

AOGIN INDIA NEWS LETTER

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EVENTS, NEWS AND ACADEMICS

Welcome to the latest edition of our newsletter! This issue is packed with exciting updates and valuable insights. Our Education section features articles on innovative methods, and the latest advancements. Our Events and reports section highlights the buzzing activities of our members to preventing cervical cancer.

Stay informed and engaged with our vibrant academic and professional community through this comprehensive newsletter.

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AOGIN INDIA 2024 conference
brochure 🎉

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Letter from the President and the Secretary

Dear AOGIN – India Members,

This issue of the AOGIN - India newsletter is packed with information on cutting edge technology. We have a summary of two important journal articles - one on the Cervavac vaccine and the other on the use of dual staining to triage HPV positive women. Dr.Dipanwita Banerjee has summarised the applications of AI in cervical cancer prevention and we have a poem from AIIMS Rishikesh that just tugs at your heartstrings.

This newsletter also includes a eulogy on Prof. Lynette Denny who passed away recently - a committed researcher and a wonderful person who said " To be able to be of service to your community is a great privilege". We, the members of AOGIN India, re-dedicate ourselves towards ensuring that our women have equitable access to screening and treatment for cervical cancer. Please remember to block your dates for the 13th annual conference of AOGIN-India to be held on 4th and 5th October at JIPMER, Pondicherry.

Warm Regards,

President

Secretary



Dr Rupinder Sekhon



Dr Latha Balasubramani

Professor Lynette Denny

– A Tribute on behalf of the AOGIN-India Community



It is with deep sadness that we learnt about the passing of Professor Lynette Denny on 9 June 2024. Professor Denny was globally renowned for her work on cervical cancer prevention. She will be remembered as a legendary clinician-researcher who worked tirelessly and with unwavering commitment to improving the lives of marginalized women. Her research informed cervical cancer screening policies and programs among LMICs and Africa in particular.

Professor Denny earned her PhD from the University of Cape Town in 2000 with a thesis entitled “Evaluation of Alternative Strategies for the Prevention of Cervical Cancer in Low-Resource Settings”. This launched her career as a distinguished researcher, a gynaecological cancer expert and a world-renowned scientific leader. She held many important positions - President of the International Gynae Cancer Society, Chairperson of the FIGO Gyn Oncology Committee and AORTIC – the African Organization for Research and Treatment in Cancer. She received many awards and recognitions in South Africa, including The Order of Disa which recognized her outstanding service to the community, Pioneer for Peace and Human Dignity, the 2006 Department of Science and Technology Award for Women in Science and a lifetime achievement award by the South African Society of Obstetricians and Gynaecologists (SASOG). The President of South Africa conferred upon her The Order of the Baobab (Silver) award which is awarded to South African citizens for their exceptional commitment and contributions in their area of specialty. Dr Denny was also the recipient of numerous international awards - the IGCS Global Humanitarian Award, accolades from the German Society of Obstetrics and Gynaecology, the British Society for Colposcopy and Cervical Pathology (BSCCP), the International Federation of Gynaecology and Obstetrics (FIGO), the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC). We had the privilege of honouring her as a Legend at the International Federation of Cervical Pathology and Colposcopy (IFCPC) conference in India in 2021.

I first met her in 2001 when she came to the annual conference of the Association of Gynaecologic Oncologists of India (AGOICON) hosted at Kolkata by Dr Partha Basu. I was immensely inspired by her presentation on her screening trials having just embarked on my own and my relentless questioning on how things were done led her to invite me to Cape Town – she said, “There is a difference between seeing and hearing about it”. So, I went there as a UICC ICRET Fellow in 2003. It was an unforgettable experience, not just the legendary and imposing Groote Schuur Hospital, the site of the first heart transplant in the world, where in Lyn’s words – “We practice first world medicine in a third world country”. But it was the field site of Khayelitsha that took my breath away – a vast expanse of hutments as far as the eye could see. And her approach so global and holistic – not just cervical cancer screening but domestic violence, sexual

abuse, nutrition, palliative care – she kept her eye on everything, working out of containers converted into field clinics by her innovative friends. She wove fun and opportunity into the lives of those women. She nurtured fellows from almost every African country and across the world. Her trials have been the foundation of change. “Let not the ideal be the enemy of the good”, she would say.

Professor Denny fought her personal battle with breast cancer bravely, continuing to contribute to science and to her mission of preventing cervical cancer among the most vulnerable women up until the end, despite multiple episodes of complications and recurrences. Even in her suffering she taught us lessons in personal strength and resilience, remaining positive and productive in numerous ways. In the initial phase after her diagnosis, she made it a point to travel for holidays annually (“I asked myself what I would miss not having done”). Most of these holidays were in scenic locations connecting with the natural habitat in Africa and in India – she enjoyed especially her holidays in Ladakh and in Kerala. She also took up painting in a big way finding it to be extremely therapeutic. Professor Denny was a remarkable person who made a lasting impact on everyone she met.

She performed all her roles with extreme passion and commitment, was a mentor and friend to innumerable persons, but above all, a humanitarian who remained an unwavering advocate for vulnerable women till the very end. The impact of her contributions was profound and will continue to be felt by the global community long after she has gone. Recently, on the occasion of receiving The Order of the Baobab, she said “what I would like to impart to those who follow me when I leave is, to be able to be of service to your community is a great privilege. It’s not a duty. It’s not a burden. Immersing myself in the Khayelitsha community was just so liberating”.

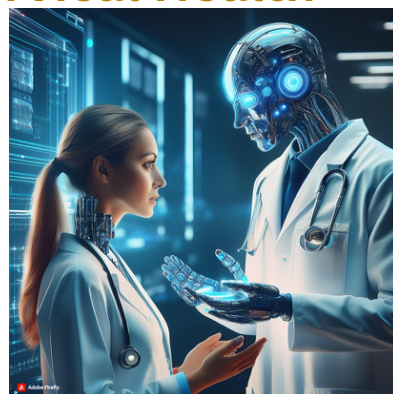
Directly and indirectly, Professor Lynette Denny touched the lives of millions and made her place in history. She will be greatly missed. May she rest in peace.

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Enhancing Colposcopy With Artificial Intelligence -Heralding A New Era In Cervical Health

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Introduction

Colposcopy is a real-time visualization and diagnostic assessment tool for detecting cervical intraepithelial neoplasia (CIN) and early invasive cancer. Till date, diagnostic accuracy of colposcopy is prone to have both interobserver and intraobserver variability. The development of advanced computing like artificial intelligence (AI) which includes machine learning (ML) and deep learning (DL), could play a role in addressing this issue. The AI application may bridge the gap of shortage in expert colposcopists, especially in low and middle-income countries (LMICs), where the cervical cancer burden is high and access to quality health care is limited.

How AI works

Different ML algorithms such as support vector machine (SVM), random forest (RF), and logistic regression (LR), enables a computer to perform tasks with a specific goal which aids in detection of cervix, selecting abnormal areas on cervix by feature encoding and lesion area segmentation networks through transfer learning. The DL, like artificial neural network (ANN), convoluted neural network (CNN), through Colposcopic Artificial Intelligence Auxiliary Diagnostic System (CAIADS), function similarly to the complex human mind like learning from experience, making autonomous decisions, and adapting to environmental changes to achieve specific objectives.

Colposcopes with AI integration

Currently available portable colposcopes with AI application identifies the abnormal area and guides to take biopsy from the worst affected area. The details of the ML part of the individual devices are summarised in Table 1.

Discussion:

Evidences evaluating the role of AI in colposcopy practice and detection of high grade squamous intra epithelial lesion (HSIL) or worse lesions are summarised in Table 2.

Table 1: summary of the ML features of portable colposcopes

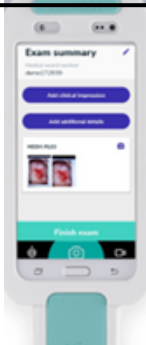
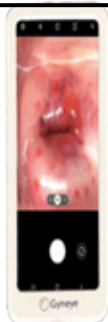
nGyn NSV Technology Pvt Ltd	Smart Scope Periwinkle Technologies Pvt Ltd	Enhanced visual assessment (EVA)Pro mobileODT	GynEye Suja Associates Pvt Ltd.
			
