

ANNUAL HIGHLIGHTS

2019-2020



**National Centre for Disease Informatics and
Research, Bengaluru**

(Indian Council of Medical Research)

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KEY ACHIEVEMENTS

1. Designation of ICMR Bioethics Unit as WHO Collaborating Centre for Strengthening Ethics in Biomedical and Health Research on 7th Feb, 2020. It is the first centre for strengthening ethics amongst 11 countries of the South East Asia Region of WHO.
2. Report on the project “Development of an Atlas of Cancer in Haryana” has been prepared for the data for the years 2016-2017.
3. ICMR Policy on Research Integrity and Publication Ethics (RIPE) were prepared with primary aim to ensure highest professional and ethical standards for biomedical and health research at all stages right from inception, conduct of research, review, integrity in analysis, reporting, publication and translation for the benefit of population and provide a roadmap to overcome / eliminate any sort of misconduct.
4. ICMR Consensus Guideline on ‘Do Not Attempt Resuscitation (DNAR)’ was prepared and published in Indian Journal of Medical Research and National Medical Journal of India simultaneously. The position paper would guide the treating physicians to take this decision when the patient’s chances of survival are extremely low and to preserve the dignity in death by avoiding medically non-beneficial CPR while providing compassionate care.
5. ICMR National Guidelines for Ethics Committees Reviewing Biomedical & Health Research during Covid-19 Pandemic, April 2020 was prepared.
6. The Standard Operating Procedure (SOP) template for the Ethics Committee for the conduct of ethics review in an emergency situation was prepared.
7. The prototype to integrate SNOMED CT terms to ICD 10 mapping has been developed in Java and integrated in the e-Mor software application on recording cause of death under the completed project Research Study to Develop Intellisense Mapping of SNOMED CT to ICD-10 Coding.

CANCER

COMPLETED PROJECTS / ACTIVITIES

Development of an Atlas of Cancer in Haryana state

The project has been completed and a consolidated report has been published covering all districts of the state.

The similarities and differences in patterns of cancer across this state of the country have been brought out, using recent advances in computer and information technology transmission. Knowing patterns of cancer for the state of Haryana have provided important leads in undertaking aetiological research, in targeting cancer control measures and in examining clinical outcomes.

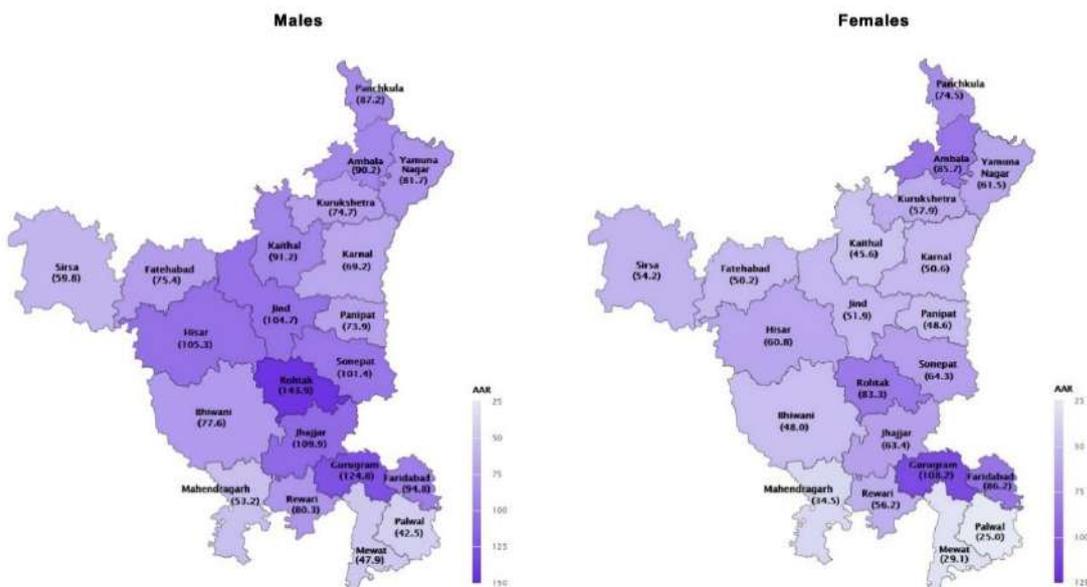
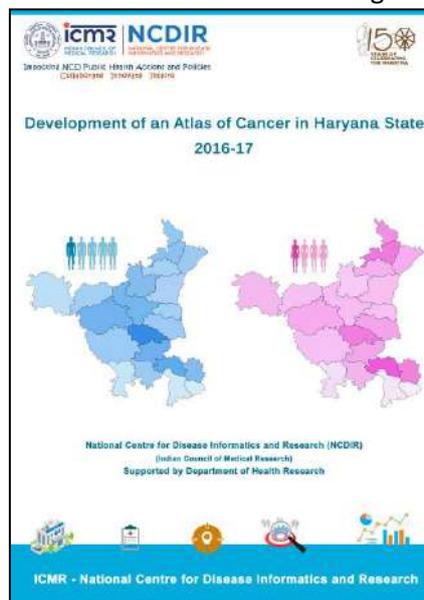


Fig 1: District wise Comparison of Age Adjusted Incidence Rates (AARs) for all cancer sites ICD-10: C00-C97) - Males and Females

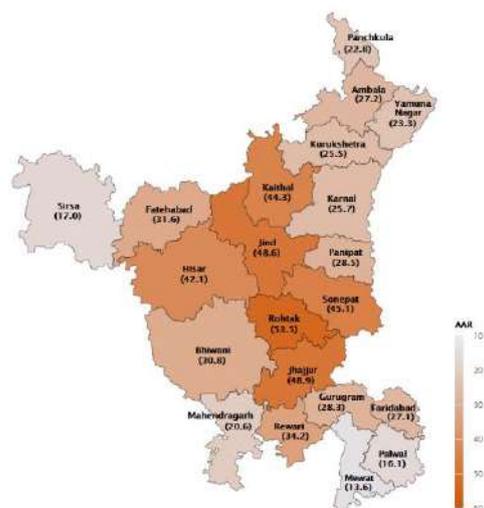
Cumulative Incidence Rate, Cumulative Risk and Possibility of one in number of persons developing cancer of any Site (ICD-10): C00-C97 for all Districts (2016-2017)

Calculation based on age specific rates from 0-64 years of age

According to National Health Profile - India 2019, life expectancy in state, for years 2016-2020 was 69.9 years in males and 72.5 years in females. Cumulative risk calculations depicted a risk of 9.0% of males aged 0-64 years in Rohtak District and those of Palwal District at 3.2% are least at risk. Among females, depiction indicated that 7.2% risk in Gurugram District whereas in Palwal District, the risk is 1.9%. Risk is that of developing cancer in age group (0-64 years) defined.

District	Cumulative Rate		Cumulative Risk (%)		Possibility of one in number of persons developing cancer	
	Male	Female	Male	Female	Male	Female
Panchkula	5.4	5.1	5.2	5.0	19	20
Ambala	5.8	6.0	5.6	5.8	18	17
Yamunanagar	5.1	4.4	4.9	4.3	20	23
Kurukshetra	4.6	4.5	4.5	4.4	22	23
Kaithal	6.9	3.4	6.6	3.4	15	30
Karnal	4.8	4.0	4.7	3.9	21	26
Panipat	5.1	3.6	5.0	3.5	20	28
Sonipat	6.8	4.8	6.6	4.7	15	21
Jind	7.7	4.0	7.4	3.9	13	25
Fatehabad	5.2	3.9	5.1	3.8	20	26
Sirsa	4.3	4.2	4.2	4.1	24	24
<i>Hisar</i>	7.4	4.6	7.1	4.5	14	22
Bhiwani	5.4	3.5	5.3	3.5	19	29
Rohtak	9.4	6.1	9.0	6.0	11	17
<i>Jhajjar</i>	7.6	4.5	7.3	4.4	14	23
Mahendragarh	3.6	2.6	3.5	2.5	28	39
Rewari	5.1	4.1	5.0	4.0	20	25
Gurugram	6.7	7.5	6.5	7.2	15	14
Faridabad	5.7	6.0	5.5	5.8	18	17
Mewat	3.8	2.2	3.7	2.2	27	46
Palwal	3.3	1.9	3.2	1.9	31	52

Males



Females

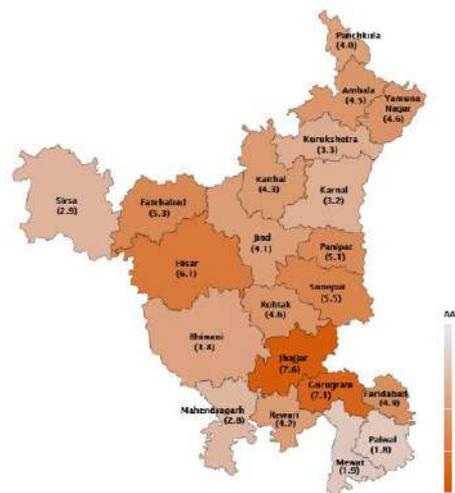


Fig 2: District wise Comparison of Age Adjusted Incidence Rates (AARs)- Head and Neck Cancers (ICD-10: C01-06, C09-C14 & C32) – Leading site.

The districts of Hisar, Jind, Kaithal, Jhajjar and Rohtak (predominantly semi-urban areas) showed a relatively higher rate of Head and Neck Cancers among males which necessitate tobacco cessation activities to commence in these areas (Range -42.1 to 53.5). The rates were much lower among females (Range – 4.1 to 7.6).

ONGOING PROJECTS / ACTIVITIES

1. Population Based Cancer Registries

There are 36 Population Based Cancer Registries (PBCR). In continuing expansion of the PBCRs, a PBCR at All India Institute of Medical Sciences, Rishikesh has been initiated. This PBCR would cover the population of Haridwar urban area and Rishikesh Taluk.

2. Population Based Cancer Survival on Cancers of Breast, Cervix and Head and Neck

Primary Objective: To estimate overall cancer survival of breast, cervix and head and neck cancer patients from demographically well-defined existing PBCRs in India.

The study is ongoing in 25 PBCRs across the country. First Data Review meeting held on 13th February 2020 at NCDIR, Bengaluru. Investigators from 21 PBCRs attended the meeting. Follow-up data status, preliminary survival analysis was reviewed and interactive discussions were held along with experts and Investigators.



