# AOGIN INDIA

**The newsletter of Asia Oceania research organization on Genital Infections and Neoplasia - India**

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## From the Secretary's desk

Dear AOGIN members,

2020 has been a rollercoaster of a year -a year that none of us can forget! We started off by being obsessive about masks and sanitising all surfaces but have now come to accept that this may well be the new norm for the next few months, at least we have masks to match our outfits.

Academically we have had webinars galore-a surfeit of them in fact.Knowledge at the click of a button!

One of the most important events of 2020 was the 17th Nov global launch of the WHO call for accelerated elimination of cervical cancer and many of our members participated. January is cervical cancer awareness month and it would be wonderful to see cervical cancer awareness and screening programs throughout the country. The phase III indegenous HPV vaccine trials are underway and the initial results are encouraging.

We need everyone pitching in to help the eliminate cervical cancer campaign reach critical mass. If AOGIN-India sends out e-posters/ information leaflets would you display it at your areas of clinical practice and neighbourhood?

Let us all put in our little bit of effort as a health care worker, as a doctor, as a team for the welfare of the women in one community.

"Arise, Awake and stop not till the goal is reached"-Swami Vivekananda

With all best wishes,

Latha Balasubramani

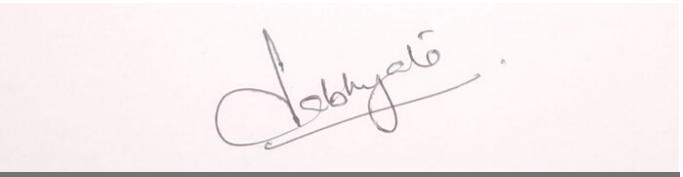

## WHAT'S INSIDE

# MESSAGE FROM THE PRESIDENT

Dear colleagues,

As the year comes to an end, I want to congratulate you for successfully wading through these challenging times and applaud team AOGIN India for their relentless efforts. Notwithstanding the unprecedented hurdles posed by the Covid-19 pandemic, we were able to conduct our academic activities over various online platforms throughout the year. Through our endeavours, we have been successful in spreading our message about screening and early detection. Our CMEs and seminars were high in scientific content and attracted enthusiasm by way of a healthy number of participants.By joining the WHO call for the eradication of cervical cancer through concerted efforts of all stakeholders, we will be making a unique and significant contribution.I look forward to working with you and bringing to life the vision of AOGIN India, once again, in 2021.In anticipation of the new year, I wish you and your family the best of luck.

Warm Regards,



**Dr Sabhyata Gupta**
**President, AOGIN (India).**
**Chairperson, Department of Gynaecology&Gynaec Oncology, Medanta - The Medicity, Gurugram (Delhi NCR), India.**

# GEARING UP FOR CERVICAL CANCER ELIMINATION – WHAT SHOULD INDIA DO?

**Dr. Neerja Bhatla**
**Professor, Dept. of Obstetrics &Gynaecology,**
**All India Institute of Medical Sciences, New Delhi.**

November 17 2020, was a red-letter day for all of us in India who have been working tirelessly for decades for cervical cancer prevention. The World Health Organization formally launched the global strategy for cervical cancer elimination. India is a signatory to this declaration and now we have to formulate our own national strategy to reach the goals – HPV vaccination of 90% of girls before they reach the age of 15 years, HPV testing of 70% of women at age 35 and 45 years, and treatment and care for 90% of women diagnosed with cervical lesions, whether precancer or cancer. These are goals for 2030, now less than a decade away. Are they feasible? Realistic?

The Indian HPV vaccine is now in phase III trials. Data from the phase II trials have been very encouraging. Let us hope to see this vaccine in 2021. An affordable vaccine will pave the way for achievement of the first goal. Single dose of HPV vaccine is showing promise in data from the multicentric IARC trial. In fact, in November 2019, a soft recommendation for one dose was issued by WHO's Strategic Advisory Group of Experts (SAGE), namely, one dose to girls under 15 years of age followed by a second dose 3 to 5 years later, by which time more robust data on single dose vaccination efficacy will be available. This is an excellent approach for low resource situations provided they are able to track the recipients.

