

Good **Airway** Practice

Event Report

Good Airway Practice



Good Airway Practice, an event organized on 20th July, 2025, in Gurgaon, at DoubleTree by Hilton was organized by CME Foundation of India (CMEFI), a registered Association of Persons (AOP), dedicated to enhancing the skills and knowledge of healthcare professionals, through continuing medical education activities.

Dr. Avya Bansal, a renowned Consultant Pulmonologist and Sleep Medicine Specialist practicing in Mumbai; Dr. Arjun Khanna, a specialist in pulmonary medicine, and Dr. Arun Kotaru, a senior consultant practicing in Gurgaon shared their valuable insights on the "Management of Chronic Mucus Hypersecretion."

The primary objective of this event was to convene leading pulmonologists, respiratory therapists, and healthcare professionals to engage in focused discussions on the comprehensive management of chronic mucus hypersecretion across various respiratory conditions. By integrating clinical experience with the latest scientific evidence, the event aimed to highlight emerging treatment modalities, patient-centric management strategies, and advances in pharmacologic and non-pharmacologic interventions. Attendees explored practical approaches for optimizing symptom control, enhancing airway clearance, and improving quality of life for affected patients. The event also served as a platform for multidisciplinary collaboration, encouraging the exchange of clinical insights and fostering continuous medical education in the field of chronic respiratory disease management.

Date: 20th July, 2025

Venue: DoubleTree by Hilton, Gurgaon

Total Participants: 20

Agenda



20th July 2025



11:00 a.m. to 1:00 p.m.



DoubleTree by Hilton, Gurgaon

Topics	Speakers	Timings
Welcome	5 min	
Introduction	10 min	
Airway Mucosal Disease and Mucus Characteristics	10 mins	Dr. Arun Kotaru
Panel Discussion for Diagnosis and Identifying these Phenotypes of Patients	45 min	Dr. Arjun Khanna
Management of Chronic Mucus Hypersecretion	45 min	Dr. Avya Bansal
Vote of Thanks	5 min	

Summary

CMEFI team warmly welcomed the distinguished speaker, Dr. Avya Bansal, Dr. Arjun Khanna, Dr. Arun Kotaru and the participants.

Airway Mucosal Disease and Mucus Characteristics – Dr. Arun Kotaru

Dr. Arun Kotaru set the stage for the session by highlighting the critical yet often overlooked role of chronic mucus hypersecretion (CMH) in respiratory diseases such as asthma, COPD, and cystic fibrosis. He walked the audience through the distinct mucus profiles in each condition, emphasizing how factors like increased mucin production, plasma proteins, DNA, actin, and bacterial presence contribute to disease burden and chronic inflammation. He stressed that while mucus plays a protective role, its overproduction combined with poor elimination - due to impaired ciliary function, airway occlusion, and reduced peak expiratory flow can lead to significant comorbidities, lung function decline, and respiratory complications.

Dr. Arun Kotaru also drew attention to the historical underrepresentation of CMH in major COPD and asthma guidelines such as GOLD and GINA, despite strong evidence linking it to faster FEV1 decline, increased exacerbations, poor quality of life, and higher mortality. Citing studies from the 1990s and beyond, he emphasized the urgent need for a shift in clinical perspective: One that no longer neglects CMH but instead acknowledges it as a modifiable target in disease management. By calling for holistic approaches that include pharmacologic and non-pharmacologic strategies, he reinforced the importance of addressing CMH proactively to improve patient outcomes and reduce the overall burden of chronic respiratory disease.

Panel Discussion for Diagnosis and Identifying these Phenotypes of Patients - Dr. Arjun Khanna

In the panel discussion led by Dr. Arjun Khanna, the focus was placed on the importance of personalized therapy and treatable traits in the management of chronic respiratory conditions such as COPD, asthma, and bronchiectasis. He thoughtfully challenged the blanket generalizations outlined in the GINA and GOLD guidelines, stressing that these should act merely as guiding principles and not rigid rules. He highlighted how chronic mucus hypersecretion (CMH) has emerged as a significant yet often under-addressed trait in obstructive airway diseases, with varied clinical contributors like sleep apnea, anxiety, and depression playing an exacerbating role in individual patients.

The discussion delved into the prevalence, clinical identification, and impact of CMH, with One of the doctors strongly affirmed its increasing relevance in practice, especially as patients now complain more about sputum production than breathlessness. CMH is commonly seen in COPD, asthma, bronchiectasis, and increasingly reported in ILDs, eosinophilic lung diseases, and even post-tuberculosis fibrosis. Tools like the COPD Assessment Tool (CAT) and St. George's Respiratory Questionnaire (SGRQ) have been employed internationally to evaluate CMH, though underutilized in routine Indian practice due to patient load and impracticality in outpatient settings.

The panel also reviewed radiological advancements, especially in HRCT and MRI imaging, in detecting mucus plugging and muco-obstructive diseases, particularly in patients with severe asthma and high eosinophil counts. Research shows strong correlations between mucus impaction, eosinophils, and biomarkers like IL-4 and FeNO, indicating an IL-4/IL-13-driven pathology that responds well to biologic therapies like Benralizumab and potentially Dupilumab, now being explored in COPD as well. The idea of “silent mucus plugs,” especially in smokers and patients exposed to biomass fuels, was noted as a clinical concern, given its association with worse outcomes despite the absence of typical symptoms.