Data Review meeting held on 13th February 2020

3. Hospital Based Cancer Registries (HBCRs) Network

The following 12 new centres have been registered for HBCRDM under the network of NCDIR - NCRP during 2019-20.

Sl No.	Name of the Centre
1	All India Institute of Medical Sciences, Bhopal
2	All India Institute of Medical Sciences, Raipur
3	Christian Institute of Health Science and Research, Dimapur
4	Cochin Cancer Research Centre, Ernakulam
5	ESIC Medical College Hospital and Super Speciality Hospital, Hyderabad
6	Jawaharlal Nehru Cancer Hospital Research Centre, Bhopal
7	Jhalawar Medical College and SRG hospital, Jhalawar
8	Max Institute of Cancer Care, New Delhi
9	Monsignor Joseph Kandathil Memorial Cancer Research Centre, Alappuzha
10	Naga Hospital Authority, Kohima
11	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong
12	Viswabharathi Cancer Hospitals, Kurnool

Training Activities under HBCRs:

A series of national meeting cum workshops involving Principal investigators (PIs) and Co-PIs of Hospital Based Cancer Registries were held in the week of February 2020.

Additionally, the following two training workshops were held.

1. Two days Training for the staff of Hospital Based Cancer Registries (HBCR) in Regional Cancer Centres (RCC) on 19th and 20th August 2019 at NCDIR, Bengaluru.
2. Training Workshop for Hospital Based Cancer Registries held on 21st and 22nd August 2019 at NCDIR, Bengaluru.



Training workshops held at NCDIR for HBCRs

4. Patterns of Care and Survival Studies (POCSS)

a. Patterns of Care and Survival Studies (POCSS) in Cancer Cervix, Cancer Breast and Head & Neck Cancers

81 HBCRs are collecting and transmitting data for the POCSS study. In this study, the centres would capture and transmit the details of anatomical site of tumour specific treatment & follow up information. The follow up would be hospital visit, telephonic, postal, etc., The hospital visits provide the clinical details whereas other methods would give only the demographic follow up of the patient.

b. Patterns of Care and Survival Studies (POCSS) on Gall Bladder Cancer (GBC) in Hospital Based Cancer Registries under ICMR- National Cancer Registry Programme (NCRP).

Summary:

Gall Bladder Cancer (GBC) constitute 2-4% (M- 2.1%, F- 3.8%) of all cancers in India with higher incidence in northern and north eastern regions. Poor survival rates are reported globally owing to presentation at advanced stage. Mortality - Incidence ratio in India may not reflect true survival estimate owing to under reporting of mortality. Hence specific studies are required for valid estimation of survival through regular and complete follow up of patients.

Primary Objectives:

- To determine detailed pattern of care (diagnosis and management) for GBCs
- To estimate demographic (overall) survival for GBCs
- To identify the epidemiological and clinical determinants of survival and estimate their effect.

Secondary Objectives:

- To estimate disease free survival for GBC.
- To compare the outcome of incidental GBCs with symptomatic ones.

DATA COLLECTION CENTRES

1. Regional Cancer Centre Kamala Nehru Memorial Hospital, Allahabad
2. Chittaranjan National Cancer Institute, Kolkata
3. Mahavir Cancer Sansthan and Research Centre, Patna
4. Dr. B. Borooah Cancer Institute, Guwahati
5. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow
6. All India Institute of Medical Sciences, Rishikesh
7. North East Cancer Hospital & Research Institute, Guwahati
8. Dr. B.R. Ambedkar Institute Rotary Cancer Hospital (AIIMS), New Delhi
9. Indira Gandhi Institute of Medical Sciences, Patna
10. Post Graduate Institute of Medical Education & Research, Chandigarh

Standardized Proforma has been designed to capture the patient's identifying information, demography, risk profile, method of diagnosis, preoperative diagnosis, anatomical site and histology grade, and clinical correlates including treatment details. The Data quality document has also been prepared. ICMR-NCDIR has developed the software accordingly for data entry, quality checks, data analysis and report preparation.

Trainings:

Training Workshop for the investigators and staffs from the participating centres under the project was held on 1st August 2019 at ICMR-NCDIR. The training focused on data abstraction, data entry into the newly designed proforma and software for Gallbladder Cancer. The participants were also involved in exercises and interactive sessions to familiarize and deal with the challenges related to data collection.

c. Patterns of Care and Survival Studies (POCSS) on Cancers in Childhood, Lymphoid and Hematopoietic Malignancies, other Gynaecological Malignancies in Chennai, Bangalore, Thiruvananthapuram, Delhi and Mumbai.

Summary:

Malignancies of childhood, lymphoid and haematopoietic system and gynaecological organs show a very specific pattern in terms of risk factors, diagnostic methods, treatments and outcome. Studies reported a much lower five-year survival rates for these cancers in India compared to developed nations. Comprehensive survival studies from India are limited. The presented study is aimed at filling knowledge deficiency in this domain. The findings of this study will help the clinicians from developing countries in evidence-based decision making and this could be translated into cancer control policies and programmes.

Objectives:

- To estimate demographic and disease-free survival for Childhood, Haematolymphoid and Gynaecological malignancies (except cervix uteri).
- To assess the epidemiological and clinical determinants of survival for these three cancers.

Data Collection Centres

DATA COLLECTION CENTRES	
1.	Kidwai Institute of Oncology, Bengaluru
2.	Dr. B.R. Ambedkar Institute Rotary Cancer Hospital (AIIMS), New Delhi
3.	Cancer Institute (WIA), Chennai
4.	Regional Cancer Centre, Thiruvananthapuram
5.	Vydehi Institute of Medical Sciences, Bangalore
6.	Rajiv Gandhi Cancer Institute and Research Centre, New Delhi
7.	Medanta Cancer Centre, Gurgaon
8.	Tata Memorial Hospital, Mumbai

The proforma for hematopoietic malignancies and other gynecologic malignancies except cervix has been reviewed in detail and valuable inputs had been taken from the expert group as well as the respective Principal Investigators. Software has been developed and deployed in centres for online data transmission.

Training Workshop:

Training Workshop on “Patterns of Care and Survival studies on cancers in Childhood lymphoid and Hematopoietic and other Gynecologic malignancies except cervix” held on 27th & 28th August 2019.



5. Setting up of Cancer as a Notifiable Disease in Karnataka State

As per the notification order, all the government and private hospitals, medical colleges, pathology labs are registered to the NCRP for transmission of the cancer patient's information. A web-application has been designed for Online and Dynamic e-Monitoring of Data Capture - Coverage of Cases under Karnataka Cancer Registry Programme (KCRP) which is password protected and provided to all stake holders. This allows monitoring status of registration, list of online participating institutions, status of data received (year wise) from all the districts.

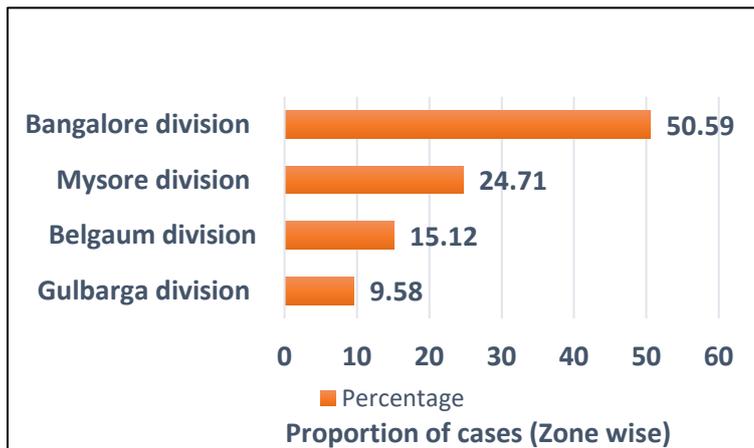


Fig 3: Zone wise and District wise contribution of Data in Karnataka State

The highest proportion of cancer cases were observed in the Bangalore division (Blue) (50.59%), followed by Mysore division (Green), (24.71%), Belgaum division (Pink) (15.12%) and Gulbarga division (Cream) (9.58%).

6. Incidental Gall Bladder Cancer and Other Pre-malignant Gall Bladder Condition in India towards early detection of Gall Bladder Cancer.

Gall Bladder Cancer (GBC) constitute 2- 4% of all cancers in India with higher incidence in northern and north eastern regions. Survival of GBC can be improved by early detection such as Incidental Gall Bladder Carcinoma (IGBC). Majority of IGBCs requires resection and T stage is associated with residual disease. The present study aims at examining cholecystectomy specimen removed for any preoperative conditions and analyzing the prevalence and factors associated with IGBC and other premalignant condition (chronic cholecystitis, hyperplasia, metaplasia, dysplasia, carcinoma in situ) so that an algorithm can be developed for early detection of GBC in India. This multicentric cross sectional study will be initiated in five hospitals having HBCRs in India. This will help in further understanding of epidemiology and facilitate development of early detection strategies for Gall Bladder Cancer.

Under ICMR Gall Bladder Task Force, the project has been initiated from December 2018 with the following objectives.

Primary Objectives:

- To estimate the prevalence of IGBC and other preneoplastic condition in cholecystectomy specimen
- To map the preoperative diagnosis with the postoperative pathological findings for early suspicion of GBC.

Secondary Objective:

- To identify risk factors and clinical correlates for IGBC and other preneoplastic lesion.

Participating Centres:

S. No	Centre Name
1.	Government Medical College, Chandigarh
2.	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow
3.	Assam Medical College and Hospital, Dibrugarh
4.	Vydehi Institute of Medical Sciences, Bengaluru
5.	Indira Gandhi Institute of Medical Sciences, Patna

Training Workshop:

Training Workshop on Methodology for Quality checks and Quality assurance and hands on training for "Incidental Gall Bladder Cancer/Pre-malignant Gall Bladder and association with Gall Bladder Carcinoma: a multi - centric study under NCDIR, ICMR" was held on 22nd Oct 2019

7. CaRes NER - A Multidisciplinary Research Programme for Prevention and Control of Cancer in the North Eastern States in India

(i) Monitoring Survey of Cancer Risk Factors and Health System Response in NER

Summary: The aim of this study is to generate key cancer and other NCD related risk factors and health system response indicators in the 12 Population Based Cancer Registries in 8 states of North East India. The sample size for the survey has been calculated to be 23,040 adults above the age of 18 years spread across a total of 480 Primary Sampling Units (PSUs) in the 12 registry areas.