GLOBOCAN 2020 has removed some of the complacency that came from seeing a declining trend in cervical cancer incidence and mortality over the last few years.

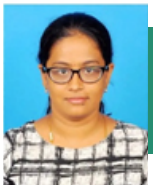
It should serve as a wakeup call that in the absence of systematic screening programs, the gains of the past few years can be rapidly overturned. The time for lamenting the lack of resources should be put behind us as we strive to look for new resources to implement the global vision – develop affordable HPV tests, portable colposcopes and thermal ablators – Make in India!! Meanwhile we need to garner resources from philanthropic foundations, NGOs, donors, to provide the necessary access universally. But until such time as we are able to provide HPV testing, we must not lose the benefits of cytology and VIA screening wherever these facilities have been set up and are being done with good quality assurance.

More contentious has been the problem of providing treatment to 90% of screen positive lesions. Linkages need to be developed between primary, secondary and tertiary level facilities with patient facilitators to ensure access. A digital data tracking system will be important to allow systematic data-keeping and follow-up as well as linkages with cancer registries. Cancer care needs to be strengthened. The number of doctors trained in radical hysterectomy needs to be increased as more and more cases are expected to be detected early. Finally, the emphasis on palliative care cannot be overstated, to ensure comfort and dignity at all stages.

January is Cervical Cancer Awareness Month.Every little counts, and every individual counts. Let us make a beginning and join hands to ensure we reach the goal of cervical cancer elimination within our lifetimes.

# HPV VACCINATION AND RISK OF INVASIVE CERVICAL CANCER

Dr.Anitha Thomas
MD, DNB, Fellowship &MCh in Gynecologic Oncology
Department of Gynaecologic Oncology
Christian Medical College,Vellore



Dr.Monica.T
MS, DNB, MCh Trainee in Gynecologic Oncology
Department of Gynaecologic Oncology
Christian Medical College,

The efficacy of HPV vaccination in preventing high grade lesions, genital warts has been very well demonstrated. The relationship between HPV vaccine and invasive cervical cancer has not been studied widely. In this study by Lei et al, the impact of the quadrivalent HPV vaccine on the subsequent development of invasive cervical cancer has been studied in Swedish population over a period of 11 years.

**Aim:** To analyze relationship between quadrivalent HPV vaccination and subsequent risk of invasive cervical cancer.

**Methods:** This is a population-based cohort study done in women in Sweden, with documentation of HPV vaccination status, from 10 to 31 years of age. A total of 16,72,983 women who had never been diagnosed with invasive cervical cancer and never received HPV vaccination had been selected.

**Results:**Cervical cancer had been diagnosed in 19 women who had received the quadrivalent HPV vaccine and in 538 women who had not received the vaccine.The cumulative incidence of cervical cancer was 47 cases per 100,000 personsamong women who had been vaccinated and 94 cases per 100,000 persons amongthose who had not been vaccinated.

**Discussion:** During the study period if a woman had received at least one dose of quadrivalent vaccine, they were considered to have been vaccinated; 5,27,871 women had been vaccinated during this period and the rest had not received vaccination.

Among the vaccinated cohort 19 women had developed invasive cervical cancer while 538 women among the unvaccinated cohort developed invasive cervical cancer during the follow up period. After adjustment for age at follow-up, the incidence rate ratio for comparison of vaccinated with unvaccinated women was 0.51 (95%CI 0.32 to 0.82). After additional adjustment for other variables the incidence rate ratio in vaccinated group was 0.37 (95%CI 0.27 to 0.75). Thus the incidence of cervical cancer appeared to have reduced by more than 50% that is reflective when the cumulative incidence numbers are seen. To analyze the effect of age of vaccination a sub group analysis revealed that the incidence of invasive cancer in women who received vaccine before 17 years was lesser than in women who had received vaccine from 17 to 30 years; the adjusted incident rate ratio being 0.12 (95%C1 0.00 to 0.34) and 0.47 (95%CI 0.27 to 0.75) respectively. The results demonstrated that HPV vaccination was associated with lower risk of invasive cervical cancer. Sub-group analysis considering age at vaccination implies that incidence was lesser in women vaccinated at younger age, less than 17 years.