Through AI, algorithms map the whiteness present on the cervix, similar to a heat map	AI enabled risk level assessment of captured images to immediate generate a colour coded report	A complex algorithm through augmented intelligence predicts how highly trained colposcopists determine findings of the cervix	The vast image bank, is being processed by an AI tool to assess the disease's vulnerability

Table 2: Summary of various ML and DL algorithms in colposcopy practice

Study	Algorithm	Sensitivity	Specificity	Other findings
Xue P et al. (1)	CAIADS AI vs interpretation by colposcopist	Low-grade 90.5%, vs 83.5%, ≥High-grade 71.9% vs 60.4% (p < 0.001)	Low-grade 51.8% vs 52.0%, ≥High-grade 93.9% vs 94.9%(p > 0.05)	Superior ability in predicting biopsy sites
Ouh YT et al. (2)	CerviCARE AI	98% for ≥ HSIL	95.5%	
Miyagi Y et al.(3)	CNN-based AI	88.8%	80.0%	AI classifier vs gyn oncologists 0.941 vs 0.843
Yuan C et al. (4)	ResNet model- classify colposcopy images. U-Net model- precisely segment the lesions in the cervix. MASK R-CNN model- detect HSIL	85.38%	82.62%	The accuracy of the classification model 84.10% with an AUC of 0.93

Benefits of AI integration

- 1.The diagnostic results are in real time; AI algorithm integrated into colposcopy equipment can be used as an assistive tool in combination with human evaluation.
- 2.The AI in the colposcopy device can help in evaluating cervical lesions and triage the cases which may require immediate attention.
- 3.To address the imbalance of medical resources in LMICs, the availability of a cloud-based AI platform could narrow the gap in colposcopy diagnosis between tertiary hospitals and primary care hospitals.

Limitations of AI integration

1. Non-uniformity in using colposcopy terminology makes it difficult for the data to be used for training and validating AI-guided digital colposcopy.
2. Management and data security have not yet been addressed. Quality control of large-volume datasets would prevent any form of breach in medical ethics and conduct.

Conclusion

Digital colposcopy along with ML has the strong potential to improve the automatic image classification and thus diagnosis of cervical lesions. Till date, the AI features integrated into the currently available colposcopy devices are still in its infancy stage. More studies on larger populations are required for wider application of AI in cervical cancer screening and management.

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JOURNAL SCAN

RECOMMENDATIONS FOR USE OF P16/KI67 DUAL STAIN FOR MANAGEMENT OF INDIVIDUALS TESTING POSITIVE FOR HUMAN PAPILLOMAVIRUS

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Introduction

In 2019, the ASCCP developed guidelines based on immediate and 5-year risks for managing individuals with high-risk HPV and abnormal cytology. In 2020, the FDA approved p16ink4a/Ki-67 dual stain for cytology to aid in managing HPV-positive individuals by detecting markers indicative of precancerous changes.

Dual staining of cytology specimens detects a marker of HPV-related oncogene activity (p16, a tumor suppressor protein) and a marker of cell proliferation (Ki-67) that, when detected together in the same cell, is indicative of cell cycle dysregulation associated with precancerous cellular changes (CIN3+).

The Enduring Guidelines process was established to incorporate new data and technologies into existing guidelines.

Methodology

Risks of cervical intraepithelial neoplasia grade 3 or worse were calculated according to DS results among individuals testing HPV-positive using data from the Kaiser Permanente Northern California (KNPC) cohort and the STudying Risk to Improve DisparitiES (STRIDES) study in Mississippi.

Management recommendations were based on clinical action thresholds developed for the 2019 American Society for Colposcopy and Cervical Pathology Risk-Based Management Consensus Guidelines.

These recommendations only apply to FDA-approved CINTec PLUS Cytology (Roche Diagnostics) which is the only DS test with FDA approval. These recommendations apply only to results obtained in asymptomatic women; symptomatic women should undergo testing according to relevant protocols.

Recommendations

- 1.DS is acceptable for triage of individuals testing HPV-positive when limited genotyping is not available. If using DS to triage HPV-positive test results without genotyping, colposcopy is recommended for individuals testing HPV-positive and DS-positive, and 1-year return is recommended for individuals testing HPV-positive and DS-negative.
 - Rationale: The HPV-positive, DS-positive results had an immediate CIN3+ risk of 9.5%, which met the colposcopy referral threshold of 4%–24%. In contrast, HPV-positive, DS-negative results met criteria for a 1-year return (immediate risk 0.75%, 3-year risk 1.5%). At the 1-year return, repeat HPV-based testing is recommended.
- A combination of DS and limited genotyping (provided by the screening HPV test) is acceptable for triage of individuals testing HPV-positive. If using DS to triage HPV-positive test results with limited genotyping, colposcopy is recommended for individuals testing positive for HPV16 or HPV18. For individuals testing positive for the pool of HR12, colposcopy is recommended when DS is positive and 1-year return is recommended when DS is negative.
 - Rationale: HPV HR12-positive/DS-negative patients have low immediate CIN3+ risk (1year: 0.5%, 3 years:1.1%), with repeat testing recommended in 1 year (HPV or co-testing). Although the CIN3+ risks of individuals testing HPV16-positive or HPV18-positive, DS-negative are below the colposcopy referral threshold, additional follow-up data to ensure minimal risk of cancer are required. In the interim, it is recommended that all HPV16- and HPV18-positive results are referred to colposcopy, independent of DS result.
- In a cotesting setting, DS is acceptable for triage of individuals with HPV-positive test results and negative for intraepithelial lesion or malignancy (NILM), atypical squamous cell of undetermined significance (ASC-US), or low-grade squamous intraepithelial lesion (LSIL) cytology. If using DS to triage HPV-positive cotesting results without genotyping, colposcopy is

- recommended for individuals testing HPV-positive with NILM, ASC-US, or LSIL cytology, and positive for DS, and a 1-year return is recommended for individuals testing HPV-positive with NILM, ASC-US, or LSIL cytology, and negative for DS.

If limited genotyping results available:

- Colposcopy is recommended for individuals testing positive for HPV16 or HPV18 regardless of DS result. For the pool of HR12 with NILM, ASC-US, or LSIL cytology, colposcopy is recommended when DS is positive and 1-year return is recommended when DS is negative.
- Use of DS in individuals with cytology results of atypical squamous cells, cannot rule out high-grade (ASC-H), atypical squamous cells, cannot rule out high-grade (AGC), or high-grade squamous intraepithelial lesion (HSIL) is not recommended, and if obtained, should not guide management.
 - Rationale : Among individuals with HPV-positive NILM, ASC-US, or LSIL results, all DS- positive results met the colposcopy threshold of 4%–24%, and DS-negative results met the threshold for repeat testing in 1 year. At the 1-year return, repeat testing with HPV-based testing (HPV alone or HPV/cytology (co--testing)) is recommended. The immediate CIN3+ risks of HPV-positive NILM, ASC-US, or LSIL cytology with DS-positive results were 4.1%–6.6%. The CIN3+ risks of HPV-positive NILM, ASC-US, or LSIL cytology with DS-negative results were 0.53%–0.87% (immediate) and 0.92%–1.6% (3 years)
- When patients are being followed after (a) abnormal screening test results that did not require colposcopy, (b) colposcopy, or (c) treatment, it is acceptable to use DS according to the guidelines for management of an initial abnormal screening test result . For example, when using HPV-based testing (primary HPV or cotesting) colposcopy is recommended after an HPV-positive/DS-positive result, and 1-year follow-up is recommended after an HPV-positive, DS-negative result, except in the case of HPV16-positive, HPV18-positive, AGC, ASC-H, or HSIL, for which management according to the 2019 Guidelines is recommended (colposcopy or expedited treatment).
 - Rationale: Rationale: For patients with 3 or more consecutive HPV-positive, DS-negative results, follow-up in 1 year or colposcopy is acceptable . In the post colposcopy and post treatment settings, the CIN3+ risks among individuals with HPV-positive, DS-positive test

(ctd.) results were above the colposcopy referral threshold (7.9% and 18.2%, respectively) and among those with HPV-positive, DS-negative results, the risks were below the colposcopy referral threshold (0.39% and 0.0%, respectively; Specifically, DS can be used for triage of HPV-positive test results when primary HPV testing is used, or for triage of HPV-positive NILM, ASCUS, or LSIL results when cotesting is used. Data are not yet available for more than 2 repeat results of HPV-positive, DS-negative.

5. When a DS result is unsatisfactory due to sampling issues, repeating the sample as soon as convenient and no later than 4 months is acceptable. If other satisfactory results are available at the time of DS testing that can be used for management according to risk (e.g., HPV16-or HPV18-positive or cytology results), management based on those results is also acceptable.

Conclusion

Dual stain is a robust marker of CIN3+ risk and can be incorporated into clinical management strategies.. In general, resource usage metrics suggest that compared with cytology, DS requires fewer colposcopies and detects cervical intraepithelial neoplasia grade 3 or worse earlier.

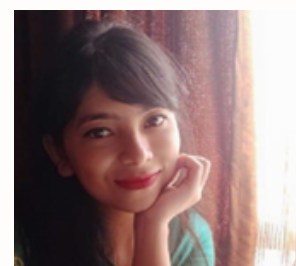
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JOURNAL SCAN

IMMUNOGENICITY AND SAFETY OF A NEW QUADRIVALENT HPV VACCINE IN GIRLS AND BOYS AGED 9–14 YEARS VERSUS AN ESTABLISHED QUADRIVALENT HPV VACCINE IN WOMEN AGED 15–26 YEARS IN INDIA: A RANDOMISED, ACTIVE-CONTROLLED, MULTICENTRE, PHASE 2/3 TRIAL.