The PBCR implementing agencies include:

- Assam Medical College and Hospital, Dibrugarh, Assam
- Timo Riba Institute of Health and Medical Sciences, Naharlagun
- Naga Hospital Authority, Kohima, Nagaland
- Silchar Medical College, Silchar
- Cachar Cancer Hospital and Research Centre, Meherpur, Silchar, Cachar
- Cancer Hospital - Regional Cancer Centre, Agartala, Tripura
- Dr. Bhubaneswar Borooah Cancer Institute, Guwahati
- Civil Hospital, Shillong, Meghalaya
- Bakin Pertin General Hospital, Pasighat
- Civil Hospital, Aizawl, Mizoram
- Regional Institute of Medical Sciences, Imphal, Manipur
- Sir Thutob Namgyal Memorial Referral Hospital, (Sikkim) Gangtok.

The study has been rolled out in 11 of the 12 monitoring sites since December 2019 with the duration of data collection for a period of 8 months.

Workshops and Meetings conducted

1. Expert group meeting on cancer in north east region on 3rd June 2019 at NCDIR, Bangalore.
2. Project meeting with active participation of all Pls' and Co Pls' from North East PBCR study sites on 29th August, 2019 at NCDIR, Bangalore.
3. Training of Trainers Workshop with active participation of all Pls' and Co Pls' from North East PBCR study sites from 30th September, 2019 to 1st October 2019 at NCDIR, Bangalore.
4. Regional training workshops for field staff at the following sites:
 - (i) Assam Medical College, Dibrugarh (13th to 15th November 2019)
 - (ii) Regional Cancer center, Agartala (20th to 22nd November 2019) -Participated as a Core Trainer
 - (iii) Dr. Bhubaneswar Borooah Cancer Institute, Guwahati (3rd to 5th December 2019)- Participated as a Core Trainer
 - (iv) Dr. Bhubaneswar Borooah Cancer Institute, Guwahati (8th to 10th January 2020)- Participated as a Core Trainer
 - (v) Sir Thutob Namgyal Memorial Referral Hospital, (Sikkim) Gangtok (7th to 9th February 2020)

5. Web based Re-training of field staff for "Monitoring Survey of Cancer Risk Factors and Health System Response In North East Region" (Teams: Mizoram and Kamrup) on 9th March 2020
6. Web based Re-training of field staff for "Monitoring Survey of Cancer Risk Factors and Health System Response In North East Region" (Teams Naharlagun and Nagaland)12th March, 2020
7. Web based meeting on Progress and data review of monitoring survey on 17th March 2020.
8. Web based Re-training of field staff for "Monitoring Survey of Cancer Risk Factors and Health System Response In North East Region" (Teams Dibrugarh and Tripura) on 18th March, 2020
9. Web based meeting on Progress and data review of monitoring survey on 22nd May 2020.

(ii) Call for submission of Concept Proposals for Prevention and Control of Cancer in the North Eastern States in India

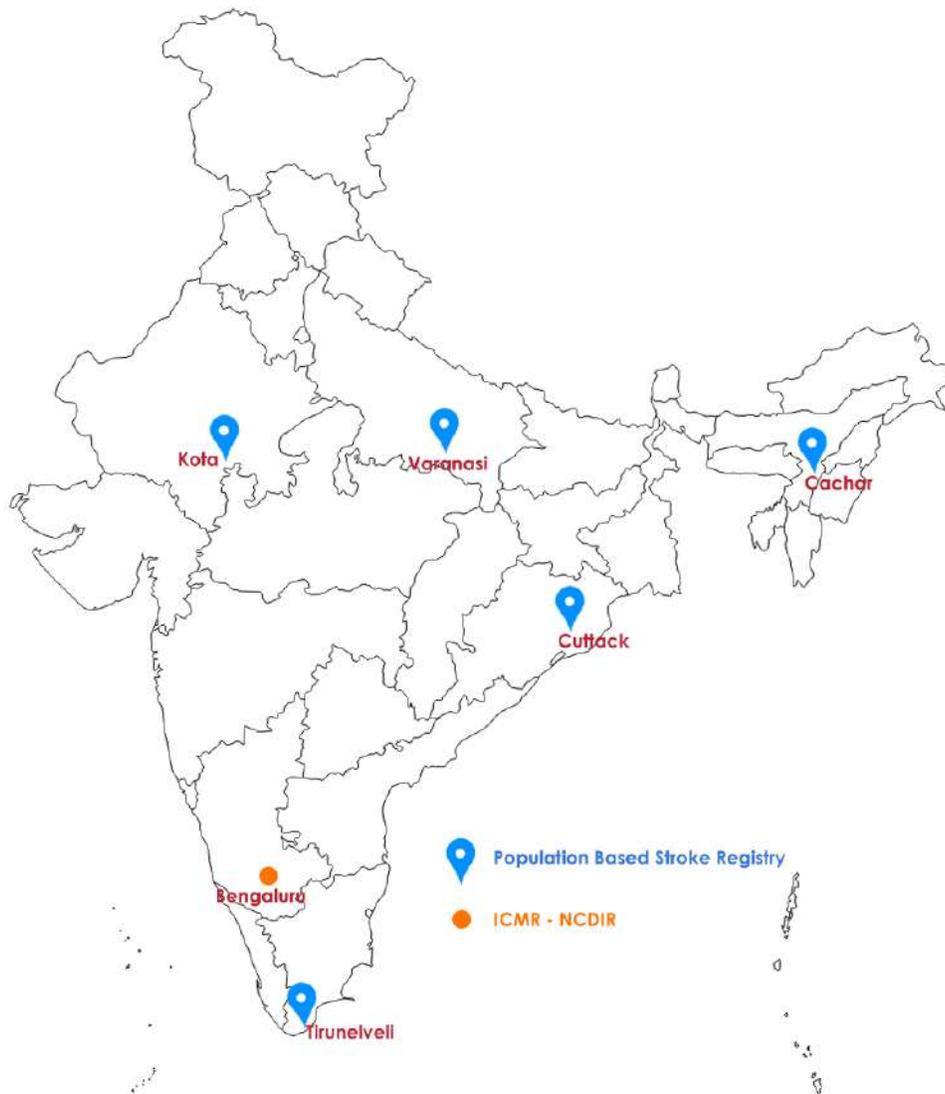
As a part of CaRes NER, a call for proposals for conducting research studies on prevention and control of cancers in the NER had been announced on ICMR-NCDIR website in October 2019. A total of three proposals were approved for funding.

STROKE

ONGOING PROJECTS

1. Development of Population Based Stroke Registry (PBSR) in different regions of India

The main objective of the PBSR is to generate reliable data on the magnitude and incidence of stroke. Five Population Based Stroke Registries in one geographical area each from the south, north, east, west and north east regions of India are functioning.



Meetings and Training Workshop:

1. An 'Expert group meeting to review PBSR was held on 12 December 2019, attended by experts, PIs and Co-PIs from all five PBSRs at ICMR-NCDIR, Bengaluru.
2. Training workshop for Population Based Stroke Registry for PBSR staff (Field investigators, Statisticians and Data entry operators) was conducted on 5-7 February, 2020 at ICMR-NCDIR, Bengaluru

Software development:

1. Deduplication module, module for tag and deleting are online and functional.
2. Quality check module for consistency checks is expanded and implemented.

2. HTA of National Stroke Care Registry Programme: Development of Hospital Based Stroke Registries in different regions of India

The Hospital Based Stroke Registry, sanctioned under the Health Technology Assessment projects of Department of Health Research is being implemented by ICMR-NCDIR with the objectives to generate reliable data on pattern of stroke, pattern of care and treatment for stroke. HBSR was initiated at ten centres during 2019-20 including five PBSRs and five premier institutions in India and data collection has commenced from 1 January 2020.

Training workshop:

1. HBSR sensitization & Training workshop for PIs & Co PIs of ten centres was held on 12 December, 2019.
2. Training Workshop on Hospital based Stroke Registry for field staff of already existing five PBSR centres was conducted in 5-7 February 2020.

Software development:

Home page of the National Stroke Registry Programme is updated to include HBSR section, designed with infographics and factsheets. HBSR webpage hosts the data entry module, search features, follow up module, software user manual and procedure manual for the use of the HBSR centres. Validation checks during data entry is designed to alert the user for any errors.

ICMR - NCDIR
National Stroke Registry Programme



MORTALITY

COMPLETED PROJECT

Research Study to Develop Intellisense Mapping of SNOMED CT to ICD-10 Coding

SNOMED CT is standard clinical terminology inputs used in Electronic Health Records, and useful for indexing storing, retrieving, and aggregating clinical data. Given that international statistical reporting uses ICD classification, it is important for SNOMED CT concepts to be mapped to ICD-10 codes. Objectives of the study were to identify the gaps in SNOMED to ICD 10 mapping for Non-Communicable Diseases like Malignant Neoplasm, Diabetes and Diseases of the Circulatory system. The number of ICD codes that were missing in the MAP tool were few (neoplasm-5, diabetes-7, cardiovascular disease-10). Incompatibility in SNOMED CT terms mapping to ICD codes was found in diabetes and CVDs. The limitation is that the MAP tool provided ICD 10 codes linked to SNOMED descriptions instead of ICD-10 descriptions. SNOMED CT allows granular clinical input in Electronic Health record systems but the MAP tool needs to be updated for use in disease registries. The second objective to integrate SNOMED CT terms to ICD 10 mapping. A prototype to integrate SNOMED CT terms to ICD 10 mapping has been developed in Java and integrated in the e-Mor software application.

The findings of the study were presented as e-poster titled, “**SNOMED to ICD-10 mapping for implementation in disease registries**” at the SNOMED CT Expo 2019 held in Kuala Lumpur from Oct 30 to November 1st,2019. The integration of SNOMED CT for recording cause of death in the electronic mortality software (e-Mor) and its application was showcased as “Use of SNOMED for strengthening Medical Certification of Cause of Death”.

ONGOING PROJECTS

1. Implementation of NCDIR electronic Mortality software (NCDIR e-Mor) in hospitals of the National Cancer Registry Programme (NCRP) network in North East India

Aim: To improve the cause of death information using electronic software to record institutional deaths in cancer registry hospitals in the north east states of India.

Participating Centres (2019-20)
Civil Hospital, Shillong
Zoram Medical College, Falkawn
District Hospital Dimapur
Gauhati Medical College and Hospital, Guwahati

Four centres have implemented NCDIR e-Mor in the states of Mizoram, Nagaland, Assam and Meghalaya during the year 2019-20.

