

AWARENESS

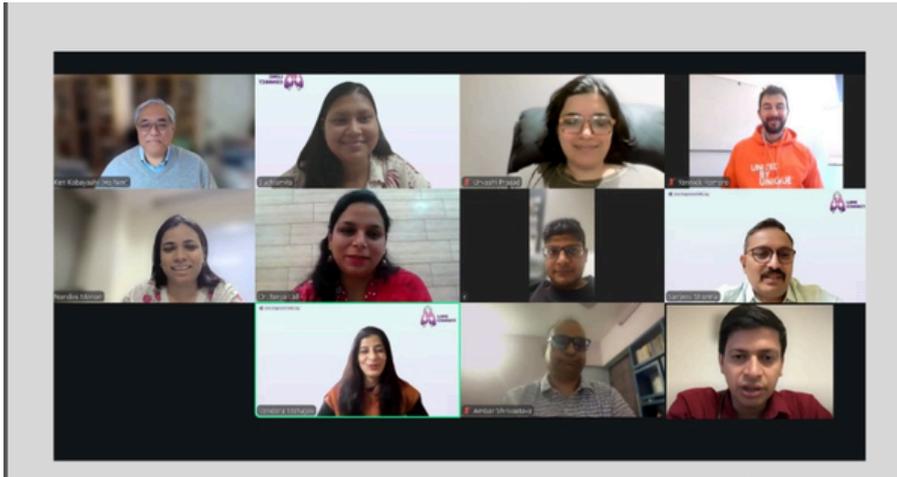
ADVANCEMENT

ADVOCACY

NEWSLETTER

Lung Connect India Foundation

What happened in the organisation last month?



NEWS UPDATE



Lung Connect India Foundation successfully concluded its World Cancer Day special webinar, “Policy, Pollution and People: Strengthening Advocacy in Lung Health.”

The session sparked meaningful discussions on the intersection of policy, air pollution, climate change, and lung health, highlighting the urgent need for stronger, patient-centred advocacy.

We extend our heartfelt thanks to our esteemed panelists – Dr Urvashi Prasad, Dr Tanya Lall, Dr Ken Koboyasi, Dr Yannick Romero, Dr Akhil Kapoor, Dr Nandini Menon, and Dr Rushabh Kothari – for sharing their expertise and global perspectives in this important conversation.

Together, we continue to advocate for cleaner air, informed policies, and healthier lungs for all.



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World Cancer Day Special Events

This page is for “Cancer Care in the Young and Elderly” in Varanasi

A key takeaway from the session was clear: age should guide care, not limit it. Cancer treatment must be tailored to a patient’s life stage, personal goals, and overall health to ensure the best possible outcomes.



Moderated by Prof. Akhil Kapoor, Head of Medical Oncology at Tata Memorial Centre, Varanasi, the discussion highlighted the importance of individualized cancer care.

The photo in the left- Our patient advocates with Dr Akhil Kapoor as we believe patient advocacy in the need of the hour.

World Cancer Day Special Events

This page focusses on other events across the month

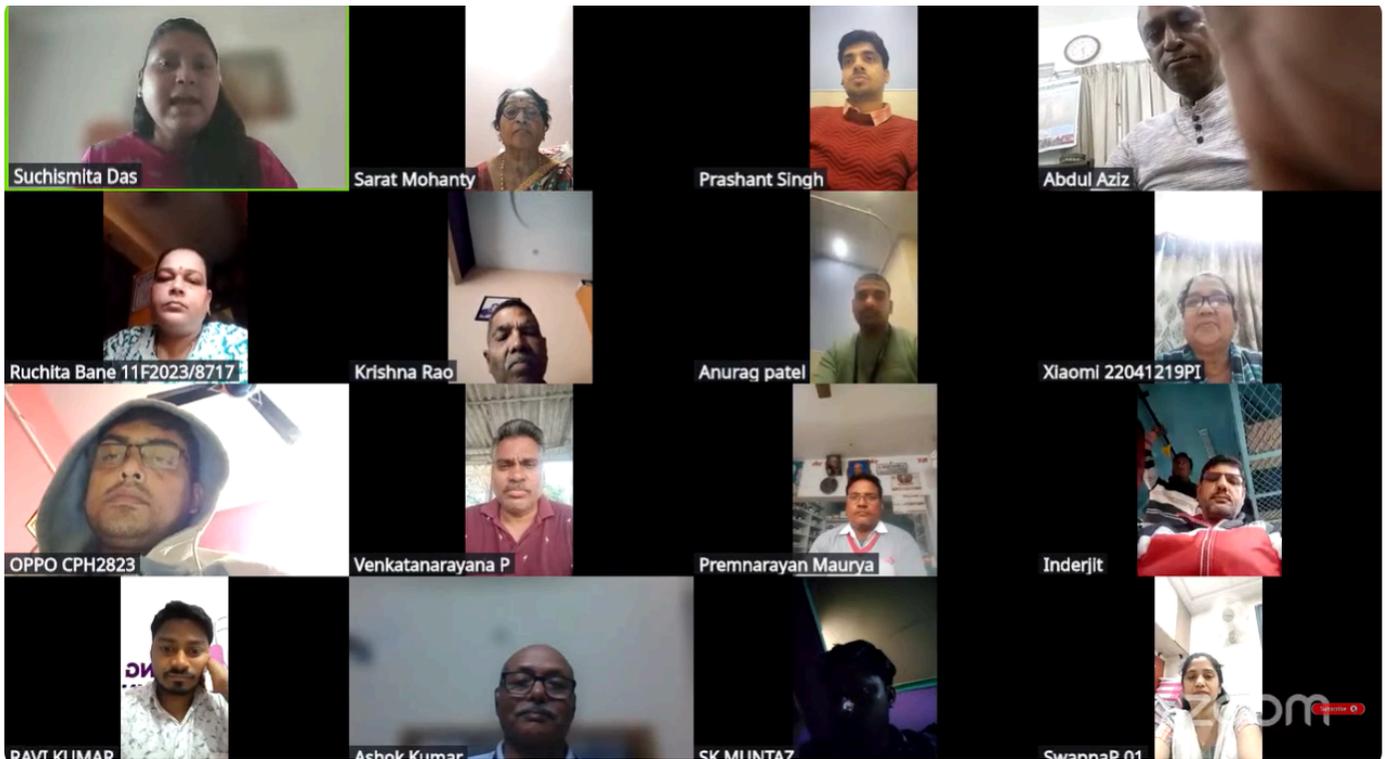
Lung Connect India Foundation had the pleasure of participating in the Illuminate 3.0 Conference held at the World Jio Convention Centre, Mumbai. The event brought together leaders and experts committed to advancing cancer care and collaboration.