Lastly, the role of mucoactive drugs such as Erdosteine, N-acetylcysteine (NAC), and Acebrophylline was discussed, with Erdosteine gaining preference due to its anti-inflammatory, anti-oxidant, and bacterial anti-adhesive properties, and better tolerability compared to NAC. Erdosteine was seen as especially useful in bronchiectasis and frequent exacerbators of COPD. Though Cochrane reviews and consensus studies show modest benefits with mucolytics overall, the consensus was clear, CMH is a clinically significant trait that warrants focused assessment and individualized management strategies in chronic respiratory care.

Management of Chronic Mucus Hypersecretion - Dr. Avya Bansal

Dr. Avya Bansal highlighted the crucial need for non-pharmacological strategies in the management of chronic mucus hypersecretion (CMH), particularly in conditions such as COPD and bronchiectasis. He introduced the Aerobika device, an Oscillating Positive Expiratory Pressure (OPEP) device, as a clinically backed solution to aid mucus clearance, reduce exacerbations, and improve lung function. He emphasized that the downward spiral in COPD and bronchiectasis, characterized by mucus hypersecretion, bacterial colonization, infection, and lung function decline must be interrupted early, even in stable patients. The Aerobika device, as he discussed, supports airway clearance and enhances ventilation in occluded lung segments, making it a proactive tool rather than a reactive one reserved for post-exacerbation use.

Dr. Avya Bansal explained the growing evidence supporting the Aerobika device, referencing both retrospective and prospective studies, including data presented at ATS 2024. He discussed its impact on shifting internal airflow distribution toward the lower lobes and improving spirometry markers like FEV1 and FVC in COPD patients. Drawing parallels between the device's benefits in COPD and bronchiectasis, he emphasized the importance of mucus clearance to prevent stasis, colonization, and further structural lung damage. Tools such as hyperpolarized MRI scans and validated questionnaires also demonstrated improvement in ventilation and quality of life in patients using the Aerobika.

Dr. Avya Bansal emphasized the practical challenges in implementing physiotherapy and device-based therapies, particularly in Indian clinical settings where compliance, cost, and time constraints often limit adherence. He acknowledged that while active cycle breathing techniques (ACBT) and postural drainage remain vital, a combination approach with OPEP devices like Aerobika is ideal. However, he noted that patient education, regular follow-up, and clinician awareness are crucial to improving real-world outcomes. He highlighted that while the device may seem costly upfront, its long-term benefits in reducing hospitalizations and improving quality of life make it a worthwhile investment.

Lastly, Dr. Avya Bansal discussed the broader scope of pulmonary rehabilitation in CMH management, beyond devices. He stressed the need for a structured, holistic approach that includes counselling, nutritional support, vaccination, physiotherapy, and tailored exercise plans. He advocated for individualized action plans for every chronic respiratory patient and recommended creative solutions like educational videos to overcome barriers such as cost and manpower. Through his discussion, he reinforced that breaking the cycle of mucus retention and infection through OPEP devices like Aerobika can significantly improve outcomes in chronic respiratory disorders.

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.



VISUALS

Welcoming the Delegates



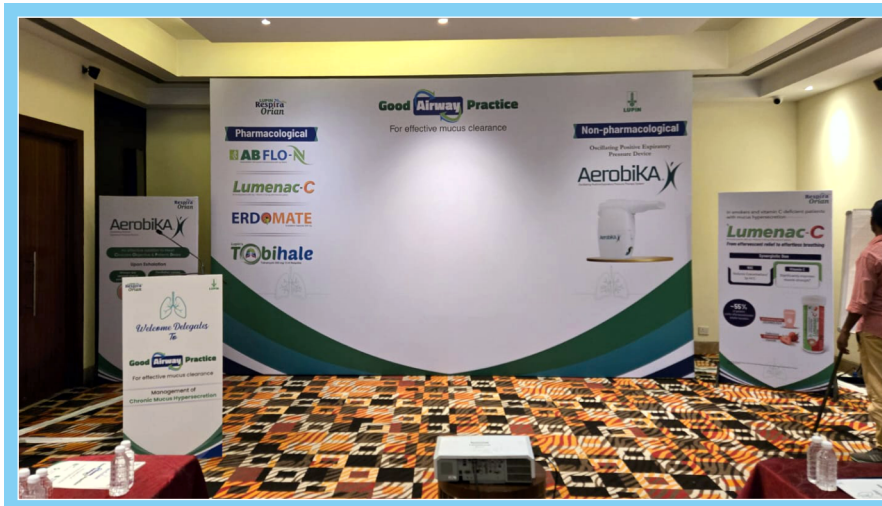
Registration Counter



Management of Chronic Mucus Hypersecretion



Branding Opportunity



Respira Orian

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Let the **FLO** of relief begin with

AB FLO-N

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- ↓ Reduces sputum volume & thickness^{1,2}
- ↓ Reduces Dyspnea¹
- ↓ Reduces Exacerbations⁴

PROVIDES FASTER DISSOLUTION⁵

MICRONIZED FORMULATION TECHNOLOGY
Faster action & improved BIO-AVAILABILITY

ORANGE VANILLA Flavour

AB FLO-N

1. JAMA. 2008;300:103-111. 2. Eur Respir J. 2008;31:103-111. 3. Eur Respir J. 2008;31:103-111. 4. Eur Respir J. 2008;31:103-111. 5. Eur Respir J. 2008;31:103-111.









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