2. Implementation of NCDIR electronic Mortality software (NCDIR e-Mor) – strengthen Medical Certification of Cause of Death

Aim:

To improve the cause of death information using electronic software to record institutional deaths in hospitals in India.

Five centres registered to implement NCDIR e-Mor in the state of Haryana, Karnataka, Gujarat, Maharashtra and Jharkhand during the year 2019-20.

Participating centres (2019-20)
Rajendra Institute of Medical Sciences, Ranchi
B J Medical College, Pune
BPS Govt. Medical College for Women, Haryana
Civil Hospital, Ahmedabad
NIMHANS, Bengaluru

Activities completed:

- a. Training workshops held for PIs and Co-PIs of both the projects on 23-05-2019 at ICMR-NCDIR, Bengaluru. The training was focused on capacity building of doctors across the country in cause of death recording and reporting so as to build mortality audit systems using the ICMR-NCDIR e-Mor software.



- b. Training for recruited staff under both the e-Mor projects were held through Zoom Video Conference on 27-11-2019 and 29-01-2020. The training was focused on basics of MCCD, usage of medical terminologies, ICD-10 codes and demonstration of NCDIR e-Mor.

DIABETES

ONGOING PROJECT

A national model to measure burden and map quality of care for type 2 diabetes mellitus rural population in India, involving medical colleges through primary health care setup- a feasibility study

Diabetes National Model Study (DNMS) aims to develop a model to measure burden and map quality of care for type 2 diabetes mellitus in rural India, involving medical colleges through primary health care setup. The objectives of the study are

- To describe the quality of care available for diabetes care and received by diabetes individuals at primary, secondary and tertiary settings for diabetes care in rural populations
- To determine the association between known exposures/risk factors with pre-diabetes and diabetes
- To estimate the burden of pre-diabetes, diabetes and its complications, and co-morbid NCD conditions in defined rural populations

Four MRHRU linked medical colleges are the participating centres

1. Grant Medical College and JJ group of Hospitals, Mumbai
2. Raichur Institute of Medical Sciences, Raichur
3. Agartala Medical College, Tripura
4. SCB Medical College, Cuttack

A pilot study was conducted to test the study tools developed, between June-August 2019 in three nearby villages at Devanahalli taluk. The results of the pilot study were presented in expert group meeting on 9 January 2020.

Prevalence of diabetes and prediabetes in three villages were 10.9% and 6.3% respectively. Prevalence of behavioral and metabolic risk factors were inadequate intake of fruits and vegetables (82.3%), inadequate physical activity (46.8%), current tobacco use (32.7%), current alcohol use (9.9%), generalized obesity BMI ≥ 30.00 kg/m² (7.5%), central obesity (46.4%) and hypertension (24.3%). More than three-fourth (75.8%) of known diabetes individuals were taking treatment from private health sector and 85.5% had controlled blood glucose levels.

Training workshop:

Training workshop for the Principal Investigator and Co- Principal Investigator for all the four participating centres was conducted on 16th March, 2020 and 20th March, 2020.

Software developments:

User Interface (UI) for Android based software development is completed. Implementation of client-side mandatory UI quality checks, data exchangeable between the device and mini database and cross UI validation and mandatory popup scripting across the UI are in progress.

CARDIOVASCULAR DISEASE

ONGOING PROJECT

A Study on the magnitude and Pattern of Cause of Heart Failure- a Feasibility study

The study has been designed as a multi-centre, prospective study in five centers in small to medium sized towns in North, South, East, North West and South West regions of India for systematic collection of risk factors, etiology, clinical features, diagnostic, treatment and outcome data from all the cases of heart failure. The objectives of the study are to understand the patterns of cause, care and outcomes of heart failure patients along with assessing the feasibility of effective functioning of heart failure registries in different geographies of India.



Training workshop:

1. Training workshop for the project staff (Medical social workers, field investigator, staff nurse and data entry operator) from Ajmer and Shimla was conducted on 30 August 2019.
2. Online training workshop for the project staff from all the five centres was conducted on 19 March 2020.



Training workshop held on August 30, 2019

Software developments:

Homepage of the Heart failure database management software is designed with dashboard and infographics. Login credentials were given to all the centres in July 2019 and online data entry has started.

The quality check module was developed which reports consistency errors, missing data and duplicates. Further updates were done based on the inputs during the site visits and review meeting.

patients. Therefore, ICMR had appointed an expert committee to draft a position paper on 'Do Not Attempt Resuscitation (DNAR)' to guide treating physicians to take this decision when the patient's chances of survival are extremely low and to preserve the dignity in death by avoiding medically non-beneficial CPR while providing compassionate care. A series of consultation meetings were planned to explore the various perspectives including ethical, legal implications, format and the steps related to development and implementation on 16th August 2019, 9th September 2019 and 4th November 2019 at ICMR Headquarters, New Delhi. This was followed by public consultation by posting on the ICMR website and a National Consultation meeting on 2nd December 2019 which was attended by >60 stakeholders. In addition the online registration meeting was kept open to 20 public representatives, interested stakeholders to register online and participate.



The ICMR Consensus Guideline on Do Not Attempt Resuscitation (DNAR) has been published in Indian Journal of Medical Research (IJMR) as Policy Document (Indian J Med Res 151, April 2020, pp 303-310 DOI: 10.4103/ijmr.IJMR_395_20) and simultaneously in the National Medical Journal of India (Natl Med J India [Epub ahead of print] [cited 2020 Jun 1]).

Reference: http://www.ijmr.org.in/temp/IndianJMedRes1514303-5622162_153701.pdf
<http://www.nmji.in/preprintarticle.asp?id=284970>

3. Dissemination/Training Program

In order to create awareness about ethical standards and to improve the quality of health research outcomes, various short-term trainings/ workshops are being organized across the country by the ICMR Bioethics Unit. A total of 16 programs have been conducted across the country and the list of institutions has been enumerated below.

SN	Date	Venue	Dissemination/ Training	No. of Participants
Dissemination/Training Programs organized during 2017-2019				
ICMR-NCDIR Supported programs				
1.	November 16, 2017	All India Institute of Medical Sciences (AIIMS), New Delhi	Dissemination	650
2.	December 14, 2017	Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh	Dissemination	1201
3.	February 7, 2018	Sri Ramachandra Medical College, Chennai	Dissemination	939
4.	February 17, 2018	All India Institute of Medical Sciences (AIIMS), Bhubaneswar	Dissemination	642
CDSA, THSTI Supported Programs				
5.	November 30, 2017	AMCMET Medical College, Ahmedabad	Dissemination	669
6.	December 21, 2017	Andhra Medical College, Visakhapatnam	Dissemination	322
7.	February 22, 2018	Amrita Institute of Medical Sciences, Kochi	Dissemination	752
8.	March 8, 2018	Gauhati Medical College, Guwahati	Dissemination	785
9.	March 7, 2019	Gadag Institute of Medical Sciences, Gadag	Dissemination	259
DHR Supported programs				
10.	June 28, 2019	Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar	Dissemination	172
11.	June 29, 2019	Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar	Training	73
12.	September 16 – 17, 2019	Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry	Training	80
13.	September 19, 2019	St. John's Medical College, Bangalore	Dissemination	162
14.	September 20, 2019	St. John's Medical College, Bangalore	Training	45
15.	January 21-22, 2020	BRD Medical College, Gorakhpur	Training	168
16.	February 28, 2020	National Centre for Disease Informatics and Research (ICMR-NCDIR), Bengaluru	Training	66
		Total		6985

The online registration portal link was posted on relevant websites for registration of the participants to ensure maximum participation and outreach. Each program was conducted and coordinated by an eminent panel of experts who were part of the group that drafted and reviewed the guidelines. One of the major highlights of the programs were the Open House discussions where open ended questions were

addressed by the Panel and a time of about one and half hours allowed for ample discussion. Participants from various disciplines of health research benefitted from dissemination and training programs.



Gadag Institute of Medical Sciences, Gadag



St. John's Research Institute, Bangalore



JIPMER, Pondicherry



Kalinga Institute of Medical Sciences, Bhubaneswar

Recently, the programs that have been organised are:

a. ICMR Training on Biomedical and Health Research Ethics:

The program was jointly organized by ICMR-RMRC, Gorakhpur; BRD Medical College, Gorakhpur and ICMR Bioethics Unit, NCDIR, Bangalore and held at BRD Medical College on 21st -22nd January, 2020. The one-and-half-day training program was attended by over 170 participants from various disciplines including Ethics Committee Members, faculty, students, scientists and research scholars. The training covered a wide range of topics including roles and responsibilities of ECs, Responsible Conduct of Research, ICMR National Ethical Guidelines, Registration of ECs, general ethical issues, informed consent process etc. through interactive lectures and case discussions.



Training held at BRD Medical College, Gorakhpur on 21- 22 January 2020

b. ICMR Training on Responsible Conduct of Research and Publication Ethics held on 28th February 2020 at NCDIR, Bengaluru:

1. A one-day training program was organized by ICMR Bioethics Unit for ICMR Research Integrity Officers (RIOs), scientists of ICMR institutes from across the country, clinicians, biomedical health researchers, nursing faculty, students etc. There was an enormous response and about 80 participants from several ICMR institutions, medical colleges, dental colleges, nursing colleges, other government institutions etc. attended this one day training. The training encompassed a wide range of topics like responsible conduct of research, research misconduct, ethics in scientific writing, ICMR National Ethical Guidelines and also ICMR Policy on Research Integrity and Publication Ethics through interactive sessions and case discussions. This was the first such program of ICMR on Responsible conduct of research and publication ethics and was very widely appreciated. The occasion was also celebrated as the National Science Day and focussed on the theme "**Women in Science**".



ICMR Training on Responsible Conduct of Research and Publication Ethics held on 28 February 2020 at NCDIR, Bengaluru

4. Dissemination Report (2017-2019)

A consolidated report was prepared on dissemination and training programs on ICMR National Ethical Guidelines conducted by ICMR Bioethics Unit, NCDIR, Bengaluru across the country during 2017-2019 to reach out to maximum possible stakeholders. Details about National Ethical Guidelines could be shared with around 7000 people from across 24 states/ Union territories, covering around 649 institutes including Medical Colleges, Universities, Biomedical Research Institutions, Dental Colleges, Nursing Colleges, Non-Medical Colleges, Universities, Independent organizations, Pharmaceutical Organizations, Traditional Medicine Colleges, NGOs and many other organizations who benefitted from this program. Each dissemination program targeted participation of approximately 500 to 1000 participants and 50-100 participants for training programs. The report was released by Dr. Vasantha Muthuswamy, Chairperson, Ethics Advisory Committee amidst other dignitaries on 12th February 2020 at NCDIR Bengaluru. The report has been circulated and is available on the website for reference.