Lung Connect India Foundation was honored to participate in the 7th Cancer Summit & Awards 2026 in Delhi. This dialogue examined how lived experience must actively shape policy design, access pathways and care delivery models – not as anecdotes, but as evidence.



Lung Connect India Foundation participated in the National Dissemination Workshop held yesterday in Delhi, contributing to important conversations around equitable access and patient advocacy.



Support Group Meetings Fixed Time-Fixed Days

Mumbai Chapter- We have successfully conducted 166th Support Group Meeting "Understanding Clinical Trials and Their Relevance" by Dr Minit Shah.

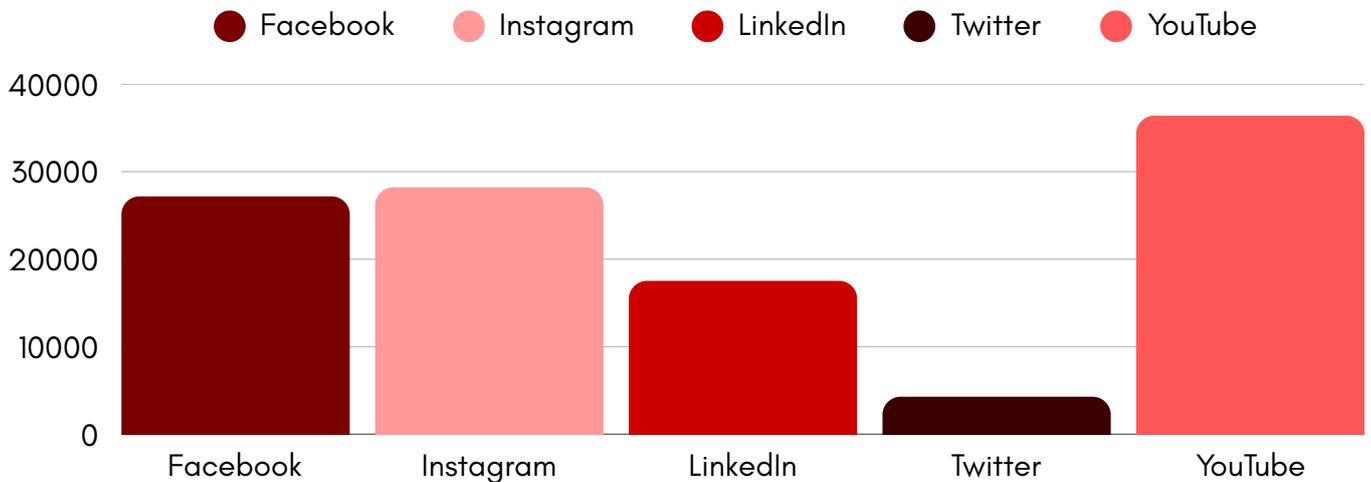
UP-Bihar Chapter- We have successfully concluded 167th Support Group Meeting "Role of Nursing Care in Lung Cancer" by Brother Rajasekhar Dandeti.

Gujarat Chapter- We have successfully concluded 168th Support Group Meeting "When words fall short, Music Speaks: The role of Music Therapy in Lung Cancer" by Binal Shah.