India contributes to almost one-fifth of the cervical cancer burden in the world as well as to one-fifth of mortality due to cervical cancer.Several steps have been taken to reduce the disease burden, with the main focus being on secondary prevention of the disease by trying to strengthen the screening process in the country,which has been an uphill task

considering the huge population, limited resources, poor compliance by women. But the importance of primary prevention has still not been inculcated into the system.

This In the wake of the target set by WHO to eliminate cervical cancer as public health problem by 2030, active participation needs to be do done by low and middle-income countries. The first target set in achieving this goal being 90% HPV vaccination of girls before 15 years of age.

This In India bivalent and quadrivalent HPV vaccine had been licensed in the year 2008, nonavalent vaccine being licensed in the year 2018. Still HPV vaccination had not been included in the national immunization schedule, the main constraints being presumed side effects to the vaccine which were highlighted by the media in a wrong light, lack of motivation from the state administration, financial constraints. This study has served as a gentle reminder for the disease preventing effect of HPV vaccine and the actual number of patients that can be prevented from being affected by cervical cancer.

**References**

**1.**Lei J, Ploner A, Elfström KM, Wang J, Roth A, Fang F, et al. HPV Vaccination and the Risk of Invasive Cervical Cancer.
N Engl J Med [Internet]. 2020 Sep 30
[cited 2020 Dec 21]; Available from:
https://www.nejm.org/doi/10.1056/NEJMoa1917338

# IMPACT OF HPV VACCINATION AND CERVICAL SCREENING ON CERVICAL CANCER ELIMINATION: A COMPARATIVE MODELLING ANALYSIS IN 78 LOW-INCOME AND LOWER-MIDDLE-INCOME COUNTRIES

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Cervical cancer continues to remain as a public health problem in low-income and lower-middle-income countries (LMICs) in spite of the availability of highly effective interventions like vaccination and screening. It is due to the fact that among LMICs, <30% are being vaccinated against HPV and only 20% undergo cervical cancer screening when compared to >85% HPV vaccination and >60% screening coverage in high income countries.

In May 2018, WHO issued a global call to eliminate cervical cancer as a public health problem. It formed Cervical Cancer Elimination Modelling Consortium (CCEMC) which would aid in the formation of a universally acceptable and feasible strategy to achieve this milestone. This article takes us through the comparative modelling approach used by CCEMC and its predictions on impact of various HPV vaccination and screening strategies on cervical cancer incidence in 78 LMICs.

Objectives of this analysis were-

- To identify preventive strategies for elimination
- To estimate the time interval required for elimination
- To predict the number of cases averted in the path of elimination, for different elimination thresholds and country characteristics.

Comparative modelling is a three-step systematic approach. It consists of a selection of mathematical models, identification of effective strategies and prediction of their impact at the population-level.Age-standardised cervical cancer incidence of four or fewer cases per 100 000 women years was considered as base-case definition of elimination.

Four WHO selected transmission-dynamic models (HPV-ADVISE, Harvard, Policyl-Cervix and Spectrum) which were previously peer reviewed and published were selected to minimise selection bias.

40 HPV vaccine and screening scenarios were included in the study initially out of which three scenarios were finalized for global analysis: Vaccination only, Vaccination with one lifetime screening (at 35 years of age), Vaccination with twice lifetime screening (at 35 and 45 years).

Population-level impact was measured with three main outcomes: Age-standardised cervical cancer incidence, relative reduction in incidence and number of cases averted. All the proceedings were reviewed by WHO Advisory Committee on Immunization and Vaccines related Research (IVIR).