Release of the Dissemination Report

Reference: <http://ethics.ncdirindia.org//asset/pdf/DisseminationReport2020.pdf>

5. Designation as a WHO Collaborating Centre (WHO-CC) for Strengthening Ethics in Biomedical & Health Research

The proposal for ICMR Bioethics Unit to be considered as WHO-CC was accepted by WHO-Headquarters, Geneva with the following Terms of references (TORs):-

- TOR 1** To collaborate with WHO in setting up strategic initiatives, providing guidance and leadership towards excellence in ethical aspects of biomedical and health research.
- TOR 2** Setting up tools and processes for strengthening and sustaining research, innovation and education in ethics.
- TOR 3** Partnership, networking and outreach with various stakeholders to collaborate for building capacity in research ethics and protecting participants in research.

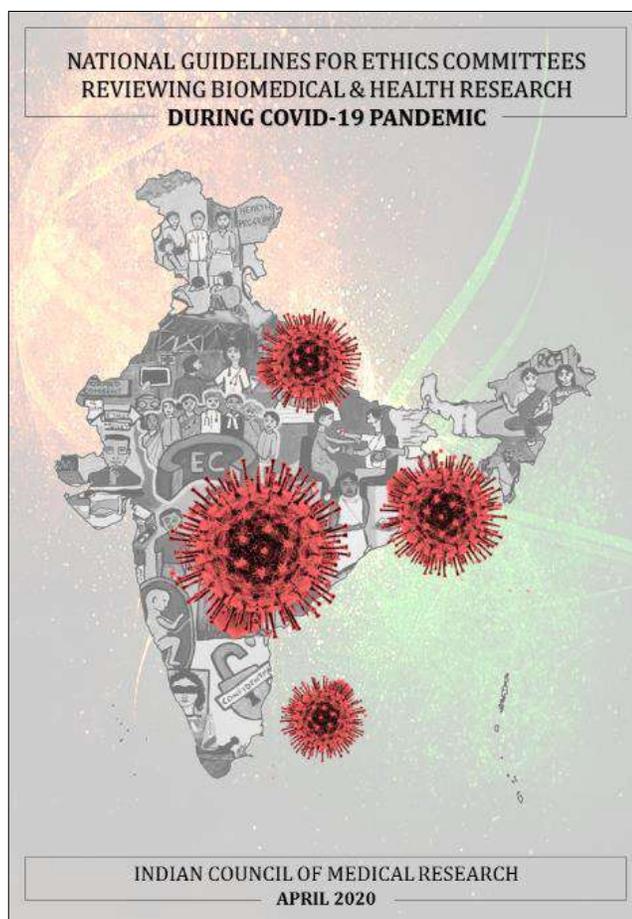
The approval was received on 7th Feb 2020 and the news was widely reported on social media as well as in several newspapers. ICMR Bioethics Unit is the first such centre in the South East Asia Region to be granted recognition as a WHO CC centre in February 2020.



6. National Guidelines for Ethics Committees Reviewing Biomedical & Health Research during Covid-19 Pandemic, April 2020

In the ongoing COVID-19 pandemic situation, research has to be at the forefront in order to confront the novel challenges that have flared up in an unprecedented manner. A guidance document was prepared to facilitate easy understanding for the Ethics Committees (ECs) to conduct review in expedited manner in the current prevailing pandemic situation. It is expected that this guideline will be useful not only for ethics committees but for all stakeholders in research including researchers, sponsors and even public at large to inform them about the ethical conduct and review of research for ensuring participant safety and right at all time.

Reference: http://ethics.ncdirindia.org//asset/pdf/EC_Guidance_COVID19.pdf



7. SOP Template for Ethics Review of Biomedical and Health Research during Covid-19 Pandemic

The Standard Operating Procedure (SOP) template was developed to guide the Ethics Committee for the conduct of ethics review in an emergency situation with restrictions as imposed by social distancing

requirements during the COVID-19 outbreak. The SOP can be adopted by EC reviewing biomedical and health research during Covid-19 Pandemic. The template intends to serve as a handy reference for all ECs across the country to ensure facile and sturdy ethics review of not only COVID-19 related research but also other new and ongoing non-COVID health research.

Reference: http://ethics.ncdirindia.org//asset/pdf/SOP_Template_EC_COVID19.pdf

Institute Logo	SOP for Review of Biomedical and Health Research during COVID-19 Pandemic	SOP No: ___/ V01 Effective Date: dd/mm/yyyy																																																			
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Approved by <i>Signature with date</i>		Accepted by <i>Signature with date</i>																																																			

8. Updation of ICMR Bioethics Unit WEBSITE

Development of content and Launch of the website of ICMR Bioethics Unit with more than 18,000 visitors in one year (<http://ethics.ncdirindia.org/>). It provides regular updates, has provision to download relevant resources, ICMR/ DHR and well as other National Guidance documents, as well as International Guidelines.



ICMR NCDIR
National Centre for Disease Intervention and Research
Department of Health Research, Ministry of Health & Family Welfare, Government of India

ICMR Bioethics Unit



सिद्धिं विवृणुते धर्मो अज्ञानं विना
सर्वान् संश्लेषित्वा अज्ञानं विना

HOME ABOUT US ETHICS COMMITTEE TOOLS ACTIVITIES RESOURCE CENTER



About Us

The Indian Council of Medical Research (ICMR) is the apex body in India for the formulation, coordination and promotion of biomedical research and has always been on the forefront promoting ethics in biomedical and health research in the country. ICMR Bioethics Unit located at National Centre for Disease Intervention and Research (NCDIR), Bangalore supports and fosters initiatives research ethical conduct of biomedical and health research in India. It is involved in development of ethical guidelines, policy and implementation guidelines related to various types of biomedical research conducted in the country. It is also involved in preparing tools and ethics support for initiating programs for training and capacity building of ethics committees in the country.

ICMR Bioethics Unit develops guidelines, policies as well as tools and instruments through a participative process involving various stakeholders such as clinicians, researchers, ethics committee members, legal experts, social scientists and other society representatives. It also works closely with various government organizations, regulatory agencies and institutions in guiding as well as supporting initiatives for implementing ethical conduct of research in the country.

What's New

[View All >](#)

Properly Informed Operations (PIO) on New Drugs under Trial of Drugs Below 2019

"Feedback" on ICMR National Ethical Guidelines for Biomedical and Health Research Seeking Human Participants released on 28th March 2019 at ICMR Workshops.

Recent ICMR Guidelines / Publications






Related Links

Ministry of Health and Family Welfare (MHRD) |
Department of Health Research (DHR) |
National Institute for Disease Intervention and Research (NCDIR),
Department of Health Research (DHR) |
Council of Ethics Regulation (CER) |

Contact Us

ICMR Bioethics Unit |
National Centre for Disease Intervention and Research (NCDIR) (Formerly
Department of Health Research (DHR) of Ministry of Health and Family Welfare, ICMR Complex,
Prasanna Road, 100 005, 1, Adyar in Chennai, Tamil Nadu, India,
Phone No: 044 - 24292612, 244
Email: icmr.bioethics@icmr.gov.in



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Snapshot of The Bioethics Web Page

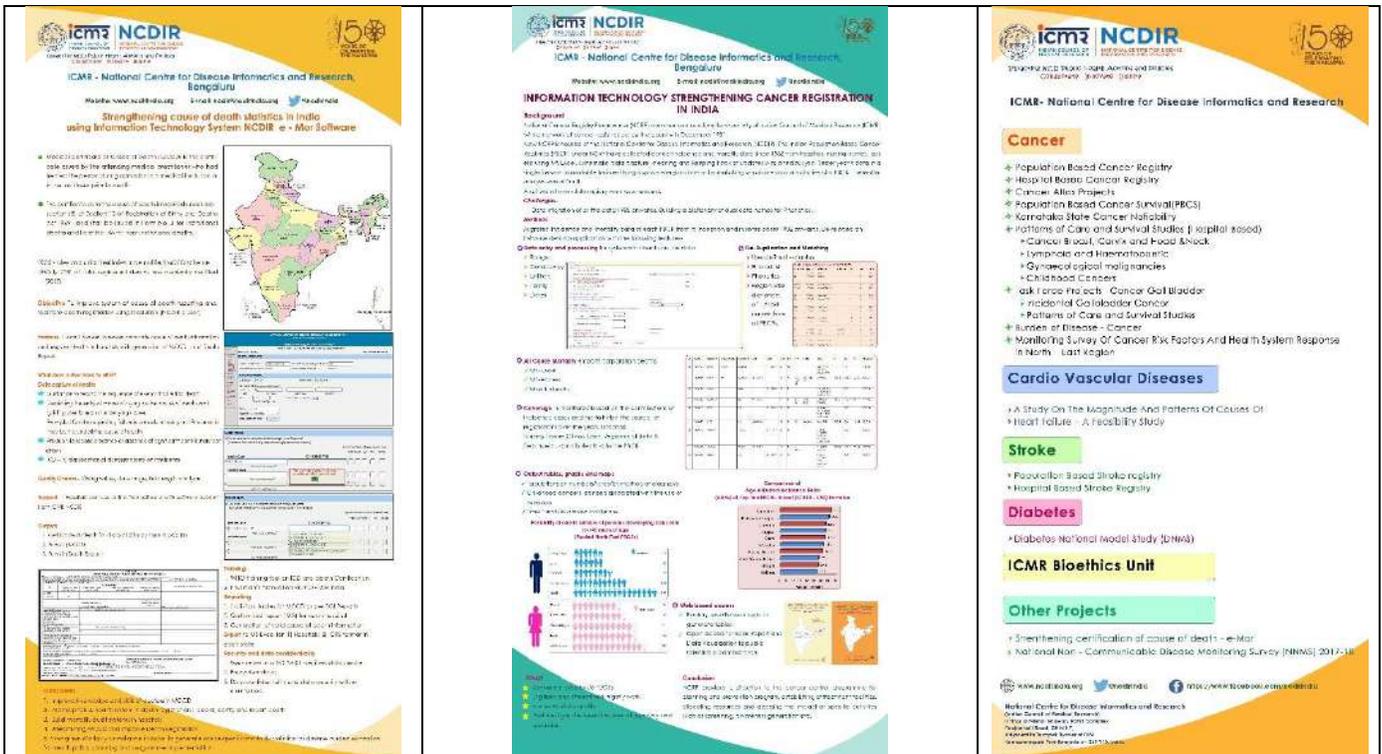
OTHER ACTIVITIES

1. ICMR's participation in "Bengaluru Tech Summit-2019" Bengaluru held from 18-20 Nov.'19 at Palace Grounds, Bengaluru.

Bengaluru Tech Summit 2019, was organised by the Dept. of IT & BT, Government of Karnataka as 22nd edition - “A Global Stage for Innovation & for Utilising Technology as a Tool to Give Innovators a Stage to Flourish”.