Geriatric OPD Meeting- We have successfully concluded 45th Support Group Meeting "Cognition in Elderly Patients" by Dr Tina Prasad Parkar.

After 170 consecutive support group meetings, Lung Connect India Foundation is proud to begin a new chapter with the launch of its Delhi Support Group Chapter.

Glimpse of our Social Media



Commentaries Check for updates

Lung Connect India Foundation: Pioneering Lung Cancer Advocacy in South Asia and the Urgent Need for Patient-Centered Policy Action

ANIL KAPoor, MBBS, MD, DM, MRCP^a, Vandana Mahajan, BSc, PGDCA^b, Sanjeev Sharma, BA^c, Anil Kumar, MD, DM, DM, MRCP^d, Vinita Noronha, MD, DMF^e, and Kumar Prakash, MD, DM^f

DOI: <https://doi.org/10.1186/s12916-025-02821-1>

Lung cancer is the most common cause of cancer-related mortality worldwide, accounting for nearly 1.8 million deaths annually.¹ The Asia-Pacific region, particularly South and Southeast Asia, bears a disproportionate share of this burden. In India, lung cancer is among the top five cancers in both men and women and has one of the lowest 5-year survival rates globally, at approximately 4%.² Despite this, lung cancer advocacy remains underdeveloped, with limited civil society organizations dedicated to patient education, psychosocial support, and policy engagement.

Against this backdrop, Lung Connect India Foundation (LCIF) was established as the first patient-led advocacy group exclusively focused on lung cancer in India and Southeast Asia. LCIF's emergence reflects a growing recognition that patient-centered organizations can transform cancer care by creating awareness, building support networks, and serving as critical voices in shaping policy. This article highlights LCIF's work, situates it within the regional landscape of lung cancer advocacy, and underscores the urgent need for scaling such initiatives across South and Southeast Asia.

The Burden of Lung Cancer in South Asia

The Asia-Pacific region accounted for nearly 40% of global lung cancer deaths in 2022.³ In India alone, GLOBOCAN 2020 data estimated over 32,000 new cases and more than 66,500 deaths annually.⁴ Unlike Western populations where tobacco is the predominant risk factor, South Asia presents unique epidemiologic patterns. Nonsmoking-related risk factors, including ambient and household air pollution, occupational exposures, and biomass fuel use, contribute substantially to the disease burden.⁵

Survival outcomes are dismal. While countries such as Japan and South Korea report 5-year survival rates exceeding 25%, India's rate remains at 4%.² This disparity reflects delays in diagnosis, lack of systematic screening, inadequate access to biomarker testing, and limited availability of advanced therapeutics.

Why Advocacy Matters in India and Southeast Asia

Lung cancer is often viewed as a self-inflicted disease associated exclusively with smoking. This stigma delays diagnosis, reduces empathy for patients, and weakens public support for investment in screening and treatment. Advocacy groups can counter these narratives by highlighting environmental and genetic risk factors and by showcasing survivorship stories.

Few national cancer control plans in South Asia contain lung cancer-specific policies. Screening programs are minimal: only approximately 10% of Asia-Pacific countries have systematic lung

PUBLICATION

Sanjeev Sharma and Vandana Mahajan were honoured to participate in "Lung Cancer Considered", the official podcast of the International Association for the Study of Lung Cancer (IASLC).

"Lung Cancer Considered" brings together researchers, clinicians, allied health professionals, patients, and advocates from across the globe who are working to shape the future of lung cancer care. We are grateful to Dr. Narjust Florez and IASLC for providing LCIF with this valuable opportunity to share our perspectives and experiences.

Patient/ Caregiver Corner

Our community stands with every patient and caregiver, celebrating your strength and supporting you through every step of the journey.



KEYA DAS LIVING FULLY, BEYOND FEAR PERSON LIVING WITH LUNG CANCER WEST BENGAL, INDIA

My name is Keya Das. I am a 62-year-old woman from Kolkata, West Bengal. I have been living with cancer for the past 25 years. For the last six years, since 2019, I have been battling Stage IV lung cancer. Yet today, I stand strong, active, and full of life. After undergoing chemotherapy, I became absolutely fit and fine. Until October 2025, I was living a completely normal life. In fact, in October 2025, I travelled to Kedarnath Dham by helicopter and even visited Tungnath by horse. Those journeys were not just pilgrimages—they were proof that I was living 100% actively, just like anyone else.

But this journey has not been easy.

In 2019, after completing four cycles of chemotherapy, my platelet count suddenly dropped to a dangerously low level of just 4,000. I suffered a hemorrhage and had to be admitted to the ICU at Kothari Medical Centre in Kolkata. The treatment was extremely expensive. After a few days, because of financial difficulties, I had to take discharge.

Later, I was admitted to Netaji Subhash Chandra Bose Cancer Hospital, where I stayed for two months. Unfortunately, my platelet count improved only slightly—to 14,000. Due to my poor economic condition, I once again had to leave the hospital.



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