



Good **Airway** Practice

Event Report

Good Practice

The Bronchiectasis & Chronic Mucus Hypersecretion (CMH) Conclave: Global and Indian Perspective, held on 8th March 2026 at the Courtyard by Marriott International Airport, Mumbai, brought together leading respiratory experts to explore the latest advances in the diagnosis, evaluation, and management of bronchiectasis.

Dr. Lancelot Pinto inaugurated the conclave and provided an Indian perspective on the etiological evaluation of bronchiectasis, framing the clinical burden and the need for locally relevant management strategies. Dr. Raja Dhar delivered a comprehensive overview of the newly published ERS Bronchiectasis Guidelines 2025, followed by a panel discussion moderated by Dr. Avya Bansal exploring their applicability in the Indian context.

The second half of the programme focused on airway clearance therapies, with Dr. Avya Bansal reviewing pharmacological agents including acebrophylline, N-acetyl cysteine (NAC), and erdosteine, as well as device-based approaches including the Aerobika[®] Oscillatory positive expiratory pressure (OPEP) device. Dr. Sejal Bheda Gogri followed with a detailed practical session on airway clearance techniques. The scientific programme concluded with three compelling real world case-based discussions presented by Dr. Soumya Ghatak, Dr. Avya Bansal, and Dr. Riddhi Majmudar covering allergic bronchopulmonary aspergillosis (ABPA) presenting as non-resolving pneumonia, timing of intervention in bronchiectasis, and bronchiectasis in a chronic obstructive pulmonary disease (COPD) patient.

Date: 8th March 2026

Venue: Courtyard by Marriott International Airport, Mumbai

Total Participants: 59

Agenda



8th March 2026



10:00 a.m. to 02:00 p.m.



Courtyard by Marriott International Airport, Mumbai

Topics	Speakers	Timings
Welcome and Introduction	Lupin Team	10:15 a.m to 10:20 a.m.
Inauguration & Context Setting	Dr. Ronak Panwala Dr. Lancelot Pinto	10:20 a.m to 10:25 a.m.
What's new in ERS Bronchiectasis Guidelines 2025	Dr. Raja Dhar	10:25 a.m to 10:55 a.m.
Aetiological evaluation in Bronchiectasis Management: Indian Perspective & Poll	Dr. Lancelot Pinto	10:55 a.m to 11:10 a.m.
Panel Discussion: Indian Perspectives on ERS Bronchiectasis Recommendations	Moderator: Dr. Avya Bansal Panelist: Dr. Lancelot Pinto Dr. Raja Dhar	11:10 a.m to 11:35 a.m.
TEA BREAK		11:35 a.m to 11:45 a.m.
Optimizing Airway Clearance Therapies in practice. Pharmacological & Non – Pharmacological approach & Poll	Dr. Avya Bansal	11:45 a.m to 12:10 p.m.
Practical Tips in Airway Clearance Techniques	Dr. Sejal Bheda Gogri	12:10 p.m to 12:25 p.m.
Panel discussion	Moderator: Dr. Lancelot Pinto Panelist: Dr. Siddhi Ghodge Dr. Sheral Kachpile Dr. Sejal Bheda Gogri	12:25 p.m to 12:50 p.m.
Case Based Discussions: Case 1 Case 2 Case 3	Presenter: Dr. Soumya Ghatak Dr. Avya Bansal Dr. Riddhi Majmudar	12:50 p.m to 01:30 p.m.
Vote of Thanks		01:30 p.m to 02:00 p.m.

Summary of the Event

Dr. Ronak Panwala gave a brief introduction on burden of CMH across respiratory diseases highlighting the importance and the impact of the session.

Inauguration

Dr. Lancelot Pinto began his session by thanking the attendees and faculty, introducing bronchiectasis as an important yet often neglected topic. Dr. Lancelot Pinto highlighted a significant shift in how the disease is understood and approached. Historically, bronchiectasis was viewed largely as a consequence an end-stage structural outcome of prior infection or injury, with limited therapeutic options beyond managing symptoms and preventing exacerbations. However, Dr. Lancelot Pinto highlighted that the landscape has changed considerably, with a growing body of research redefining bronchiectasis as an active, treatable disease in its own right. An expanding pipeline of targeted therapies signals a new era of disease-modifying treatment possibilities.

Dr. Lancelot Pinto highlighted the need of a holistic approach to bronchiectasis management, placing particular emphasis on the role of the physiotherapist as an integral member of the multidisciplinary care team.

What's New in European Respiratory Society (ERS) Bronchiectasis Guidelines 2025 by Dr. Raja Dhar

Dr. Raja Dhar delivered a detailed and clinically oriented review of the European Respiratory Society (ERS) Bronchiectasis Guidelines 2025, representing the most comprehensive update to global bronchiectasis management standards in recent years. He outlined key updates spanning etiology investigation, severity scoring, exacerbation management, long-term antibiotic therapy, airway clearance, and inhaled treatments.