The stall exhibited by ICMR had posters on ICMR-NCDIR’s work -

- About ICMR-National Centre for Disease Informatics and Research
- Network of Cancer Registries in India
- Hospital Based Cancer Registry Data Management
- Information Technology Strengthening Cancer Registration in India
- Implementation of Open Data Kit (ODK) technology in National Noncommunicable Disease Monitoring Survey (NNMS) 2017-18
- Strengthening cause of death statistics in India using Information Technology System NCDIR e-Mor software



ICMR NCDIR
National Centre for Disease Informatics and Research, Bengaluru

Hospital Based Cancer Registry Data Management (HBCRDM)

Introduction

Objective

- 1. Automate the process of data entry and validation.
- 2. Provide a user-friendly interface for data entry and validation.
- 3. Provide a secure and reliable platform for data storage and retrieval.
- 4. Provide a comprehensive reporting and analytics module.
- 5. Provide a multi-user access and role-based access control.
- 6. Provide a comprehensive audit trail.
- 7. Provide a comprehensive backup and recovery mechanism.
- 8. Provide a comprehensive security and access control mechanism.
- 9. Provide a comprehensive user management and authentication mechanism.
- 10. Provide a comprehensive system integration and interoperability mechanism.

Key Features

- 1. Automated data entry and validation.
- 2. User-friendly interface for data entry and validation.
- 3. Secure and reliable platform for data storage and retrieval.
- 4. Comprehensive reporting and analytics module.
- 5. Multi-user access and role-based access control.
- 6. Comprehensive audit trail.
- 7. Comprehensive backup and recovery mechanism.
- 8. Comprehensive security and access control mechanism.
- 9. Comprehensive user management and authentication mechanism.
- 10. Comprehensive system integration and interoperability mechanism.

Key Outcomes

- 1. Improved data entry and validation efficiency.
- 2. Enhanced data security and reliability.
- 3. Improved reporting and analytics capabilities.
- 4. Enhanced user experience and productivity.
- 5. Improved system integration and interoperability.
- 6. Enhanced system scalability and flexibility.
- 7. Improved system performance and reliability.
- 8. Enhanced system security and access control.
- 9. Improved system user management and authentication.
- 10. Improved system integration and interoperability.

Conclusion

The HBCRDM system is a comprehensive and user-friendly platform for managing hospital-based cancer registry data. It provides a secure and reliable platform for data storage and retrieval, and a comprehensive reporting and analytics module. The system is designed to be scalable and flexible, and can be integrated with other systems. The system is designed to be secure and reliable, and can be used by multiple users. The system is designed to be user-friendly and easy to use, and can be used by healthcare professionals. The system is designed to be comprehensive and cover all aspects of cancer registry data management.

ICMR NCDIR
National Centre for Disease Informatics and Research, Bengaluru

Implementation of Open Data KR (ODK) Technology in National Non-Communicable Disease Monitoring Survey (NNMS) 2017-18

Introduction

ICMR-NCDIR, with Ministry of Health and Family Welfare (MHW), Government of India conducted a multi-national non-communicable disease monitoring survey (NNMS) in 2017-18 across the national non-communicable disease registries and population in 400 locations across India with an estimated sample size of 12,000.

Problem Statement

- 1. Many locations with low budget and low literacy.
- 2. Collection of data using traditional methods in data collection and data entry.
- 3. Data to collect data in unstructured mode as survey would be in remote areas.
- 4. Lack of resources for data collection and data entry.
- 5. Multiple data collection sites.
- 6. An effective and efficient data collection and data entry solution.

Solution

- 1. Open Data KR (ODK) was chosen over other traditional data collection methods.
- 2. ODK was used in the survey to collect data in unstructured mode as survey would be in remote areas.
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Key Outcomes

- 1. Improved data collection and data entry efficiency.
- 2. Enhanced data security and reliability.
- 3. Improved reporting and analytics capabilities.
- 4. Enhanced user experience and productivity.
- 5. Improved system integration and interoperability.
- 6. Enhanced system scalability and flexibility.
- 7. Improved system performance and reliability.
- 8. Enhanced system security and access control.
- 9. Improved system user management and authentication.
- 10. Improved system integration and interoperability.

Conclusion

The ODK technology is a comprehensive and user-friendly platform for managing hospital-based cancer registry data. It provides a secure and reliable platform for data storage and retrieval, and a comprehensive reporting and analytics module. The system is designed to be scalable and flexible, and can be integrated with other systems. The system is designed to be secure and reliable, and can be used by multiple users. The system is designed to be user-friendly and easy to use, and can be used by healthcare professionals. The system is designed to be comprehensive and cover all aspects of cancer registry data management.

ICMR NCDIR
National Centre for Disease Informatics and Research, Bengaluru

National Cancer Registry in India

Introduction

ICMR-NCDIR, with Ministry of Health and Family Welfare (MHW), Government of India conducted a multi-national non-communicable disease monitoring survey (NNMS) in 2017-18 across the national non-communicable disease registries and population in 400 locations across India with an estimated sample size of 12,000.

Key Outcomes

- 1. Improved data collection and data entry efficiency.
- 2. Enhanced data security and reliability.
- 3. Improved reporting and analytics capabilities.
- 4. Enhanced user experience and productivity.
- 5. Improved system integration and interoperability.
- 6. Enhanced system scalability and flexibility.
- 7. Improved system performance and reliability.
- 8. Enhanced system security and access control.
- 9. Improved system user management and authentication.
- 10. Improved system integration and interoperability.

Conclusion

The National Cancer Registry in India is a comprehensive and user-friendly platform for managing hospital-based cancer registry data. It provides a secure and reliable platform for data storage and retrieval, and a comprehensive reporting and analytics module. The system is designed to be scalable and flexible, and can be integrated with other systems. The system is designed to be secure and reliable, and can be used by multiple users. The system is designed to be user-friendly and easy to use, and can be used by healthcare professionals. The system is designed to be comprehensive and cover all aspects of cancer registry data management.

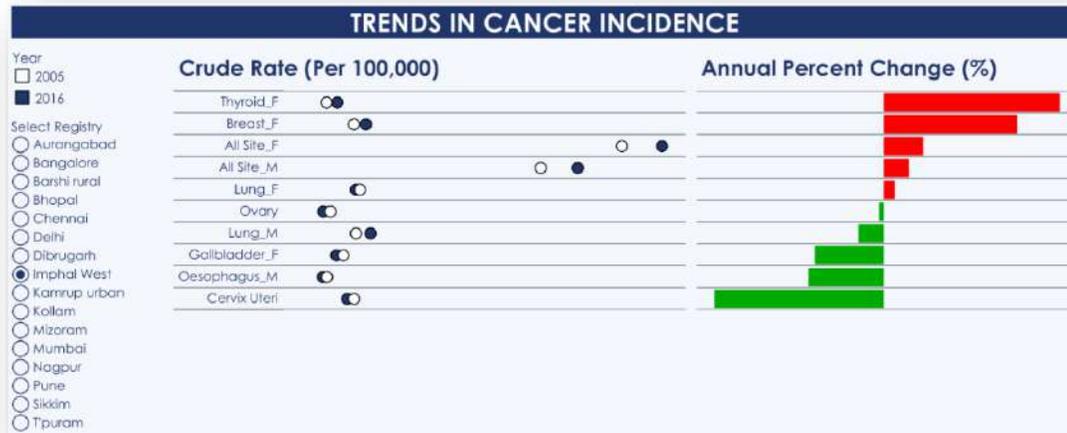
2. “5th Global Exhibition on Services-2019” held at Palace Grounds, Bengaluru from 26th to 28 November, 2019

ICMR was an exhibitor and sectoral partner at the 5th Global Exhibition on Services -2019 held at Bangalore Palace Grounds from 26th to 28th November 2019. ICMR-NCDIR on behalf of all the institutes of ICMR showcased ICMR’s technologies and interacted with the organizers (SEPC). 22 posters were received from ICMR which were redesigned with attractive and to the point infographics. Representatives of other ICMR institutes in Bangalore were also present at ICMR’s stall to interact with visitors.

SOFTWARE DEVELOPMENT

1. Cancer Samiksha - NCRP 2012-2016 Interactive Data Visualization

The Cancer Samiksha portal on NCDIR's website provides the data from the Report on PBCRs 2012-2014 for analysis and visualization. Work on interactive visualization for NCRP's 2012-2016 data based on the Report commenced for future integration with Cancer Samiksha.



2. HTA of national stroke care registry programme development of Hospital based stroke registries in different regions of India

ICMR – NCDIR has developed web application for data capture for the project “HTA of National Stroke Care Registry Programme Development of Hospital Based Stroke Registries in Different Regions of India”. The objective is to provide a convenient and easy-to-use web-based data collection tool to the centres participating in this study, through which the users may store, retrieve and update information of patients and listing of cases due for follow up. Access to above application is restricted to the registered users. A Login ID and Password will be given to the registered users.