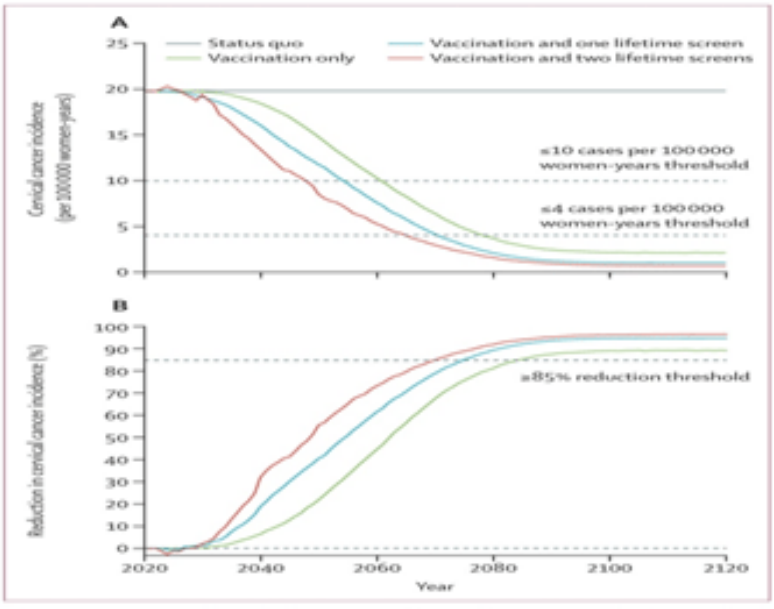


***Figure 1:*** **Dynamics of cervical cancer incidence after HPV vaccination and cervical screening**
Average age-standardised cervical cancer incidence per 100 000 women-years (A) and relative reduction in incidence (B) after HPV vaccination and screening ramp-up in low-income and lower-middle-income countries. Median prediction from the three models. Vaccination coverage=90% at age 9 years (and at ages 10–14 years in 2020). Vaccine efficacy=100% against HPV16, 18, 31, 33, 45, 52, and 58. Vaccine duration=lifetime. Screening=HPV testing. Screening uptake=45% (2023–29), 70% (2030–44), and 90% (2045 onwards). Screen and treat efficacy=100%. Loss to follow-up=10%. Equilibrium occurs 90–100 years after the introduction of HPV vaccination only (and earlier for the screening scenarios). HPV=human papillomavirus.

| Parameter | Status quo | Vaccination only | Vaccination + once lifetime screening | Vaccination + twice lifetime screening |
|---|---|---|---|---|
| Ca cervix incidence (Cases per 100 000 women years) over next century | 19.8(19.4-19.8) | 2.1(2.0-2.6) | 1.0(0.9-2.0) | 0.7(0.6-1.6) |
| Year by which incidence will be reduced by 50% | - | 2061(2060-63) | 2055(2055-56) | 2048(2047-49) |
| Ca cervix elimination rate in LMICs | - | 60%(58-65) | 96%(60-97) | 100%(71-100) |
| Ca cervix cases averted between 2020-2120 (Out of total 93.5 million cases) | - | 61 million | 67.8 million | 74.1 million |

The cost-effectiveness of primary HPV test has been demonstrated by various studies comparing multiple screeing modalities. It detects more CIN lesions at a lower/affordable cost and offers better reassurance once the test turns negative. On balance, a clinically validated HPV test (as the primary screening modality) along with HPV vaccination can be considered as an efficient and currently the best option for prevention of cervical cancer and pre-cancerous conditions.

With 70% of HPV screening coverage along with treatment for 90% detected lesions by 2030 would potentially help eradicate the clinical and socioeconomic burden associated with cervical cancer.

For HPV-postive women, it is essential to adopt an appropriate triage strategy (Cytology triage, HPV genotyping triage, or VIA triage) to segregate clinically unimportant lesions that do not require colposcopy. There exists only a mild rise in the sensitivity for CIN 2 as well as CIN 3 on addition of cytology to HPV, with the expense of specificity and cost..