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Introduction

Human papillomavirus (HPV) is the primary cause of cervical cancer with types 16 and 18 responsible for about 70% of cervical cancer cases. Existing vaccines are costly and limited in availability, particularly in LMICs. The Serum Institute of India developed Cervavac, a quadrivalent HPV vaccine targeting types 6, 11, 16, and 18, for males and females aged 9–26. This phase 2/3 trial compared its immunogenicity and safety to Gardasil, focusing on antibody responses in different age groups as both Gardasil and Cervavac (SIIPL) contained the same HPV types in the same doses.

Methodology

Study design and participants

This phase 2/3 trial involved girls and boys aged 9–14 and men and women aged 15–26, divided into three groups: SIIPL quadrivalent HPV vaccine for females, SIIPL quadrivalent HPV vaccine for males, and a comparator quadrivalent HPV vaccine for females. The comparator vaccine was not licensed for males in India, so only females received it. The study took place at 12 hospitals across India, with phase 2 assessing a smaller sample and phase 3 expanding the participant pool. Safety data from Phase 2 were reviewed by a Data Safety Monitoring Board before Phase 3 began.

Eligibility Criteria:

Participants were healthy individuals aged 9–26 years. Critical exclusions included prior HPV vaccination, pregnancy, certain medical conditions, and participation in other clinical studies.

Randomization and Masking:

Female participants were randomly assigned to receive either the SIPL or comparator vaccine, while males received the SIPL vaccine in an open-label manner. Randomization for females was managed through a web-based system to ensure blinding for participants and most study staff, except those administering the vaccines.

Procedures:

Vaccines were administered intramuscularly, with different dosing schedules for the two age cohorts (two doses for ages 9–14 and three for ages 15–26).

Safety of vaccine:

Participants reported localized adverse events (pain, erythema, swelling, pruritis) and systemic adverse events (fever, headache, nausea, dizziness, extremity pain) for 7 days post-vaccination and unsolicited adverse events up to 30 days post-final dose. Adverse events were documented using diaries, assessed during follow-up visits, and graded according to established protocols, with serious events tracked from consent through day 210.

Measurement of Immunogenicity

Participants in phases 2 and 3 were followed for 3 years to assess long-term immunogenicity and safety, using 3 assays PBNA (pseudovirion-based neutralization assay), ELISA, and multiplexed ELISA assays (phase 3 alone), and antibody levels were measured at baseline and 7 months post-vaccination.

Outcomes:

Primary outcome: to establish the non-inferiority of immune response (GMTs of IgG antibodies against HPV types 6, 11, 16, and 18) generated by the SIPL quadrivalent HPV vaccine in 9–14-year-olds compared to the comparator vaccine in 15–26-year-old women at 7 months.

Co-primary outcome: occurrence and intensity of adverse events in 9–14-year-olds

Secondary outcomes: non-inferiority of GMTs in 9–14-year-olds versus the comparator vaccine in the same age group and seroconversion rates, with further GMT assessments at 24 and 36 months to be reported later.

Statistical Analysis:

Immunogenicity was analyzed in the modified per-protocol population, which included participants who received all doses as assigned, had baseline and post-vaccination immunogenicity measurements, and no significant protocol deviations. Safety was analyzed in all participants who received at least one dose of the study vaccine, with phase 2 involving 600 participants and phase 3 enrolling 114 participants to maintain study power despite COVID-19-related delays. Statistical methods included

Result:

Between Sept 20, 2018, and Feb 9, 2021, 1108 eligible girls and boys aged 9–14 years and 1202 eligible women and men aged 15–26 were enrolled in phases 2 and 3 of the study. One individual in the younger cohort withdrew consent before vaccination. In phase 2, 300 participants (100 girls, 100 boys, and 100 girls receiving the comparator vaccine) were enrolled and vaccinated between Sept 20, 2018, and Feb 16, 2019. After unblinded safety data analysis from phase 2, the DSMB approved phase 3 recruitment.

Phase 3 enrolled 538 girls (269 receiving the SIIPL vaccine, 269 receiving the comparator vaccine), 269 boys receiving the SIIPL vaccine, and 308 women receiving the comparator vaccine. 1074 participants received the second dose, and 1071 completed the day 210 visit, with a median follow-up of 221–223 days (about 7 and a half months). Of 1071 participants, 1047 constituted the modified per-protocol population after exclusions for visit window deviations and receipt of prohibited medications.

Immunogenicity analysis in phase 2 using PBNA, ELISA, and multiplex ELISA on the MSD platform showed high antibody titers at day 210 and a strong correlation between ELISA and PBNA assays. The SIIPL quadrivalent HPV vaccine demonstrated non-inferiority in

girls aged 9–14 years (GMT ratios for HPV types 6, 11, 16, and 18 were 1.97, 1.63, 1.90, and 2.16, respectively) and boys aged 9–14 years (GMT ratios for HPV types 6, 11, 16, and 18 were 1.86, 1.46, 1.62, and 1.80, respectively) compared to the comparator vaccine in women aged 15–26 years. The geometric mean fold rise (GMFR) for all four HPV types exceeded 1000-fold, indicating a robust immune response, with 100% seroconversion rates observed in girls and boys aged 9–14 years for all four HPV types. Secondary immunogenicity assessment also showed non-inferior GMT ratios for IgG antibodies against HPV types 6 and 18 in girls and boys aged 9–14 compared to girls receiving the comparator vaccine.

At least one solicited adverse event was reported in 49% of girls receiving the SIIPL vaccine and 48% receiving the comparator vaccine, with a significantly lower frequency in boys (34%) receiving the SIIPL vaccine. The most common local solicited adverse event was pain at the injection site, followed by swelling and pruritus. In contrast, the most common systemic events were pain in the extremity and headaches. No grade 3 or 4 solicited adverse events were reported. Unsolicited adverse events occurred in 39% of girls and 40% of boys receiving the SIIPL vaccine and 39% of girls receiving the comparator vaccine, with most events being grade 1 or 2 and resolving without sequelae. Eleven serious adverse events, including dengue fever, typhoid fever, and fractures, were considered unrelated to the vaccine, and all participants recovered completely. No deaths occurred during the 7-month follow-up period, and no serious adverse events led to discontinuation from the trial.

Discussion:

A two-dose regimen of the SIIPL quadrivalent HPV vaccine was found to be safe and highly immunogenic in girls and boys aged 9–14 years, demonstrating immunogenic non-inferiority compared to the three-dose comparator vaccine in women aged 15–26 years. The study used a multiplex VLP-based immunoassay on the MSD platform, which strongly correlated with the PBNA gold standard assay. The results indicated nearly double the antibody response against HPV types 16 and 18 in the younger cohort compared to the older women. Adverse events were within acceptable limits, with no anaphylactic reactions reported. The National Regulatory Authority of India approved the vaccine for girls and boys aged 9–14 years, and it is recommended for inclusion in India's National Immunization Programme. This affordable vaccine could significantly impact cervical cancer prevention efforts in India and other low- and middle-income countries (LMICs). Strengths and limitations: The study's strengths included the

inclusion of different age cohorts in equal proportions and using a validated multiplex immunogenicity assay. The enrollment of boys was another critical strength. A gender-neutral approach to HPV vaccination

is necessary to maximize effectiveness in the susceptible population and prevent transmission through herd immunity.

However, the study design had limitations. Boys receiving the SIIPL quadrivalent HPV vaccine could not be compared with the male population receiving the comparator quadrivalent HPV vaccine because the latter is not licensed in India for boys and men. This limitation affects the interpretation of the final safety results, but the safety results reported are in line with published literature. Additionally, the non-inferiority margin of 0.67 was not achieved for the secondary immunogenicity endpoint for HPV type 11 for girls and boys, and HPV type 16 for boys, but an acceptable pre-specified non-inferiority margin of 0.5 was shown.

Conclusion:

Given the proposed cost of the vaccine and the net health and financial impact of achieving 90% coverage in all Gavi-eligible countries at current Gavi-negotiated prices, the SIIPL quadrivalent HPV vaccine is likely to benefit many other low- and middle-income countries (LMICs), allowing inclusion in national immunization programs, permit the catch-up vaccination and expand their vaccination programs to include boys. This would aid global efforts to eliminate cervical cancer and other diseases preventable by the HPV vaccine.

COLPOSCOPY MDT

JUNE 2024

Colposcopy multidisciplinary meetings (MDT) are intended to discuss and correlate cervical cancer screen tests with colposcopic images and histology findings by clinicians and cytopathologists. These meetings help in managing challenging cases. The key to successful colposcopy MDTs is documentation, which includes documentation of cervical cancer screening test reports, colposcopic findings and impressions, histopathology reports, treatment performed, and the clinical outcome. The IFCPC (2011) template can be used to document and record colposcopy findings, and the Swede score can be used to strategize colposcopy findings objectively. Premade protocols for treatment will help colposcopy services. Periodic audits to assess completeness of colposcopic documentation, colposcopic impression and biopsy correlation, and margin status of cone specimens will help improve colposcopy practice.