ICMR - National Centre for Disease Informatics and Research
HTA of national stroke care registry programme development of Hospital based stroke registries in different regions of India

Welcome : National Centre for Disease Informatics and Research Logged in as : hbsr

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Ref.No:1000000009

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I IDENTIFYING INFORMATION

1. Name of Participating Centre: National Centre for Disease Informatics and Res. Code: 100

2. HBSR Registration Number: [Text Field]

3. Registration at Reporting Institution: Out-Patient In-Patient

3.1 Name of Source of Registration: [Text Field] Code: [Text Field]

3.2 Name of Department / Unit / Physician: [Text Field] Code: [Text Field]

3.3 Hospital Registration Number: [Text Field]

4. Full Name: --Title-- [Dropdown] [Text Field] [Text Field] [Text Field]

5. Place of residence (place of usual residence where the patient has been residing for the past 1 year)

5.1 Urban Areas (town / cities) 5.2 Non-Urban / Rural Areas (town / cities)

House No: [Text Field] House No and ward: [Text Field]

Road / Street Name: [Text Field] Name of Gram Panchayat/Village etc: [Text Field]

Area / Locality: [Text Field]

Ward / Corporation / Division: [Text Field] Name of Sub-Unit of district: [Text Field]

Name of City / Town: [Text Field] Name of PHC / Sub Centre: [Text Field]

Name of district (in capitals): [Text Field] Postal Pin Code: [Text Field]

Telephone No(s) Off: [Text Field] Res: [Text Field]

3. Monitoring Survey of Cancer Risk Factors and Health System Response in North – East Region (NER)

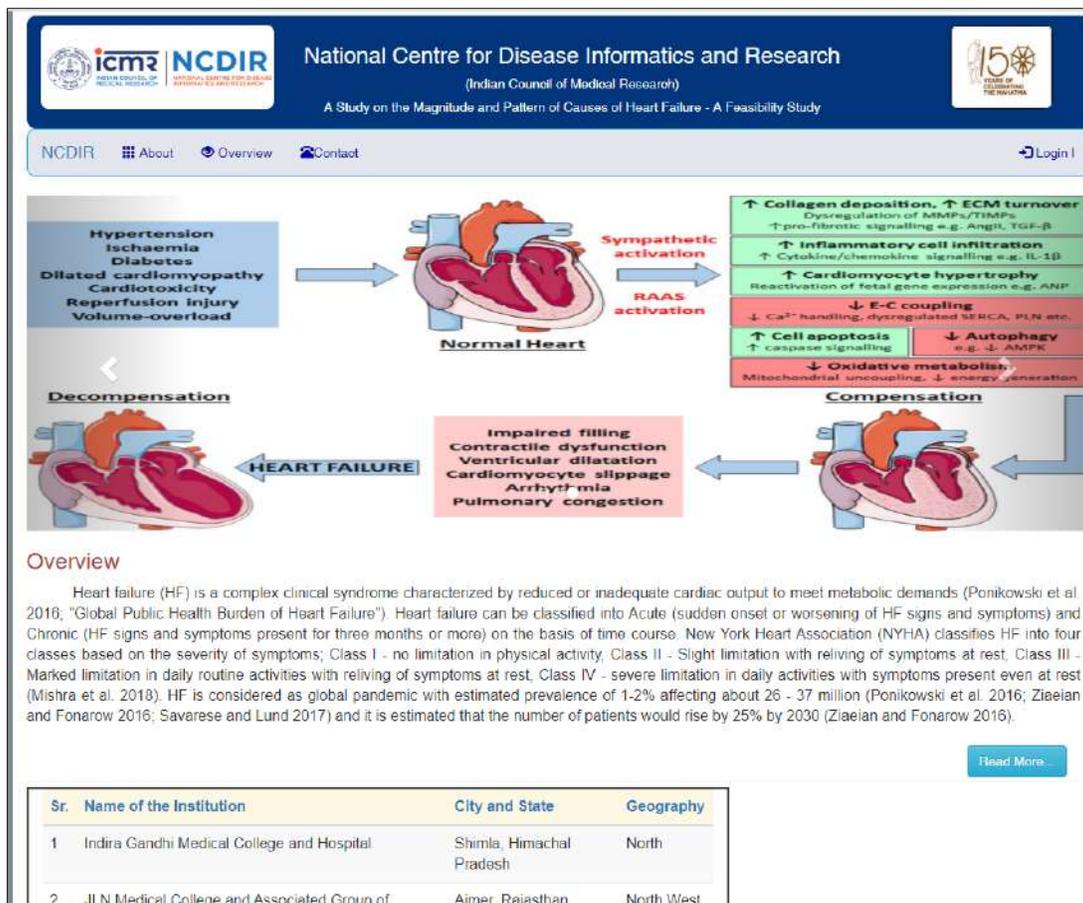
Application has two components namely ODK App for collection of field data and centralised dashboard application for routine monitoring of field activity.

- a. ODK application – Household, Adult and three Health facility questionnaires.

4. Pilot Study for A national model to measure burden and map quality of care for type 2 diabetes mellitus in rural populations in India, involving medical colleges through primary health care setup- a feasibility study



5. A Study on the magnitude and Pattern of Cause of Heart Failure- a Feasibility study



User Logged in as : ncdir

A Study on the Magnitude and Pattern of Causes of Heart Failure - A Feasibility Study

Total No of Registered Cases

Registered	OPD Cases	Discharged	Death	Completed	Pending
4669	1700	2828	140	2519	2010

Follow up Records



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Note: (*) indicates mandatory. Please try to avoid entering these (~ \$ < > () % \ - + ; { } [] ' ! # ^ & * + = | " ?) Symbols.

Reference Number : 1000000008

IDENTIFYING INFORMATION

1. Name of Participating Centre * Centre Code

2. HF Registration Number * (First 2 digits are for year of registration and the next 5 digits for actual registration number)

3.1 Name of the Source of Registration (OPD/ICU/Ward Name) *

3.2 Hospital Registration Number *
 3.2.1 OPD Number
 3.2.2 IPD Number

4. Date of Hospital admission / attendance *

5. Full Name of the Patient *
 First Name Second Name Last Name

6. Place of Residence : Place of Usual Residence (where the person has been residing for the past one year, at least)

Urban / Semi-Urban Areas (Town / Mandal / Block) Rural Areas (Gram Panchayat / Hamlet)

House No. and Ward <input type="text" value="House No"/>	House No. and Ward <input type="text" value="House No and Ward"/>
Road / Street Name <input type="text" value="Road / Street Name"/>	Gram Panchayat / Village <input type="text" value="Gram Panchayat/Village"/>
Area / Locality <input type="text" value="Area / Locality"/>	Sub - Unit of District <input type="text" value="(Taluk/Tehsil/Other)"/>
Name of City / Town <input type="text" value="Name of City"/>	
Name of District (in Capitals) * <input type="text" value="DISTRICT"/>	Postal Pin Code * <input type="text" value="6 Digits-No"/>
Mobile Number (Patient) * <input type="text" value="10 Digits-No"/>	Mobile Number * <input type="text" value="Primary caregiver"/>

6. Call for Concept Proposals for Prevention and Control of Cancer in the North Eastern States in India (CaRes NER Programme) 2019

The screenshot shows the ICMR-NCDIR website. At the top, it says "ICMR - National Centre for Disease Informatics and Research" and "Home". The main heading is "Call for Concept Proposals for Prevention and Control of Cancer in the North Eastern States in India (CaRes NER Programme) 2019". Below this, there is a "Background" section with text about the high burden of cancer in the North Eastern part of India. To the right, there is a "Login Panel" with fields for "Username" (admin) and "Password" (*****), a "Login" button, and a "Registration" section with a "For Registration click here" button. At the bottom, there is a "Contact Information" section with the email "team.tech@ncdirindia.org".

ICMR - National Centre for Disease Informatics and Research

Home

ICMR NCDIR
INDIAN COUNCIL OF MEDICAL RESEARCH NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Impacting NCD Public Health Actions and Policies
Collaborate Innovate Inspire

Call for Concept Proposals for Prevention and Control of Cancer in the North Eastern States in India (CaRes NER Programme) 2019

Background

North Eastern part of India comprising of eight states show a high burden and a different pattern of cancer which could be attributed to differences in terms of geographical attributes, population profile, socio-cultural, environmental, life style, dietary patterns and developmental indices etc. Even the survival rate of certain cancers such as early stage head and neck cancer and breast cancer is lower in the region. While some of these trends in cancer pattern can be explained by known risk factors of cancer, there may be a number of unknown or unrevealed risk factors. The CaRes NER Programme aims to address the research needs of the growing burden of cancer in the North Eastern Region (NER) by developing innovative strategies to address this from programme, policy and health system perspective.

Scientific Priorities

Under this call, ICMR-NCDIR calls for concept proposals from interested investigators across multiple disciplines from any of the eight states of NER to undertake clinical, epidemiological, operational research or population based interventions which must culminate into new or enhanced approaches towards cancer prevention and control relevant for the region.

Expected Outcomes

The study findings must have implications for programme and policy makers and contribute to strengthening of cancer control programmes and reduction in morbidity and mortality due to cancer.

For any technical queries please write to team.tech@ncdirindia.org

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7. Dynamic NCDIR Software Module for tender and Career sub modules

The screenshot shows the NCDIR Application User Login interface. On the left, there is a logo for ICMR NCDIR (Indian Council of Medical Research National Centre for Disease Informatics and Research) with the tagline "Impacting NCD Public Health Actions and Policies Collaborate Innovate Inspire". Below the logo, it says "NCDIR Application". On the right, there is a "USER LOGIN" section with a "Username" field containing "admin" and a "Password" field containing "*****". Below these fields is a green "LOGIN" button.

ICMR NCDIR
INDIAN COUNCIL OF MEDICAL RESEARCH NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Impacting NCD Public Health Actions and Policies
Collaborate Innovate Inspire

NCDIR Application

USER LOGIN

admin *****

LOGIN

PUBLICATIONS

1. Mohamad Tarik, Lakshmy Ramakrishnan, Ritvik Amarchand, Harshal Ramesh Salve, Prashant Mathur, Pradeep Joshi & Anand Krishnan ; Feasibility of measuring sodium, potassium and creatinine from urine sample on dried filter paper; *Bioanalysis* 2019, Apr;11(8):689-701 (<https://doi.org/10.4155/bio-2018-0295>) (IF-2.371)
2. Mathur R, Thakur K, Hazam RK. Highlights of Indian Council of Medical Research National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. *Indian J Pharmacol* 2019;51:214-21.(IF-1.04)
3. Mathur P, Pillai R. Overnutrition: Current scenario & combat strategies. *Indian J Med Res* 2019;149:695-705 (IF-2.061)
4. Sathishkumar K., Vaitheeswaran K., Stephen S., Sathya N, Prashant Mathur. Impact of New Standardized Population for Estimating Cancer Incidence in Indian Context- an Analysis from National Cancer Registry Programme (NCRP). *Asian Pacific Journal of Cancer Prevention*, 2020; 21(2): 371-377. (IF- 2.52)
5. Mathur R. ICMR Consensus Guidelines on ‘Do Not Attempt Resuscitation’. *Indian J Med Res* 2020;151:303-10 (IF-2.061)
6. Mathur R. ICMR Consensus Guidelines on ‘Do Not Attempt Resuscitation’. *Natl Med J India* [Epub ahead of print] (IF-0.64)
7. Ethical Standards for research during public health emergencies: Distilling existing guidance to support COVID-19 R&D, WHO March 2020 (Member of WHO Working Group Ethics and COVID-19).
8. Mathur R. Ethics preparedness for infectious disease outbreaks research in India: A case for novel coronavirus disease 2019. *Indian J Med Res.* 2020 Feb & Mar;151(2 & 3):124-131. doi: 10.4103/ijmr.IJMR_463_20 (IF-2.061)
9. NCD Risk Factor Collaboration (NCD-RisC). Rising rural body-mass index is the main driver of the global obesity epidemic in adults. *Nature* 569, 260–264 (2019)(IF-42.778)

Reports

1. Report on “Development of an Atlas of Cancer in Haryana State, 2016-17”
2. Report “Dissemination on ICMR national Ethical Guidelines by ICMR Bioethics Unit between 2017-2019”
3. Ethics Committee Tools: Common Forms for Ethics Committees in India, version 2.0. 2019.