# IDA BELLE SCUDDER AND KETAYUN ARDESHIR DINSHAW: THE TWO ICONIC WOMEN WHO SHAPED THE FACE OF RADIATION ONCOLOGY IN INDIA

**Abstract:**
The early twentieth century India saw profound paucity in health care delivery and education, and the beliefs of people were ruled mainly by ignorance, superstitions and myths. Diseases like cancer and its treatment were totally unknown during that time in India. Dr Ida Belle Scudder, American woman, came to India to break all norms and sacrificed her entire life to work in a missionary hospital. Gradually she trained herself to treat cancer patients and established a fully equipped radiotherapy centre to treat such patients. Later, the field of radiation oncology was transformed and modernised by another influential woman, Dr Ketayun Ardeshir Dinshaw, who with her leadership attributes left no stone unturned to firmly establish the role of radiation in the management of cancer and bringing its benefits to the people of India.

**Introduction:**
The present day role of radiation in the management of cancer owes a debt to two iconic ladies, Dr Ida Belle Scudder and Dr Ketayun Ardeshir Dinshaw. Dr Ida Belle Scudder was the niece of Ida Sophia Scudder, who was the founder of internationally renowned Christian Medical College (CMC) and Hospital in Vellore, India. Dr Ida B Scudder established the department of radiology and radiotherapy in CMC, Vellore, bringing its benefits to thousands of cancer patients in southern India. She willingly sacrificed her personal and professional life for the sake of serving the needy in India. While Dr Ida B Scudder laid the foundation of radiation in India, Dr Ketayun Ardeshir Dinshaw refined and polished the technology and practice of radiation on a global platform. With her strong leadership and administrative qualities, she integrated and revolutionized the role of radiation in the management of cancer in the present era. Biographies of such women leaders are worthwhile to document

**Dr Ida Belle Scudder.**

**Dr Ketayun ArdeshirDinshaw.**

**For full text article**

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**Ida Belle Scudder and Ketayun Ardeshir Dinsha...**

The early twentieth century Ind...

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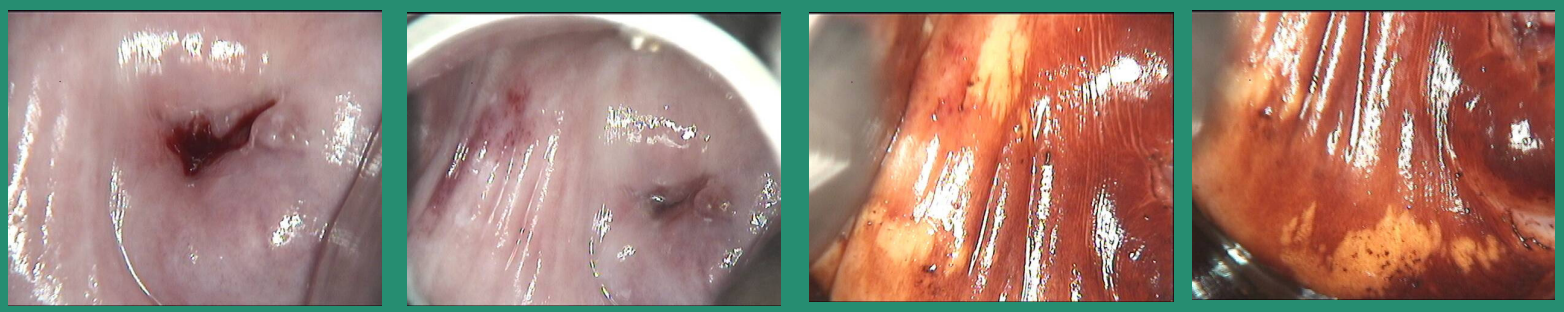
# CLINICAL PEARLS