The following clinical scenarios were 2 of the 4 cases discussed in the AOGIN online colposcopy MDT by the Department of Gynaecologic Oncology, Christian Medical College, Vellore.

Case 1

A 43-year-old came for a gynecological check-up, and she was referred with a cytological diagnosis of LSIL. Her cycles are regular, and her pelvic examination was normal.

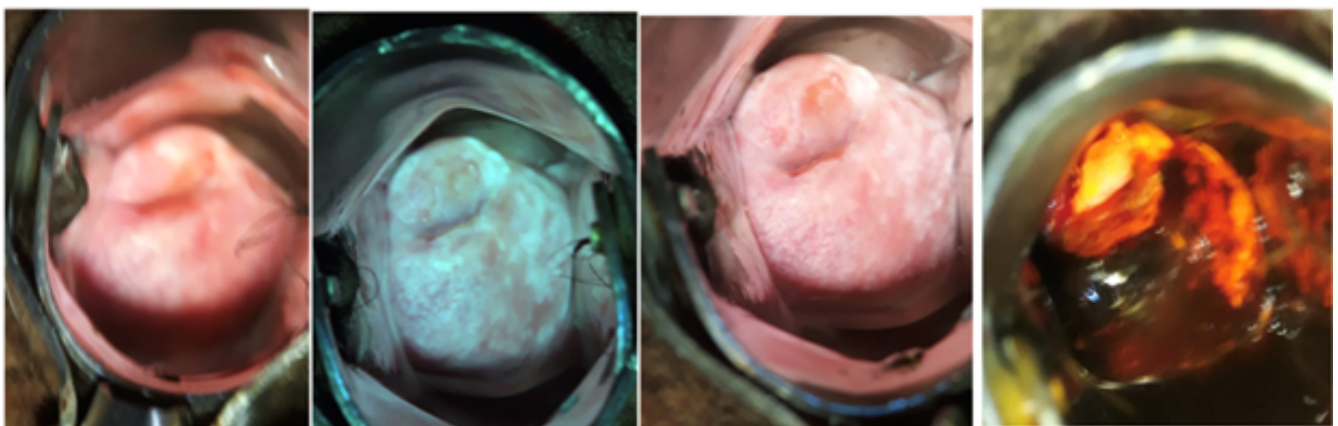
The Colposcopy images are given below.

Low magnification

Green filter

After acetic acid application

After Lugol's iodine application



The colposcopy images revealed a small acetowhite lesion at 1-2'o' clock with no abnormal vascularity. This lesion was also Lugol iodine light. The assigned Swede score was 5.

SCJ	Fully visible
TZ	Type II
AW uptake	1
Margins	1
Vessels	0
Lesion Size	1
Iodine uptake	2
Swede Score	5

How should this clinical scenario be approached?

In view of a possible low-grade lesion, multiple biopsies should be taken (maximum 4) from the suspicious lesion. Endocervical curettage can also be taken.

The biopsy was reported as CIN 1. What should the subsequent management be?

The option of both follow-up and thermal ablation can be offered. Patients can be followed up with HPV testing on exfoliated cells or cytology or both after 12 months. Utilizing HPV testing can increase the testing interval. If the first HPV-based testing is negative, subsequent testing can be performed at 3-year intervals.

Vaccination is an option, but in view of the age of the patient and the numbers needed to treat to prevent one recurrence, it is not a cost-effective option in our scenario.

Case 2:

A 33-year-old lady, P1L1, came for further evaluation of an abnormal pap evaluation. She has regular cycles and is desirous of future childbearing. She is being treated for systemic lupus erythematosus with class V lupus nephritis, leucopenia, hypocomplementemia, and urticarial vasculitis. She is

on tablet hydroxychloroquine 300mg once daily, losartan 50 mg once daily, and mycophenolate mofetil 500mg 2-0-2

The Pap smear, during opportunistic screening, was reported as HSIL. Her physical examination revealed a Pfannenstiel scar from a previous Caesarean section with a normal pelvic examination. The colposcopy examination was as follows.



The colposcopy examination revealed a type 1 transformation zone with large high grade lesion, occupying almost 4 quadrants. The lesion also appeared Lugol's light with a Swede's score of 7.

SCJ	Fully visible
TZ	Type 1
AW uptake	2
Margins	1
Vessels	1
Lesion Size	2
Iodine uptake	1
Swede Score	7

What would the standard approach be?

This lady is on mycophenolate mofetil, an immunomodulating agent for her SLE. Like patients with HIV-induced immunosuppression, patients on immunosuppressing drugs for reasons such as autoimmune disease and

following solid organ transplant recipients gain increased life expectancy and improved quality of life but are at risk of persistent infection with oncogenic viruses and their sequelae such as cervical cancer.

In this patient with an underlying HSIL, the absolute risk of CIN 3 and greater is more than 60 %, and hence, she is eligible for immediate treatment: diagnostic excisional procedure.

In view of a large lesion whose upper limit is seen only after manipulation, conization under anesthesia would have been ideal. For logistic reasons, a loop electrosurgical excision procedure (LEEP) was carried out under local anesthesia under local anesthesia

The histopathological examination of the LEEP specimen revealed extensive CIN 3 with no evidence of invasive carcinoma but with ectocervical and endocervical margin involvement. The endocervical curettage was negative. What would the further management be?

In this case, the clinician was sure that macroscopic margins were not obtained during the LEEP. In view of the involved macroscopic margins and immunosuppressive therapy, she has been planning for reconization; as she is desirous of future childbearing, Immunosuppressive therapy needs to be stopped for a week prior to the procedure to avoid wound healing complications.

In any other clinical situation, in the absence of immunosuppressive therapy, observation with repeat cytology/ HPV testing/ colposcopy after six months in case of microscopic, involved margins.

To conclude, the following are suggestions to improve colposcopy practice:

- Enhance practice standards through consistent colposcopy audits.
- Tailor colposcopy and treatment plans based on individual patient risk factors.
- Individualize follow-up and treatment when CIN margins are involved post-LEEP.
- Collaborate with pathologists in dedicated colposcopy MDTs for better diagnostic accuracy and patient management.

Prepared by :

Dr. Vinotha Thomas , Associate Professor

Dr. Anitha Thomas, Professor and head

Dr. Abraham Peedicayil, Retired head and Professor

Department of Gynecologic Oncology

Cervical Screening: A Case Study in Patient Education and Support.

मन की बात

In our practice, we emphasize the importance of cervical screening, now primarily conducted through HPV testing. However, disclosing a positive HPV result often presents a unique set of challenges, especially when it comes to addressing patients' concerns about transmission.

Recently, we encountered a woman who was visibly distressed upon receiving her positive HPV result. Her immediate reaction was to question how she could have contracted the virus, vehemently denying any non-monogamous relations. We took the time to explain that genital HPV infection is one of the most common sexually transmitted infections worldwide, with higher prevalence in developing countries like India.

After extensive counselling, she agreed to undergo a colposcopy. The procedure revealed a high-grade lesion, and her biopsy confirmed a high-grade cervical intraepithelial neoplasia (CIN). Unfortunately, she did not return for follow-up immediately. Months later, she visited our clinic with her husband, who revealed that she had become deeply troubled by her diagnosis. They had sought help from a sorcerer, spending a considerable amount of money in hopes of curing her condition and alleviating her anxiety.

When traditional methods proved ineffective, they returned to us. The patient requested a private discussion, during which she confided that her diagnosis had severely impacted her trust in her spouse, leading her to suspect infidelity. We referred her for psychotherapy, and after multiple sessions, she finally agreed to proceed with the recommended treatment.

This case underscores the stigma surrounding HPV infection and its potential to disrupt personal relationships. It highlights the crucial role healthcare providers play in offering empathetic, comprehensive care that addresses both the physical and emotional needs of patients. By doing so, we can help mitigate the stigma and ensure patients receive the necessary treatment without undue psychological burden.



Karen Kanagasabapathy is a quiet 2nd year Mch Gynaecologic Oncology resident at Christian Medical College.

Prevention is better than cure

Standing there in the corner of my cabin,
She trembled with the fear of embarrassment;
Her mind hesitated to speak it out as;
She didn't know, for this, whom to blame?

My empathetic heart called her out with a condoling voice
While the hand assured the healing touch,
I asked the worried , wrinkled dull face;
"O madam, tell me whats bothering you so much?"



She enlisted her complaints one by one,
While I thoroughly investigated her case,
After confirming my examination with the reports,
Her worries were actually impacted on my face!

It was an advanced cervical malignancy,
A diagnosis, which is harsh to hear and difficult to tell;
But still I conveyed it to her in the nicest way possible,
Because in the end, someone had to crack the stiff shell!!