Guidelines

1. National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic
2. ICMR Policy on Research Integrity and Publication Ethics
3. SOP Template for Ethics Review of Biomedical and Health Research

MEETINGS / CONFERNCES / SEMINARS ATTENDED BY NCDIR SCIENTISTS

1. Junior World Congress 2019 in collaboration with Asian Medical Students at Ludhiana on 4-5 April 2019
2. Meeting with Biocon Foundation team on Cancer Screening with Mobile Technology at NCDIR Bengaluru on 9 April 2019
3. 2nd International Cohorts Summit of global leaders of large-scale longitudinal cohorts at Iceland at Reykjavik on 23- 24 April 2019
4. Virtual Meeting of the Nodal Communication Officers held on 22 April 2020
5. First meeting of the Advisory Committee to frame 'Biological Data Storage, Access and Sharing Policy of India' held at DBT and presented suggestions on behalf of Director, ICMR-NCDIR on 24 April 2019
6. Meeting of Expert Group on Establishing National Bio Bank at ICMR Hqs. New Delhi on 02/05/2019
7. Steering Committee Meeting – APNEC 2 Update on 2 May 2019 at Asia-Pacific Regional Meeting for National Bioethics/Ethics Committee (Web Conference)
8. First Expert Committee Meeting (DHR-ICMR AI Cell) – Setting up of Artificial Intelligence Cell on 6 May 2019, 14 January 2019 and 20 February 2020 at ICMR Hqrs. New Delhi
9. A collaborative workshop with NIH USA to firm up the plans for Nipah clinical trial with m102.4 monoclonal antibodies on 7 May 2019 to 9 May 2019 at ICMR Hqrs. New Delhi
10. Research Advisory Committee Meeting in Mysore Medical College, Mysore on 10 May 2019
11. DHR-sponsored course on Molecular Diagnostics & Disease Informatics in Health Care" at NIRRH, Mumbai on 30 May 2019
12. North American Association of Central Cancer Registries (NAACCR) - International Agency for Research on Cancer(IARC) Combined Annual Conference at Vancouver Canada from 9 -13 June 2019
13. Council for International Organizations of Medical Sciences (CIOMS) Executive Committee meeting on 18 June 2019 at CIOMS, Geneva (Web Conference)
14. Meeting on Volunteer Infection Research Consortium on 3 July 2019 at Translational Health and Technology Institute (THSTI) Faridabad
15. Expert Group meeting on Task Force on Gallbladder at ICMR Hqs on 3 July 2019
16. First Meeting of Technical Advisory Group of India Cancer Research Consortium at ICMR Hqs New Delhi on 12 July 2019
17. First Expert Panel meeting for DHR-ICMR Advance Medical Oncology Diagnostic Services (DIAMOnDS) at ICMR Hqs on 16 July 2019
18. Training of Trainers (TOT) Meeting for Population Based Screening of Common NCDs Programme at Delhi on 17 -19 July 2019
19. ICMR Research Data Platform meeting at New Delhi on 29 July 2019
20. Meeting on proposal for establishment of "Centre of Health Informatics and Medical Research in collaboration with CDAC" at New Delhi on 29 July 2019

21. Inauguration of Screening Program for Pourakarmikas at KLE Society's Inst of Dental Sciences, Bengaluru on 30 July 2019
22. Consultation Meeting on Do Not Attempt Resuscitate (DNAR) Card on 16 August 2019 at ICMR-Headquarters, New Delhi
23. Research Advisory Committee meeting in Mysore Medical College, Mysore at Mysore Medical College, Mysore on 23 August 2019
24. National Undergraduate Medical Conference, Asclepius 2019 at JSS Medical College, Mysore on 23 August 2019
25. Second Meeting on the Biological Data Storage, Access and Sharing Policy of India at DBT, New Delhi on 26 August 2019
26. Second Technical Advisory Group meeting of India Cancer Research Consortium (ICRC) at ICMR Hqs. New Delhi on 26 August 2019
27. U Chicago Trust's Catalyzing Innovation in Digital Health event at University of Chicago Centre, Delhi on 26 August 2019
28. Multiple Linear Regression, Logistic regression & Survival analysis, Christian Medical College, Vellore on August 26 – 29 August 2019
29. Research Advisory Committee Meeting of Rajiv Gandhi Cancer Institute, New Delhi on 31 August 2019
30. Expert Consultation on Do Not Resuscitate (DNR) and ICMR Policy on Ethical Issues Related to Reuse of Cardiovascular Catheters at ICMR Headquarters, New Delhi on 9 September 2019
31. Townhall meeting for Science and Technology Cluster at IISC, Bengaluru on 10 September 2019
32. Inter-Ministerial Committee meeting to finalize 'Biological Data Storage, Access and Sharing Policy of India' held at DBT for final revisions of the policy on 16 September 2019
33. Meeting on Ethics & Governance of Artificial Intelligence (AI) in Health, on 2 – 4 October 2019 at WHO Headquarter Office Geneva
34. "CIOMS Working Group meeting on Practical Guidance to Clinical Product Development Research in Resource-Limited Settings" on 8 – 9 October 2019 at Extremadura, Spain
35. WHO- Asia Pacific National Ethics Committee meeting (APNEC II) on 21- 24 October 2019 at Wellington, New Zealand
36. SNOMED CT Expo 2019, Kuala Lumpur held from 29 October 2019 to 2 November 2019 and presented E-Poster "SNOMED to ICD-10 mapping for implementation in disease registries" and Oral Presentation " Use of SNOMED for strengthening Medical Certification of Cause of Death"
37. National Consultation meeting with Stakeholders on Do Not Attempt Resuscitation, at ICMR New Delhi on 2 November 2019
38. Consultation and National Public Consultations meetings on Do Not Attempt Resuscitation (DNAR) on 4 November 2019 at ICMR-Headquarters, New Delhi
39. Seminar on Integrity and Ethics in Clinical Research and Publications on 8 November 2019 at KLE Convention Centre, organized by ICMR-National Institute of Traditional Medicine (NITM), Belagavi
40. CNNS Dialogue on Implications on Nutrition Programmes and Policies for Children and Adolescents at New Delhi on 8 November 2019
41. Meeting on "ICMR-NICF symposium on AI for Health in partnership with WHO-ITU" on 12 November 2019 at ICMR-Headquarters, New Delhi

42. Meeting of the Scientific Advisory Group of the Division of NCD, ICMR at ICMR Hqs., on 20 November 2019.
43. National Resource Centre for EHR Standards (NRCeS) Users' Meet Winter 2019 held at International Institute of Information Technology- Bengaluru to showcase the use of SNOMED to capture cause of death in the open source e-Mor software application on 22 November 2019
44. National Consultation meeting on Do Not Attempt Resuscitation (DNAR) on 2 December 2019 at ICMR-Headquarters, New Delhi
45. Meeting with State Health Authority for Cancer Atlas in Rajasthan State at NCDIR, Bengaluru on 3 December 2019
46. Meeting on Do Not Attempt Resuscitation on 23 December 2019 at National Centre for Disease Informatics and Research (NCDIR), Bengaluru
47. Meeting of the DIAMOnDS project at New Delhi on 26 December 2019
48. Symposium on "Digital health and cancer registry" at CNCI, Kolkata on 29 December 2019
49. 107th Indian Science Congress conference at GKVK Campus, Bengaluru, on 5 January 2020
50. Detailed Proposal Shortlisting Meeting of the Thematic Group 'Prevention and Epidemiology' (Chairperson) under ICMR-Indian Cancer Research Consortium at ICMR, New Delhi on 6 January 2020.
51. Brainstorming Meeting on Community-Based Intervention Research for Non-Communicable Diseases – Delivering NCD Care at the Doorstep at ICMR, New Delhi on 14 January 2020
52. ICMR Training on Biomedical and Health Research Ethics at BRD Medical College Gorakhpur on 21 – 22 January 2020
53. Ethics Advisory Committee meeting on SOPs and Multicentric Research on 11 – 12 February 2020 at National Centre for Disease Informatics and Research (NCDIR), Bengaluru
54. Meeting of the Scientific Advisory Board of MS Ramaiah Medical College and Hospitals, Bengaluru on 12 February 2020
55. Ethics Advisory Committee Meeting on Guidelines for Common Review Of Multicentre Research on 12 February 2020
56. Research Advisory Committee meeting at Mysore Medical College and Research Institute, Mysuru on 26 February 2020
57. ICMR Training on Responsible Conduct of Research & Publication Ethics for Institutional Ethics Committee of NCDIR on 28 February 2020 at National Centre for Disease Informatics and Research (NCDIR), Bengaluru
58. ICMR Training on Responsible Conduct of Research & Publication Ethics" at NCDIR, Bengaluru on 28 February 2020
59. ICMR Training on Biomedical and Health Research Ethics and GCP Guidelines for Institutional Ethics Committee of NCDIR on 11 March 2020 at National Centre for Disease Informatics and Research (NCDIR), Bengaluru
60. WHO Ethics Working Group meeting on Roadmap for the Novel Coronavirus Meeting on 4 February 2020, 7 February 2020, 4 – 5 March 2020, 18 March 2020 and 25 March 2020