Dr. Raja Dhar concluded by encouraging clinicians to adopt the guidelines as a framework for individualised, patient-centred care, while acknowledging that resource availability and disease patterns in India may require contextual adaptation.

Etiological Evaluation in Bronchiectasis Management: Indian Perspective by Dr. Lancelot Pinto

Dr. Lancelot Pinto in his session highlighted that the etiology of bronchiectasis in India differs significantly from Western cohorts. While idiopathic bronchiectasis and primary immunodeficiency are more prevalent in Western populations, post-infectious causes particularly post-tubercular bronchiectasis dominate the Indian disease burden. This distinct etiology profile necessitates a tailored approach to investigation and management in the Indian clinical setting.

Dr. Lancelot Pinto outlined a structured framework for etiological workup in newly diagnosed bronchiectasis patients, stressing the importance of not attributing cases to idiopathic etiology without adequate investigation. Dr. Lancelot Pinto also underscored the importance of chasing the etiology even in patients with a seemingly clear clinical history, as co-existing or alternate diagnoses are not uncommon.

The session set a strong foundation for the conclave, reinforcing that a diagnosis of bronchiectasis is only the beginning understanding why the patient has bronchiectasis is what guides truly effective, individualised management.

Panel Discussion: Indian Perspectives on ERS Bronchiectasis Recommendations

Moderated by Dr. Avya Bansal, the panel discussion brought together Dr. Lancelot Pinto and Dr. Raja Dhar to examine the real-world applicability of the ERS 2025 recommendations in the Indian clinical setting. A central theme was the recognition that bronchiectasis presents across a spectrum of phenotypes, each demanding a tailored management approach. Panelists discussed how clinical presentation whether characterized by predominant mucus hypersecretion, recurrent infections, or airflow limitation should drive treatment decisions rather than a one size fits all protocol.

The choice of airway clearance technique was explored in the context of different patient profiles, with the panel emphasising that technique selection must be guided by the patient's phenotype, functional capacity, sputum characteristics, and disease severity. The discussion reinforced that individualised, phenotype driven management is key to achieving meaningful outcomes in bronchiectasis.

Optimizing Airway Clearance Therapies in Practice by Dr. Avya Bansal

Dr. Avya Bansal delivered a clinically rich session on optimising airway clearance therapies, covering both pharmacological agents and device-based approaches. Dr. Avya Bansal reviewed key pharmacological agents with clinical trial data evidence for airway clearance. Acebrophylline, with its dual bronchodilator and mucoregulatory action, is effective in COPD, and its combination with NAC offers additive benefits in reducing sputum viscosity in COPD and asthma. Erdosteine was highlighted for its mucolytic, antioxidant, and anti-adhesive properties the latter reducing bacterial adherence to the airway epithelium. Importantly, erdosteine combined with acebrophylline is superior to NAC with acebrophylline in managing chronic mucus hypersecretion.

On the device front, the Aerobika® OPEP device was discussed in detail endorsed in both Global Initiative for Chronic Obstructive Lung Disease (GOLD) and ERS Bronchiectasis Guidelines, with clinical trial data demonstrating improvements in sputum clearance, lung function, and quality of life. Pulmonary rehabilitation was emphasised as an essential complement to pharmacological and device-based strategies.

The session closed with a clear take home message: airway clearance drugs and devices are helpful, and should be proactively integrated into the management of bronchiectasis and COPD.

Practical Tips in Airway Clearance Techniques by Dr. Sejal Bheda Gogri

Dr. Sejal Bheda Gogri delivered a comprehensive and practically focused session covering the full spectrum of airway clearance techniques available to clinicians and respiratory physiotherapists.

Dr. Sejal Bheda Gogri began with breathing-based techniques, explaining the Forced Expiration Technique (FET) commonly known as 'huffing' as a cornerstone of airway clearance. She described the Active Cycle of Breathing Technique (ACBT), which integrates breathing control, thoracic expansion exercises, and FET into a structured cycle that patients can perform independently. Autogenic drainage, postural and gravity-assisted drainage were also covered.

Dr. Sejal Bheda Gogri then provided an overview of devices used for airway clearance, introducing delegates to the OPEP devices available, explaining how OPEP therapy works creating oscillating pressure changes that loosen and mobilise secretions without going into excessive technical detail. A notable and often overlooked topic raised by Dr. Sejal Bheda Gogri was urinary continence, highlighting the impact of repeated forced expiration and coughing on pelvic floor muscles a clinically relevant consideration, particularly in female patients and the importance of addressing this as part of a holistic airway clearance programme. The session was structured to equip delegates with actionable knowledge they could apply directly in clinical practice.

