

## The Slava Topol Project

A Preventative Search and Rescue Service on Peak Lenin (PSAR)

Yasmin Down

AMS – Acute Mountain Sickness HAPE – High-altitude Pulmonary Oedema

HACE – High-altitude Cerebral Oedema

BC – Base Camp ABC – Advanced Base Camp

### History

- Peak Lenin (7134m): 'the world's easiest 7000m peak', lies on the Kyrgyzstan-Tajikistan border
- 1974: 8 women from the former Soviet Union died during the first female ascent attempt
- **1990:** 43 climbers killed in one of history's worst mountaineering disasters, when an earthquake caused a serac to collapse and avalanche camp 2
- The mountain continues to see unrecorded injuries and fatalities
- **2021:** Komissarov and Diggins rank Peak Lenin poorly for its mountain safety
- **2023:** Topol Project founders helped rescue a climber at 5300m suffering from high-altitude cerebral oedema
- This highlighted the lack of a dedicated PSAR service despite the mountain's history and increasingly technical terrain
- 5-year plan to begin in 2024 after teaming up with an expert in mountain medicine
- The Project is **named after the late Slava Topol** (Vayacheslav Sheiko), an admired climber and skier, and friends of the founders
- His family, owners of **Topol Camp**, continue to generously support the project and its volunteers

### Mission! Why?

- **5-year plan:** Volunteer medics and search and rescue teams collaborate with existing infrastructure to improve rescue services, provide medical care, and deliver high-altitude education
- Research disease prevalence and incidence of altitude-related illness
- Establish **medical posts** at BC and ABC, with rescue capabilities higher on the mountain
- The Slava Topol Project (2025)

### Why

- Research gaps: 'Success rates' in mountaineering vary. Further data is needed in relation to the prevention and effects of altitude sickness, and how to successfully manage and treat it
- **Effective oxygen** ~8.7% at 7134m vs 21% at sea level; increased health risks associated with poor oxygen delivery and injury mortality (West, 1996)
- AMS incidence above 5000m is ~40-95%, rising with higher altitude (Litch et. al., 2008)
- HAPE and HACE: less common but have a higher mortality rate and are more likely at higher altitudes (Meier et. al., 2017)
- **Injury mortality** increases above 5000m due to associated altitude illness, weather and rescue and evacuation possibilities (Huey & Eguskitza, 2001 and Taylor, 2011)

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### Methods

- Research common injuries and assess current medical services
- Networking with current medics that are based on the mountain
- Plan and identify possible sites for medical tents, and supplies needed for the next season

For more information and to donate please visit:

https://www.slavatop
olproject.org/
or scan the QR code

### Summary – 2024 and 2025

- **2024**: Medics joined the project in Kyrgyzstan to network and research current practices
- Throughout the year volunteers collected **supplies and equipment**, created **posters and education plans**, and prepared for the following season
- **2025: Medical posts** established by volunteers at BC (3600m) and ABC (4400m)
- **124 consultations** across 8-weeks, seeing local residents, climbers, trekkers, guides and porters
- Conditions treated included chronic disease, paediatrics, gynaecology, soft tissue injuries, musculoskeletal injury, gastro-intestinal illness, and mild to severe cases of AMS, HAPE and HACE
- Continuity of care: Patients were seen and monitored until stable and safe rescue or transport was available. Local medics recommended practices or hospitals depending on diagnosis
- **Collaboration** with local medics to understand existing systems, integrate local knowledge and share information. Preparation for eventual handover to local teams and medics
- **Ascent Profiles** of climbers revealed a correlation between rapid ascent and incidence/severity of AMS, HAPE and HACE
- Education sessions were organised, both at BC and ABC, in English and local languages using translators
- **Posters, handouts and online links** were used to recommend safe acclimatisation techniques and prevention, recognition and treatment of high- altitude illness alongside safe mountaineering practices
- Experienced rescue teams supported the project to establish faster evacuation possibilities and improve the fixed lines in a preventative attempt to reduce mountain related injuries

### Conclusions - 2026

- There is a definite need for a structured mountain rescue service on Peak Lenin
- Research over the next years will allow a better understanding of the disease profile of the local population and mountaineering related disease and injury
- The Slava Topol Project will return next season to provide further medical and rescue services with the aim of eventually integrating this into the current services available

