing Fast Changing Indian Clinical Trials Regulations & Challenges in Conducting Oncology Studies	9th Nov. 2017 at Bengaluru	Clarks Convention Centre, Bengaluru
54	International Conference on Nanotechnology Addressing the convergence of Materials Science, Biotechnology and Medical Science	9-11 Nov. 2017 at Kolhapur (MS)	Centre for Interdisciplinary Research, D.Y. Patil University, Kolhapur
55	Symposium on Nutrikinetic Assessment of Functional Foods From Indian Origin- Their Scientific and Global Perspective	10-11 Nov. 2017 at Rocklands (Udhagamandalam) TN	JSS College of Pharmacy, Udhagamandalam

56	National Symposium on Animal Experimentation in Biomedical Research: Scientific & Ethical Perspectives (AEBR 2017)	10-11 Nov.2017 Agra (UP).	National Jalma Institute of Leprosy & Other Mycobacterial Diseases, Agra
57	International Conference of The Public Health Foundation of India and The Pacific Basin Consortium	14-16 Nov. 2017 at New Delhi.	Centre for Environmental Health, Public Health Foundation of India, New Delhi

Various Technical Committees'/Groups' Meetings

The following meetings of various technical committees/Groups of the Council were held in Oct, Nov till 15th		
1	“Potential collaboration to strengthen Non-communicable Disease interventions”	03-10-17
2	A walk- in interview for the one post of project coordinator Medical consultant”	09-10-17
3	Clinical Trials registry – India review committee meeting	10-10-17
4	The expert group meeting on financial assistance to MD/MS/DM/MCH, Thesis	10-10-17
5	Advisory group meeting for reviewing the final reports of the completed projects	11-10-17
6	The working group and expert group meeting on “Epidemiology and implementation Research”	13-10-17
7	ICMR Technical cum experts committee for discussion with the firm for various related logistic issues	16-10-17
8	Meeting for the post of “Computer Programmer-Grade-A”	16-10-17
9	“Meeting for establishing dialysis registries in the state – Andhra Pradesh, Telangana, Tamil Nadu, Kerala”	17-10-17

10	Meeting on India E-waste project	17-10-17
11	1st meeting of the technical committee of PSA	18-10-17
12	“A Meeting with cohorts for HIV resistance and progression in Indian children and adults”	24-10-17
13	IND meeting	24-10-17
14	“The Working Group and Expert Group meeting on Epidemiology and implementation Research	25-10-17
15	Expert Group meeting to review the status of injectable contraceptive ‘Cyclofem’	25-10-17
16	“The Working Group and Expert Group meeting on Epidemiology and implementation Research	25-10-17
17	Expert Group meeting to review the status of injectable contraceptive ‘Cyclofem’	25-10-17
18	Vigilance Awareness Week	30-10-2017 to 4-11-2017
19	The meeting of International Scientific Advisory Group “India TB Research Consortium”	01-11-17
20	The Meeting to review evidence on BEMPU Device	03-11-17
21	Meeting of grand challenge scheme	03-11-17
22	The meeting to discuss the MR lab integration program	06-11-17

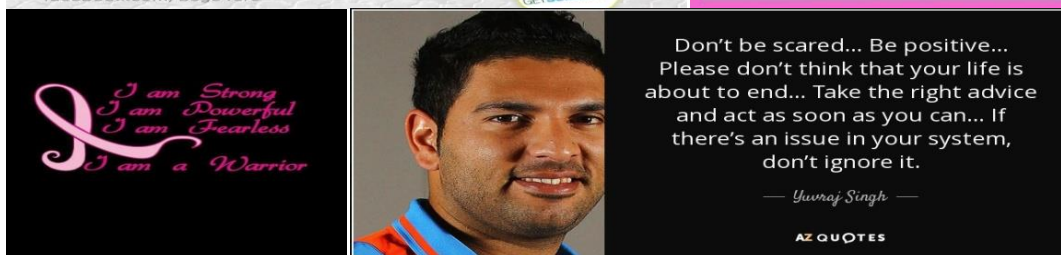
23	GACD Board Meeting	06-11-17
24	Division of Basic Medical Sciences 26th Sub-Committee of National Apex Committee for Stem Cell Research and Therapy(NAC-SCRT)	07-11-17
25	Project Review Committee Meeting in the field of CVD	07-11-17
26	Search cum selection committee meeting for National Institute of Occupational Health (NIOH) Ahmedabad, Director post	08-11-17
27	Technical Advisory committee meeting (ISRM)	08-11-17
28	Expert committee meeting on Assisted Reproduction Technology Regulation Bill	08-11-17
29	"Meeting for grand challenge scheme on CKD"	10-11-17
30	Search cum selection committee meeting for National Institute for Research in Tuberculosis (NIRT), Chennai, Director post	10-11-17

31	The meeting of monitoring committee on Task Force Projects on Control of Cancers: a Multiorgan Approach	13-11-17
32	Expert group meeting of Task force on Nutrition	13-11-17
33	A meeting of Indo US-collaboration on prevention of HIV/AIDS and STD's	13-11-17
34	Task force meeting ICMR-NIF project on validation of innovative claims of herbal healer	14-11-17
35	Brain storming meeting on Cancers in North East Region	15-11-17
36	Expert group meeting to discuss the progress of ICMR Task Force project on "Congenital deafness in Dhadkai village of Doda district of Jammu & Kashmir	15-11-17



"Yesterday I dared to struggle. Today I dare to win."

— Bernadette Devlin



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