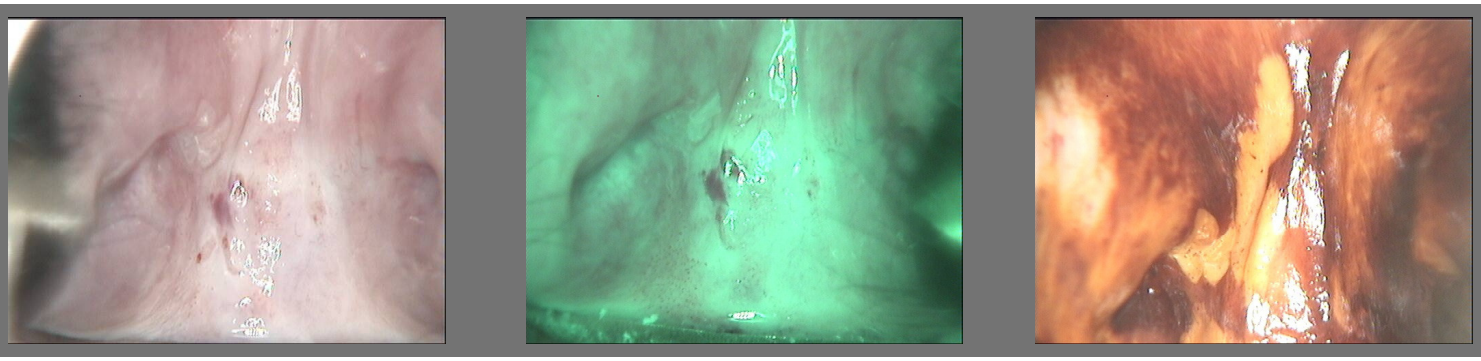
Dr. Malliga
Adyar Cancer Institute Chennai

**Q1-** Mrs.S, 55 years, postmenopausal, multipara, asymptomatic, during screening showed HR-HPV positive result. Right Lateral and posterior vaginal walls showed well defined iodine positive lesions



1. What is the interpretation
2. How can you manage her?

**Q2-** Mrs.K 48 years, postmenapausal, multipara, routine screening showed HSIL Colposcopy Biopsy – CIN III, Cone Biopsy – Ca insitu with endocervix gland excision, margins negative.Type I hysterectomy with cuff of vagina done and under regular follow-up
After two years, vault smear showed Gr III dysplastic changes.



1. What are the features seen in the pictures?
2. What further management is needed?

# POORNAM-2 (I'M COMPLETE)

Sharda Jayaraman
Psychotherapist
GKNMH, Coimbatore

We saw in our previous article how we can embark on our journey towards being compassionate with ourselves - learning to strike a balance between the strong person we think we ought to be and our vulnerable side. Today, let us take another step in the direction of feeling fulfilled and satisfied with ourselves. I would like to start by sharing a little sketch about Sita, someone very much like all of us. In fact she could be one of us.

Sita was sitting alone in her room. And for the first time she was surprised to notice an ongoing dialogue within her head. Curiously she started paying attention to it. At that point she heard the voice comparing her to a particular person she knew and in the process was 'putting her down'. She immediately experienced her stomach churning and a dull ache in her head beginning to emerge. She also noticed feeling scared and decided that she had to do something to avoid feeling this discomfort. She thought if she worked hard enough and competed she would not feel so put down.

Unable to witness and listen to this voice any further, Sita decided to distract herself and watch something on her phone screen. This did work in quieting her mind briefly.

In this little sketch Sita was impacted by a particular flavour of her own internal dialogue. This dialogue also brought up physical sensations in her that led her to decide to react in a particular patterned way. Her story is what happens to all of us in times of stress - the themes may be different.

Have you been curious about your own internal dialogues? So how about taking a few moments now to pay attention to your own Internal Dialogue right now. Is there a unique pattern to it? A specific kind of narrative?

- Is the narrative, putting you down all the time... sometimes? Is it talking about someone particular? Is there a comparison about - looks, ability, skill, financial status, health, and such? Watch the result of this repeated pattern. How does it end? How does the result impact your opinion about yourself and your self worth?

Going back to the above example of Sita, she was experiencing a sense of 'lacking something' and felt that she was not ENOUGH. She shared that it was a big burden to live constantly with a sense of lacking and resisting it. .