She looked at me with those pitiful teary eyes,
I prescribed the best treatment I could and directed her to the bunker;
But as I looked at the leaving back of that frail soul,
I couldn't control my restless mind which had began to wonder...

A mother of seven, yet no accompaniment in times of distress,
How far can she walk this way all alone?
The one who bled multiple times to bore the seven lives,
In the end, stood lonely with no blood of her own!



Instead of nurturing these heedless heirs,
If she would have taken care of her own health;
She need not adjure anyone to save her precious life,
Her well being would have been her only wealth.

With this, I request all the beautiful souls out there;
Do not ignore the slightest symptom to seek healthcare,
Because the sole responsibility of your wellness is borne by yourself,
Hence do not allow your nescience to make the slightest spark flare!!



Before the cervical cancer blazes you from within,
Avoid this gruesome battle at the first stride.
Undergo timely screening to detect it early,
And leave the rest of your life with joy and pride!!

Though in the doom of darkness, when your health is on decline,
The ray of our hope and perseverance, will lighten the dawn of your life for sure;
But why to face the eclipse of this mortal malignancy?

When you very well understand that,
'Prevention is better than cure..'
'Prevention is better than cure!!'



AUTHORS

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DR. PARISH KAMOI 2ND YEAR PG TRAINEE

SENT IN BY

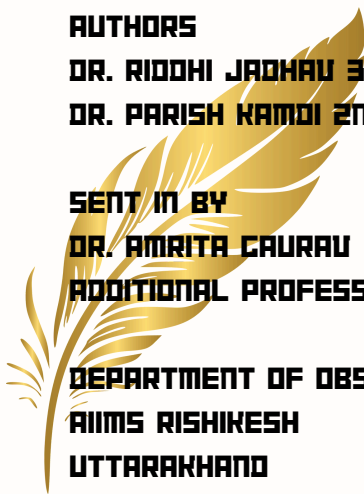
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DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

AIIMS RISHIKESH

UTTARAKHAND



Skill Enhancing Course in Colposcopy and Treatment of CIN conducted at AIIMS, New Delhi, 4th May 2024

A “Skill Enhancing Course in Colposcopy and Treatment of CIN” AOGIN INDIA Interim CME was conducted by the Department of Obstetrics and Gynaecology AIIMS, New Delhi on 4th May 2024. This CME focused on the practical aspects of colposcopy and treatment of preinvasive lesions of the cervix and was attended by 70 delegates and 32 faculty members from across the country. During the inauguration ceremony the AOGIN newsletter (Feb 2024) was released.

There were 6 different workstations of colposcopes-video colposcopes (2), 4 for portable colposcopes like mobile ODT (1), Gyneye (1) and nGyn AI based colposcope (2). There were 2 stations of VIA- demonstrating the preparation of VIA (1) and demonstration on ZOE model (1). For the treatment of CIN there were 4 workstations- thermal ablation (2) and LLETZ (2). It was an inclusive program that allowed all the participants a hands-on experience of various portable colposcopes and treatment modalities.

The participants responded overwhelmingly as they learned about the procedures' tips and tricks and did hands-on work. They found it a good learning and equally enlightening experience.





*From AOGIN India members
who make us proud*



Creating a Cervical Cancer – Free Future in Government Schools of Ghaziabad by Beautiful Tomorrow Trust.

1. Vaccinating 3000 under privileged girls aged between 9 to 20 years, with a single dose of HPV vaccine (Gardasil-4).

Beautiful Tomorrow, an NGO with a passionate and energetic team of doctors, engineers, and homemakers, could achieve this by associating with Rotary Club Bombay Pier and PNB Glitz as funding partners.

This is the third project that Beautiful Tomorrow has undertaken with the Rotary Club. This project was completed within 40 days.

2. Vaccinating 13 under privileged girls aged between 9 to 15 years, with a single dose of HPV vaccine (Gardasil-4) for the girls of the primary school run by CARTE. The vaccines were funded by Beautiful Tomorrow.

3. AN AWARENESS SESSION on Cervical Cancer was conducted on 30th May at Ram Chameli Chadha Vishwas Girls College, Ghaziabad.

This was a well-attended and a highly interactive session by about 200 students, and the faculty.

From AOGIN India members who make us proud

Creating a Cervical Cancer – Free Future
in Government Schools of Ghaziabad
by Beautiful Tomorrow Trust



गर्ल्स कॉलेज में सर्वाइकल कैंसर पर किया व्याख्यान प्रस्तुत



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मुख्य सम्पादक - अमित त्यागी

गाज़ियाबाद ब्यूरो चीफ़ -संजय त्यागी

गाज़ियाबाद(जन न्यूज़) राम चमेली चड्ढा अध्यक्ष कृष्णावीर सिंह सिरोही, प्राचार्य महाविद्यालय में जीएमए के एक्जीक्यूटिव डॉक्टर नीतू चावला, रजिस्ट्रार श्रीमती शशि डायरेक्टर राहुल अग्रवाल तथा ब्यूटीफुल खन्ना,महाविद्यालय संयोजिका गीतांजलि टीकाकरण के बारे जानकारी प्रदान की। मंच टुमोरो ट्रस्ट के सहयोग से ट्रस्ट की को खुराना, डॉ मधु गुप्ता तथा राहुल अग्रवाल ने फाउंडर डॉ मधु गुप्ता ने सर्वाइकल कैंसर पर दीप प्रज्वलित कर कार्यक्रम का शुभारंभ एक व्याख्यान प्रस्तुत किया। कॉलेज के किया। डॉ मधु गुप्ता ने छात्राओं को



*From AOGM India members
who make us proud*

*Creating a Cervical Cancer - Free Future
in Government Schools of Ghaziabad by
Beautiful Tomorrow Trust*





*From AOGIM India members
who make us proud*

Foundation Day Celebrations by KHS-MRC

Kasturba Health Society-Medical Research Centre, Vile Parle, Mumbai, conducted 2 workshops for its 15th Foundation Day Celebrations.

1. Online Webinar- Early Diagnosis & Prevention of Cervical Cancer – by KHS-MRC with a focus on Integrative medicine- Webinar on 17-3-2024

This online seminar was inaugurated by Dr.Usha Saraiya. The workshop was attended by graduates and postgraduates from Allopathic, Ayurvedic and Homeopathic systems of medicine.

Dr Rama Vaidya introduced the chief guest, Dr Usha Saraiya, who has been a national and international icon in diagnosis & prevention of cervical cancer. This was followed by a brief description of the diagnostic tests with advantages and disadvantages of each test and the logic behind the screening and treatment algorithms in different nations by Dr Jayashree Joshi. Dr Sampada Dessai, Hon Gynecologic Oncologist, Hinduja Hospital, informed the participants about the contributions of Diagnostic and Operative Colposcopy in the early diagnosis and management of cervical cancer and precancerous conditions. Dr Priya Walwatkar explained the Ayurvedic perspectives in causation, diagnosis, and management of solid malignant growths. Dr Prajakta Paradkar briefly reviewed the experimental in vitro-in vivo work on natural products at KHS-MRC. This was followed by a question-and-answer session. Dr Shobha Udipi offered the vote of thanks.

2. Clinical Training workshop on ‘Pap smear collection & VIA (Visual Inspection with Acetic Acid) as Screening Tests for Diagnosis of Cervical Cancer & Precursors’ By KHS-MRC in Collaboration with Ayurvediya Prasarak Mandal - Ayurved Mahavidyalaya, Sion (APM-AMS), on 10-4-24.

All participants were postgraduate practitioners or trainees in Ayush and most had already attended the earlier webinar on Cervical cancer on 17th of March, 2024. They were given lectures on the detailed methods for VIA and collection of Papanicolaou smears with sensitivity, specificity and false positive and negative results followed by questions and answers. Dr Geethanjali Amin, Dr Jayashree Joshi, Dr Sujata Jagtap, and Dr Priya Walwatkar participated as faculty. Trainees were also informed of HPV PCR tests and of HPV vaccination. Certificates of participation were issued to the 20 trainees.

From Dr. Jayashree V Joshi, Honorary Consultant & Emeritus Professor,
Medical Research Centre-Kasturba Health Society, Mumbai, India.

*From AOGIM India members
who make us proud*

Foundation Day Celebrations by KHS-MRC



From Aarvy Healthcare and American Oncology Institute

Aarvy Healthcare and American Oncology Institute, Sector 90 Gurugram, Haryana, has started conducting a biweekly cancer screening camp under the expertise of Dr. Sarita Kumari (Consultant Gynaecologic Oncology). In these camps, eligible women are offered mammography and cytology-based screening. The initial camp had 15 attendees, which doubled in number in the subsequent camps. Health talks for vaccination and screening are provided at each camp, and consultations are offered to all participating females. Women who test positive are managed as per recommendations. HPV-based cervical cancer screening is planned in the upcoming camps. The strata of women coming to this camp do not belong to a low socioeconomic status; however, up-to-date awareness regarding vaccination and screening needs to be improved in the majority. Only one or two participants had received prior cancer/ breast cancer screening. These camps aim to dispel myths related to vaccination and encourage routine screening. The last camp also witnessed male family members accompanying their women, which was encouraging.