Panel Discussion: Airway Clearance in Practice

The second panel discussion, moderated by Dr. Lancelot Pinto, featured Dr. Siddhi Ghodge, Dr. Sheral Kachpile, and Dr. Sejal Bheda Gogri as panelists. The discussion focused on translating airway clearance evidence into everyday clinical practice, exploring patient selection, adherence challenges, and the integration of physiotherapy into routine respiratory care pathways. Delegates actively participated, sharing observations from their own clinical practice and engaging with the panelists on strategies for improving patient compliance with long-term airway clearance regimens.

Case Based Discussions

Case 1 – Presented by Dr. Soumya Ghatak

Dr. Soumya Ghatak presented the case of a 54-year-old male who had relocated to Kolkata and presented with worsening cough since the morning, along with breathlessness, wheezing, and expectoration for the preceding 10 days. He was a known patient of COPD with multiple comorbidities, had been experiencing breathlessness for the last 15 years.

The key teaching point of this case was the importance of suspecting bronchiectasis in patients presenting with recurrent or poorly resolving COPD exacerbations. Early recognition of this overlap syndrome can significantly change the management approach and improve patient outcomes.

Case 2 – Presented by Dr. Avya Bansal

Dr. Avya Bansal presented the case of a 46-year-old male banker from Goa with a history of recurrent respiratory infections since childhood, a diagnosis of bronchiectasis, and a left lower lobe (LLL) lobectomy performed in 1995. The patient had been on and off antibiotics over the years and suffered a major haemoptysis episode in 2023, requiring bronchial artery embolization (BAE). The central theme of this case was: does timing matter in bronchiectasis?

The discussion explored the consequences of delayed diagnosis and intervention, and how earlier, more aggressive management including thorough etiological evaluation and *Pseudomonas aeruginosa* (PA) eradication may have altered the patient's disease trajectory. Dr. Avya Bansal emphasised that PA eradication is of utmost importance in bronchiectasis, as chronic *Pseudomonas* infection is a major driver of disease progression, exacerbation frequency, and lung function decline. The case also reinforced the importance of chasing the etiology at every stage, using reliable diagnostic laboratories, and repeating testing when initial results are inconclusive or when clinical status changes.

Case 3 – Presented by Dr. Riddhi Majmudar

Dr. Riddhi Majmudar presented a case of allergic bronchopulmonary aspergillosis (ABPA) that initially presented as non-resolving pneumonia. The patient was an 80-year-old frail female with a history of asthma since childhood, who was on salmeterol-fluticasone on an SOS basis. She presented with fever for four days, cough, wheezing, and breathlessness for one week. On examination, she was febrile, hypoxic, and tachycardic. chest x-ray revealed right-sided haziness, and CT scan confirmed consolidation in the right upper lobe.

The case generated a rich discussion on the diagnostic workup for ABPA, including serum IgE levels, Aspergillus-specific IgE, and the importance of considering fungal etiology in asthmatic patients presenting with consolidation. The key takeaway from this case was clear: not all consolidation is infection. An infectious presentation can mask an underlying ABPA flare, and clinicians must maintain a high index of suspicion.

Key Takeaways

- **Bronchiectasis is an active, treatable disease:** no longer just a consequence of prior infection. A growing research pipeline and expanding therapeutic options signal a new era of disease-modifying management.
- **Chase the etiology, individualise the management:** bronchiectasis presents across a spectrum of phenotypes; treatment decisions must be driven by clinical presentation, sputum characteristics, and disease severity rather than a one-size-fits-all approach.
- **Airway clearance drugs and devices work:** acetylcysteine, erdosteine, and the Aerobika® OPEP device (endorsed in both GOLD and ERS guidelines) have robust evidence supporting their integration into routine bronchiectasis and COPD management.
- **Timing matters and PA eradication is critical:** delayed diagnosis and failure to eradicate *Pseudomonas aeruginosa* early can irreversibly alter disease trajectory; repeat testing when in doubt and act decisively.
- **Multidisciplinary, holistic care is the standard:** physiotherapy led airway clearance, pulmonary rehabilitation, and structured patient education are integral components of effective bronchiectasis management.

Consensus: Bronchiectasis is no longer just a consequence it is an active, progressive disease demanding early diagnosis, thorough etiological evaluation, and a structured multidisciplinary approach. Combining evidence-based pharmacotherapy, individualised airway clearance strategies, and physiotherapy-led rehabilitation underpinned by the latest ERS 2025 guidelines is essential for improving long-term outcomes in the Indian clinical setting.

At the end of this event, the CME Foundation of India extended its sincere gratitude to the attending delegates and acknowledged Lupin Ltd., the industry partner, for their valuable support and contribution to the success of the event.

SNAPSHOTS OF SUCCESS

Registration Counter



Session on What's new in ERS Bronchiectasis Guidelines 2025



Audience



Panel Discussion



Branding Opportunity





Developed by:

CME FOUNDATION OF INDIA

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