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Nirmala College Rd, Kizhakkekara, Muvattupuzha, Kerala 686661

CORONAVIRUS; A RECENT OUTBREAK

Camila A Carlman & Bharat Mishra*

Nirmala College of pharmacy, Muvattupuzha, Ernakulam, Kerala, India

Abstract

The novel coronavirus was recognised as causative pathogen of coronavirus outbreak in 2020. First case reported in Wuhan. Phylogenetic analysis suggests that an animal sold at seafood market is the host of new virus. Thousands of people already contracted with new coronavirus. The death toll is at 258, and is rising daily. The WHO declared the outbreak "public health emergency of international concern". Coronavirus belongs to large family of virus which are zoonotic in nature. Signs of infection by this virus: respiratory diseases, fever, cough, dyspnoea, headache, hypoxemia, pneumonia, sore throat. Mode of transmission of SARS-CoV[2002] & MERS-CoV[2012] was by cat and dromedary camels. Coronavirus is causing severe acute respiratory syndrome indicated by elevated levels of aminotransferase and lymphopenia; alveolar damage can occur. Etiologic agents of respiratory diseases are human coronavirus HKUI & HCOU-NL63 and for common cold, it is coronavirus OC43 & 229E. Murine coronavirus exhibits various levels of virulence and tropisms. Antibody & cell mediated responses needed for its prevention. Porcine coronavirus are cause of viral enteritis & foetal diarrhoea. The coronavirus spike protein- mediators of cell – cell transmission. 1) spike cleaves by proteases. 2) then enter cell by plasma membrane route. 3) Finally replicate in particular cell based on ability to bind with receptors. [2019nCoV – can bind to ACE-II receptors]. The demographic states: male: female sex ratio is [2.7- 1] and age range [21- 76] among the infected. Prevention include: regular handwashing, cover mouth while coughing, thoroughly cook meat and egg. The company Reckitt & Benckiser says that Dettol can kill some CoV strains.

Keywords: novel coronavirus, Wuhan, public health emergency of international concern, respiratory diseases.

CANCER CHECKMATES NIVOLUMAB ALONE AND IS COMBINED WITH IPILIMUMAB IN ADVANCED NSCLC AND RCC: RANDOMISED TRIAL WATCH

Therese Mathew

Nirmala College Of Pharmacy, Muvattupuzha P.O, Ernakulam. Dist, Kerala -686661

Abstract

Background: Immune check-point inhibitors, nivolumab alone and in combination with Ipilimumab significantly improved prognosis in advanced unresectable cancer in many studies. Hence we conducted this review to identify the safety and effectiveness of nivolumab monotherapy over nivolumab plus ipilimumab combination in patients with Advanced Renal Cell Carcinoma (RCC) And Non-Small Cell Lung Cancer (NSCLC).

Objectives: The main purpose was to highlight the evidence from published randomized control trials on the overall survival, progression free survival, and safety parameters in advanced RCC and NSCLC treated with Nivolumab alone or in combination with Ipilimumab.

Methods: Relevant electronic databases searched include the Cochrane review, PubMed and Google scholar. The retrieved records were screened independently for eligibility.

Conclusion: Patients with advanced RCC or NSCLC, long term survival of at least 5 years was observed in a greater percentage of patients who received nivolumab plus ipilimumab or nivolumab alone, with no apparent loss of quality of life after chemotherapy. Long term safety profile was tolerable with manageable toxic effects that appeared less frequently than with chemotherapy. While advanced RCC and NSCLC have high morbidity and mortality, combining nivolumab and ipilimumab led to an improvement in progression free survival and objective response rates when compared with monotherapy. These were the characterizing factors associated with long-term survival, and may provide treatment approaches for future clinical trial development in immune-oncology.

Keywords: Nivolumab, Ipilimumab, Renal cell carcinoma, Chemotherapy, Overall survival.

Corresponding Author:

Meby Susan Mathew

Assist. Professor

Dept.of Pharmacy Practice

Nirmala College of Pharmacy

Email:meby.paul@yahoo.com

Mob: 9447193283