**From Dr. Sarita Kumari, Gynaecologic Oncologist,
Aarvy Healthcare and American Oncology Institute**



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who make us proud*

Foundation Day Celebrations by KHS-MRC



Report from Cytology Clinic, Cama and Albless Hospital

We conducted 7 Awareness and Detection Camps from Feb- June 2024. Community Service is one of our major activity.

A special feature this time was a camp conducted for Institutionalised women under the Prison Department, which gives shelter to abandoned women. They were not criminal but mentally unstable and not fit to live alone. Dr. Anjali Talwalkar, our Senior Gynaecologist and Colposcopist describes this experience “to serve a vulnerable population in need of Gynaecological care. The contribution of the attending staff was remarkable. They were empathetic tending to all requirements. As a gynaecologist to go there, it was an experience one would always cherish”.



Registration for camp



History recording



Dr. Anjali Talwalkar

From - Dr. Usha Saraiya





From AOGIN India members who make us proud

Concerted efforts by CNCI.....

Chittaranjan National Cancer Institute has worked towards cancer awareness and prevention activities for the last two decades through community screening, treatment of pre-cancerous cervical lesions, and vaccination.

Our latest cancer prevention efforts have been through the concomitant collection of urine and vaginal swabs from participants in the community by self-sampling collection techniques. This project is in collaboration with the International Agency for Research on Cancer, Lyon.

First void urine is collected in a Colli-Pee® device, containing a urine preservative medium, which is then processed by the Cobas assay. Participants fill out a questionnaire following the sample collection with information regarding their parallel experiences with two different sample collection methods.

Since the beginning of this project in April 2022, 1300, women have been screened successfully. High-risk HPV positivity rate is 7%. All the screen-positive women are recalled for colposcopy and treatment. The concordance between urine and vaginal swab for high-risk HPV detection shows perfect agreement. Most women prefer urine over vaginal swabs for screening as it is non-invasive and causes less discomfort.

Cervical cancer remains a significant health challenge in India, as it is one of the leading causes of cancer-related deaths among women. Our institute in Kolkata is dedicated to addressing this critical issue and has initiated comprehensive cervical cancer screening efforts to improve early detection and reduce mortality.

Dr Sreeya Bose MS, DNB

Department of Gynaecological Oncology

Chittaranjan National Cancer Institute, Kolkata



From AOGIN India members who make us proud



Concerted efforts by CNCI.....



Distribution of self
collection kits for vaginal
and first void urine
samples and awareness
activities in the
community



From AOGIM India members who make us proud



Community HPV initiatives at CFI, Kolkata

The following projects were conducted by Cancer Foundation of India

Project 1 - HPV vaccination of 50 girls (1st dose). 6th March, 2024

Cancer Foundation of India organised HPV vaccination of 50 adolescent girls between the age of 9-14 years in Kolkata with the first dose.

The girls were students at the government school Nafar Chandra Balika Vidyalaya in the outskirts of Kolkata. All the girls were from the underserved community. On the day of the vaccination, the girls were accompanied by one of their parents. These parents had been sensitized by CFI and each provided informed consent prior to the vaccination.

This was a collaborative community service with the vaccines being sponsored by Rotary Club of Calcutta Mahanagar and the vaccine was administered by a team of pediatricians from the West Bengal Academy of Pediatrics.



Project 2 - HPV vaccination of 55 girls (1st dose). 28. March. 2024

Cancer Foundation of India organised HPV vaccination of 55 adolescent girls between the age of 9-14 years in Kolkata with the first dose.

The girls were students of the government school Childrens' Welfare Association High School for Girls in Behala, Kolkata. All the girls were from the underserved community who were also first generation learners. On the day of the vaccination, the girls were accompanied by one of their parents. These parents had been sensitized by CFI and each provided informed consent prior to the vaccination.

For this camp the vaccines were sponsored by Rotary Club of Calcutta Mahanagar.

From AOGIN India members who make us proud



Project 3 - HPV vaccination of 30 girls (1st dose).30.March.2024

Cancer Foundation of India organised HPV vaccination of 30 adolescent girls between the age of 9-14 years in Kolkata with the first dose.

The girls are children of sex workers in the red light area of Sonagachhi in Kolkata. The children were organised by Amra Padatik, the NGO that works with these children. On the day of the vaccination, the girls were accompanied by one of their mothers who are sex worker. These mothers had been sensitized by CFI and each provided informed consent before the vaccination. The second dose for all 135 girls is due in 6 months.

For this camp, the vaccines were sponsored by Innerwheel Club of Calcutta

**Ms Sutapa Biswas ,Co-Founder & Executive Director
CANCER FOUNDATION OF INDIA**



From AOGIN India members who make us proud



Summary of cervical cancer awareness activities of the Jaunpur Obs and Gyne Society. (February 2024 – May 2024).

Dr. Shaili Nigam, the Jaunpur Obs and Gyne Society secretary, Uttar Pradesh, and an AOGIN India member, is at the forefront of creating awareness about cervical cancer in Jaunpur. The Society's focus on schools and nursing college girls has led to the successful conduct of several awareness camps in 5 schools and 3 nursing colleges, reaching out to about 1100 girls. The active participation of Dr. Priyamvada Singh, Dr. Shakuntala Yadav, Dr. Maulshree, Dr. Madhu Sharda, Dr. Anju, Dr. Shaili Nigam, Dr. Shilpi, and Dr. Jaya Rai, all members of this dedicated society, has made a significant impact in these efforts.

The members also conducted a cervical cancer awareness rally in March this year, on Women's Day, to make people aware of the significance of preventive methods for cervical cancer.

The members aim to cover many more schools in the days to come.

Dr Shaili Nigam

Secretary

Jaunpur obs and gyne society

Jaunpur

UP



From AOGM India members who make us proud



Summary of cervical cancer awareness activities of the Jaunpur Obs and Gyne Society. (February 2024 – May 2024).



From AOGIN India members who make us proud



Dr. Ashok Padhy in collaboration with IMA, Odisha....

Dr. Ashok Padhy, an AOGIN member, was invited by the State President and Secretary of IMA Odisha to speak on HPV vaccination: Current concepts at the State IMA conference at Angul on 10th and 11th April. The objective of this effort was to sensitize peripheral doctors about HPV Vaccination as a primary preventive measure for the elimination of Cancer Cervix. This talk addressed virus strain coverage, mechanism of action, dosage, and vaccines available in India, including Cervavac. Many questions were answered regarding the frequency of the vaccine and vaccination during pregnancy and lactation. This talk addressed many frequently asked questions by gynecologists and pediatricians.



*From AOGIN India members
who make us proud*



From INNER WHEEL CLUB OF CUTTACK

PROJECT DESCRIPTION -Under the vertical A "ADOPT A MISSION" of TRAILBLAZER, Our Association Goal.

We, with the support of our Triveni Mahi Charitable Health Trust vaccinated 15 inmates of Mamata short stay home for Cervical Cancer. Dr Bhagyalaxmi Nayak (HOD), Gynaecologic Oncologist, AHPGIC, conducted and deliberated about the essential of Vaccination with the help of her staff nurses. She very well made the inmates understand the importance of HPV, Human Papilloma Vaccine for their future safety. We look forward to doing more work on vaccination in near future with the help of our Trust Finance.

PRESIDENT-Loramitra Rath

SECRETARY -Mamata panda





From AOGIN India members who make us proud



From INNER WHEEL CLUB OF CUTTACK





AOGIN INDIA

13TH NATIONAL CONFERENCE, 2024

IN COLLABORATION WITH
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
JIPMER, PONDICHERRY

Conference

4th & 5th
October, 2024

Pre-Conference Workshops

3rd & 4th October, 2024

Venue: Dr. APJ Abdul Kalam JIPMER
Auditorium, Pondicherry

**Registrations
Open Now!**

Abstract Submission

Online Registration

www.aoginindia2024.com



We welcome you all to AOGIN INDIA 2024, which is being held at Dr APJ ABDUL KALAM JIPMER AUDITORIUM in the clean and green city of peaceful Pondicherry, located on the beautiful coast of the Bay of Bengal. I am sure you will all be enriched with knowledge of the various aspects of HPV-related cancers. We have good hands-on workshops lined up on a first-come, first-served basis. We have six experienced foreign faculty and stalwarts of Indian gyn oncology to grace this conference. Your active participation is not just welcomed but integral to the success of this event. We look forward to your valuable contributions.

Dr Latha Chaturvedula
Organizing Chairperson

ABOUT JIPMER

One of the premier medical institutions of India, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) is consistently ranked among the top 5 medical colleges in India. Spread over a lush 195 acres JIPMER has almost all the available medical and surgical specialties with adequate scope for teaching, research and patient care in the area of health.

The Department of Obstetrics and Gynaecology at JIPMER stands as a beacon of excellence in women's healthcare, dedicated to providing comprehensive, patient-centered care for women. We offer a wide range of services, including high-risk pregnancy management, advanced prenatal diagnostics and treatment, minimally invasive surgery including Robotic surgeries, and fertility treatments. Our specialized programs, such as Maternal-Fetal Medicine and Gynecologic Oncology, ensure expert care for complex cases. Committed to advancing the field, we conduct pioneering research and clinical trials while training the next generation of healthcare professionals, emphasizing a blend of rigorous academic training and compassionate patient care. As a premier tertiary care centre, we offer cutting-edge diagnostic, preventive, therapeutic, and surgical services supported by a multidisciplinary team of experienced specialists.



ABOUT PUDUCHERRY

Affectionately addressed as "the French Riviera of the East", Puducherry, formerly known as Pondicherry is an erstwhile French colony. The town offers a unique experience with its mix of modern heritage and spiritual culture. From the Sandy beaches, clean promenades, temples, monuments, heritage villas, quaint old-world town planning, Puducherry has everything for everyone. The spiritual mystique and a lingering French ambience define its unique character.



**We look forward to welcoming you in person at
AOGIN INDIA 2024 at JIPMER, Pondicherry, India!**

www.aoginindia2024.com



AOGIN INDIA

13TH NATIONAL CONFERENCE, 2024

Conference: 4th & 5th October, 2024
Pre-Conference 3rd & 4th October, 2024
JIPMER, Pondicherry



SCIENTIFIC ADVISORS

Dr Syed Habeebullah

Dr Abraham Peedicayil

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Dr Gowri Dorairajan
Organizing Co-chairperson

Dr Veena P
Organizing Secretary

Dr Murali S
Treasurer

Dr Jayalakshmi D
Scientific Chair

Dr Arpitha A
Scientific Chair

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Dr Bhagyalakshmi Nayak | Dr Seema Singhal | Dr Shalini Rajaram | Dr Vinotha Thomas

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AOGIN INDIA

13TH NATIONAL CONFERENCE, 2024

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JIPMER, Pondicherry



INTERNATIONAL FACULTY

Dr Patti Gravitt

Dr Partha Basu

Dr Richard Muwonge

Dr Peter Dull

Mr. Eric Lucas

WORKSHOP CONVENERS

Afternoon of 3/10/24

Surgical Workshop/Robotics: Dr Veena P, Dr Dilip, Dr Kaartiga

Forenoon of 4/10/24

Colposcopy: Dr Murali S & Dr Arpitha A

Vulvoscopy: Dr Latha Ch & Dr Sukanya

Scientific Writing & Publishing: Dr Jayalakshmi & Dr Prasanth Ganesh

Community Health for Nurses - Prevention and screening of HPV-related genital cancers - Dr Chitra & Nursing Faculty

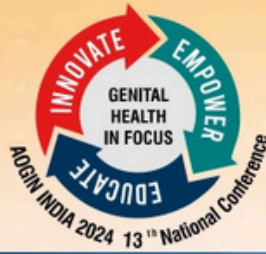
Pathology and Microbiology workshop - Dr Rahul & Dr Siddaraju / Dr Debashish

PG & SUPERSPECIALTY QUIZ MASTERS

PG Quiz: Dr Murali S, Dr Bindiya Gupta

Superspecialty Quiz: Dr. Arpitha A, Dr. Vinotha Thomas

Quiz Topic: Lower genital cancers (Vulva, Vagina, Cervix – Pre-invasive and Invasive lesions, Prevention to Palliation)



AOGIN INDIA

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Conference: 4th & 5th October, 2024
Pre-Conference 3rd & 4th October, 2024
JIPMER, Pondicherry



NATIONAL FACULTY:

Dr Abraham Peedicayil, Vellore
Dr Adarsh, Bengaluru
Dr Amita Maheshwari, Mumbai
Dr Amita Suneja, New Delhi
Dr Ambedkar, Pondicherry
Dr Amrit Gupta, Jaipur
Dr Anne Jennifer Priscilla V, Vellore
Dr Anitha Thomas, Vellore
Dr Annapurna V, Bengaluru
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Dr Anusha Kamath, Nagpur
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Dr Ashwini, Pondicherry
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Dr Rimpi Singla, Chandigarh
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Dr. Sasirekha R Pondicherry
Dr Seema Singhal, New Delhi
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Dr Smitha Joshi, Pune
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Dr Sumangala, Bengaluru
Dr Sunita, Pondicherry
Dr Sudeep Gupta, Mumbai
Dr Syed Habeebullah, Pondicherry
Dr TS Rao, Hyderabad
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Dr Vikas Menon, Pondicherry
Dr Vinotha Thomas, Vellore



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MAIN CONFERENCE - SCIENTIFIC PROGRAMME

Session 1: Let's start from Basics!

4/10/24: 2 pm onwards

2.00 - 2.15 pm	Epidemiology and burden of cervical cancer - WHO calls for the elimination of cervical cancer
2.15 - 2.30 pm	Vaginal microbiome in genital cancers
2.30 - 2.45 pm	Navigating the challenges of managing genital itching
2.45 - 3.00 pm	New Molecular Markers for Early Detection and Risk Stratification of Cervical Precancers and Cancer
3.00 - 3.10 pm	Discussion

Session 2: It's raining HPV!

3.10 - 3.25 pm	HPV as a carcinogen and HPV-associated cancers
3.25 - 3.40 pm	HPV testing: Types and Validation
3.40 - 3.55 pm	hr-HPV DNA primary screening Test -Need of the hour for LMIC – Abbott Molecular Representative
3.55 - 4.15 pm	Extended HPV genotyping
4.15 - 4.25 pm	Cost-utility analysis of HPV testing - Dr Roopa Hariprasad
4.25 - 4.40 pm	Self-collection for HPV testing – Opportunities and Limitations

Session 3: Debate and Oration

4.40 - 5.00 pm	DEBATE: Cytology Vs. HPV testing for Cervical Cancer Screening in the present era
5.00 - 5.20 pm	Implementation research
5.20 - 6.20 pm	Inauguration and AOGIN oration
6.20 pm	AOGIN GB
7.30 pm onwards	Dinner

5/10/24: 8 am onwards

8 - 9 am Free paper presentation

Session 4: Primary prevention – HPV vaccination

9.00 - 9.15 am	HPV vaccine: current recommendations
9.15 - 9.30 am	Therapeutic HPV vaccination - where are we?
9.30 - 9.45 am	Introduction of single-dose HPV vaccine – Global status
9.45 - 10 am	Discussion
10 - 10.40 am	PANEL DISCUSSION: HPV vaccination in special populations



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MAIN CONFERENCE - SCIENTIFIC PROGRAMME

Session 5: Oration

- 10.40 – 11.10 am Presidential oration
- 11.10 – 11.30 am Tea break
- 11.30 – 11.50 am DEBATE: HPV vaccination after age 26

Session 6: Secondary Prevention: Screening, Colposcopy

- 11.50 – 12.05 pm Challenges in screening & Vaccination, Communication, Breaking barriers
- 12.05 – 12.25 pm Conundrum of high failure rate after cervical precancer treatment in HIV positive women
- 12.25 – 12.40 Comparison of thermal ablation, cryotherapy and LLETZ in a screen and treat setting in Zambia
- 12.40 - 1.20pm PANEL DISCUSSION: Management of rare cervical cancer variants
- 1.20– 2.15 pm Lunch break

Session 7: Miscellaneous

- 2.15 - 2.30 pm Evaluating AI-based detection of cervical neoplasia – Mr Eric Lucas
- 2.30 - 2.45 pm Role of imaging in lower genital tract cancers
- 2.45 - 3.00 pm Techniques for sentinel lymph node mapping and biopsy in Vulvar cancer
- 3.00 - 3.15 pm Current trends in radiotherapy for lower genital tract cancers
- 3.15 - 3.30 pm Immunotherapy revolution in advanced cervical cancer
- 3.30 - 3.40 pm Discussion

Session 8: Case-based Discussion

- 3.40 - 4.20 pm Management of advanced and recurrent vulvar cancer

Session 9: Tertiary prevention

- 4.00 - 4:25 pm DEBATE - Treatment of stage 1b3 Ca Cx - NACT + surgery Vs. Radical RT
- 4.25 - 4.40 pm Conservative management of stage 1B1 cervical cancer – less is more!
- 4.40 - 5.00 pm DEBATE - Minimal invasive surgery in cervical cancer
- 5.00 - 6.00 pm Quiz finals
- 6.00 pm Valedictory and prize distribution



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PRE-CONFERENCE WORKSHOPS - 3/10/24 & 4/10/24

3/10/24, 2 pm onwards

Surgical video workshop with Robotic hands-on for first 20 registrations

Conveners: Dr Veena P, Dr Dilip Kumar Maurya, Dr. Sasirekha R, Dr Kaartiga

Venue: SSB 3rd floor Auditorium and Robotic OT

1. Basics of Robotic Surgery

2. Surgical videos

- Lap Surgical anatomy of the pelvis for radical hysterectomy
- Robotic/Lap Radical hysterectomy
- Robotic/Lap Retroperitoneal lymph node dissection
- Reconstructive Flaps in Vulvar Cancer Surgery
- Robotic pelvic exenteration
- Robotic inguino-femoral lymph node dissection
- Sentinel nodes in cervical cancer and Vulvar cancer

4/10/24, 8.30 am onwards

Colposcopy Workshop

Conveners: Dr Murali S & Dr Arpitha A

Registration: 8.30 am

Session 1:

- 9.00 - 9.10am: Colposcopic Equipment
- 9.10 - 9.25 am: Systematic colposcopic examination and nomenclature
- 9.25 - 9.45 am: Colposcopy: Normal findings and findings in infections and special situations
- 9.45 - 10.00am: Abnormal findings at colposcopy
- 10.00 - 10.15am: Use of AI in colposcopy

Session 2:

- 10.15 - 11.00am: Panel discussion: Management of CIN and follow-up
- 11.00 - 11.15 am: Tea break



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Session 3:

11.15 am to 1 pm: Demonstration

Colposcopy

Thermal ablation

LEEP

Vulvoscopy Workshop

Conveners: Dr Latha Ch, Dr Sukanya

9 am to 9.10 am: Anatomy of vulva - 3 ring

9.10 - 9.30 am: Set up for Vulvoscopy and Normal findings

9.30 - 9.50 am: Abnormal findings

9.50 - 10.30 am: Panel discussion on abnormal vulvar lesions

10.30 - 11 am: Tea break

11 am onwards:

Demonstration of Vulvoscopy – All Faculty

Scientific Writing and Publishing Workshop

Conveners: Dr Jayalakshmi D & Dr Prasanth Ganesh

Workshop schedule:

Session I:

9:00 - 9:40 am: How to write a scientific paper - Dr Nishad Plakkal, JIPMER Pondicherry

9:40 - 10:00 am: Pitfalls in Writing Title, Abstract and Introduction – Dr Prasanth Ganesan, JIPMER Pondicherry

10:00 - 10:20 am: Components of Patients and Methods including Study Design – Dr Vikas Menon, JIPMER Pondicherry.

10:20 - 11:00 am: Group Task I - Integrative and problem-based discussion – All Faculty



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Session II:

11:00 - 11:20 am: Writing Results comprehensively – Dr Nishad Plakkal,
JIPMER Pondicherry.

11:20 - 11:40 am: The essential components of the Discussion
Dr Kalayarasan R, JIPMER Pondicherry.

12:00 - 12:40 pm: Group Task II -Integrative and problem-based discussion - All Faculty

12:40 - 13:15 pm: Panel Discussion: Writing an Original Article-Do's and don'ts.

Moderator: Dr Prasanth Ganesan, JIPMER Pondicherry.

Panellists: Dr Nishad Plakkal, Dr Kalayarasan R, Dr Vikas Menon,
Dr Gowri Dorairajan

Pathology and Microbiology Workshop

Conveners: Dr Rahul and Dr Siddaraju/Dr Debashish

8.00 am: Registration

8:30 – 8:50 am: HPV diagnostics – current recommendations

8:50 – 9:10 am: Point of care HPV testing

9:10 – 9:30 am: Advances in cervical cytologic examination

9:30 – 10:00 am: Tea

10:00 – 11:30 am: HPV – Molecular testing – Demo – Trunat – HC2

11:30 - 1:00 am: Cervical cytology – Interesting cases

Community Health for Nurses

Prevention and screening of HPV-related genital cancers - Dr Chitra & Nursing Faculty

Role of HPV vaccination

Screening methods

Counselling for HPV vaccination and screening

Demonstration and Hands-on for Pap smear, VIA and HPV testing

Role-plays for challenges in HPV vaccination



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Registration Fee (inclusive of 18% GST)

	EARLY BIRD UP TO 31.07.2024		LATE REGISTRATION UPTO 15.09.2024		SPOT REGISTRATION
	Conference	Conference+ Workshop#	Conference	Conference+ Workshop#	Conference only
AOGIN India Member*	Rs. 6000	Rs. 8500	Rs. 7000	Rs. 9500	Rs. 10000
Non-Member	Rs. 6500	Rs. 9000	Rs. 8000	Rs. 10500	Rs. 11000
Student (PG/MCh trainee)**	Rs. 4000	Rs. 6500	Rs. 5000	Rs. 7500	Rs. 8000
Nursing*** Professionals	Rs. 2000	Rs. 2500	Rs. 3000	Rs. 3500	Rs. 4500
International delegate	\$160	\$210	\$260	\$310	\$400

*AOGIN India Membership Number needed. You can find your AOGIN Membership No. by visiting [Click Here](#)

**To submit a letter from the Head of Department on letterhead

***Nursing Professionals can register for the Nursing workshop alone @ Rs 500

With this workshop registration, you can sign up for the Surgical Video/Robotics Hands-On Workshop on the afternoon of the 3rd and choose any one workshop on the morning of the 4th. Please note that the Robotics Hands-On session is limited to the first 20 participants who register for the Surgical Video Workshop and select the Robotics option.

Registration details

- Registration is essential for all faculty and delegates
- Registration for the conference is mandatory to register for workshops (Except for Nurses)
- Registration is essential for abstract submission
- Delegates can register for two of the 6 workshops, one on 3rd October 2024 and any 1 of the 5 workshops on 4th October 2024
- For the Robotics hands-on workshop, delegates will be registered on first-cum-first serve basis
- Registration can be done online by visiting the following link <https://aoginindia2024.com/registration/>
- Registration can be done through NEFT / UPI transfer as per below detail



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SCAN TO PAY

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UPI ID: aoginpondi2024@sbi

- Spot registrants will not be assured a conference kit.
- Registration fee for the conference includes kit, admission to scientific halls, trade exhibition, lunch /teas/ on all conference days.
- The organising committee will not be responsible for any changes in conference dates/ venue due to unforeseen circumstances.
- Cancellation of registration will be possible only till 15th September 2024.
- 25% of registration fees will be deducted as processing charges, and the refund process may take up to 6 weeks after the conference. No Refund after 15th September 2024.

 **Contests to win attractive prizes!** 
(Registration mandatory for participation)

Paper/Poster presentation

PG & Super-speciality Quiz

Slogan Contest

(Topic: Elimination of cervical cancer)

Collage Contest

(Topic: Convincing parents for HPV vaccination of their school-going daughters)





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Abstract Categories & Topics

Clinical

HPV prophylactic vaccines
HPV therapeutic vaccine
HPV screening
Triage of HPV-positive women
Self-sampling
Quality improvement in screening and cancer care
Artificial intelligence and machine learning in cervical cancer screening
Vulvar, vaginal disease and neoplasia
HPV-related malignancies
Genital warts and sexually transmitted disease
Anal neoplasia
Management of Pre-invasive and Invasive cervical cancer

Miscellaneous:

Lower genital cancers (Vulva, Vagina, Cervix – Pre-invasive and Invasive lesions, Prevention to Palliation)

Basics

Basic and translational research
Viral and molecular biology
Epidemiology and natural history
Pathogenesis
Immunology
HPV testing and genotyping
Biologic markers, including methylation & microbiome

Public Health

Economics and modelling
Advocacy acceptability and psychology
Barriers to screening and vaccination
Health education
Low resource setting
Public health

Abstract Submission Guidelines

- Please note the following when submitting your research:
- For your abstract to be included in the program, the presenting author must be registered, and the registration fee must be paid. Kindly register through the conference website.
- Link for Abstract Submission - <https://aoginindia2024.com/abstract/>
- Abstracts should be submitted under the given above categories
- Abstracts for the original articles should be structured under the following heads: Title, Background, Objectives, Methods, Results, and Conclusion. Word limit: 250 words. Please do not provide references with the abstract.
- Abstracts are peer-reviewed anonymously, scored and allocated on merit to either oral communications or poster sessions.
- One presenting author may submit up to a maximum of two abstracts.
- For each submission you make, you will receive a separate email confirmation.
- Deadline for abstract submission is 15th August 2024
- Abstract notifications will be sent to presenting authors by 1st September 2024
- All abstracts accepted for presentation will be published in "Journal of Colposcopy and Lower Genital Tract Pathology" (Official Journal of ISCCP) published by Wolters Kluwer



This newsletter was
compiled and edited by
Drs. Vinotha Thomas,
Jayashree Natarajan
and
Latha Balasubramani.

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