We all possess many parts within us which we categorise either as desirable and undesirable qualities/traits. We are comfortable in accepting our desirable parts and harshly judge the undesirable parts. Calling it 'undesirable' by itself can be judgement

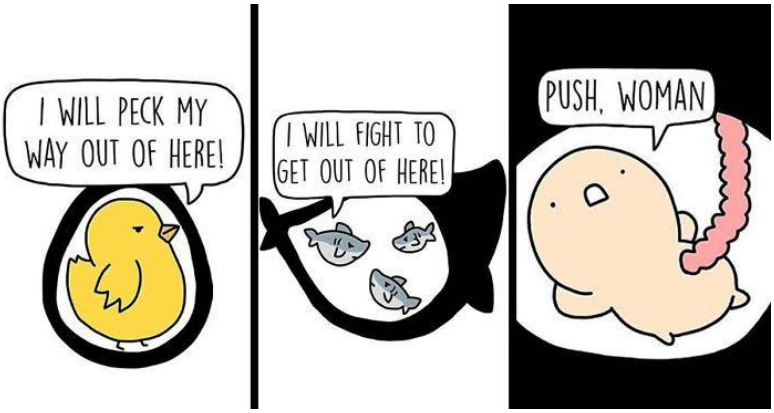
In the case of Sita, her 'undesirable' part was 'I'm not enough'

When Sita was encouraged to say to herself, "Yes, I am not enough" 3 or 4 times followed by a loud "SO WHAT?' a big burden was let go and she let out a big sigh of relief.

The magic for Sita and for us alike, lies in recognising and accepting our 'undesirable' parts. Accepting both desirable and undesirable parts with equanimity gives us the opportunity to become POORNAM. Yes, we can all learn to become Poornam.

So, where would you like to begin? What traits in you would you want to acknowledge and embrace?

# IN A LIGHTER VEIN





## OUR NEW LOOK WEBSITE

1. Welcoming new Council members of team AOGIN on the roll, 2019-2021

2. Creation of a resources on the main page with addition of :

A. Teaching slides

B. Videos

C. Guidelines and recent publications

D. Webinars

This has been done for streamlining educational content together for everyone, especially students for getting everything together in a consolidated form.

4. Coalition and addition of NCG webinar video link which have been added in the light of Covid- 19 Pandemic series of education with world class global faculty

5. Updating gallery content with pictures from last AOGIN India national meetings and local AOGIN events

6. Updating newsletter section, latest in august 2020

7. Addition of archives with various events covered under the umbrella of AOGIN India.

-Dr.Kanika B Modi
-Dr.Anitha Thomas
-Mr.Om Prakash

## CLINICAL PEARL ANSWERS

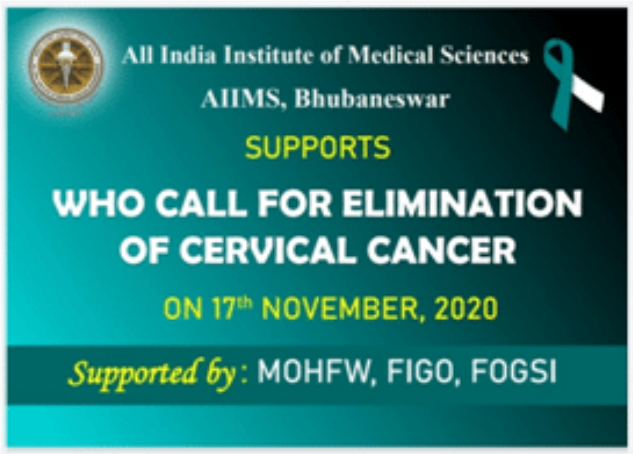
**1**. Cervix Biopsy – Four Quadrant Biopsy and Endocervical Curettage showed No E/O Dysplasia, Vaginal Biopsy showed moderate dysplasia Patient was offered Laser Fulguration, refused and she is under regular cytological follow-up

**2.** Colposcopy guided biopsy showed vault dysplasia gr III (Severe dysplasia)
Laser Fulguration done and under regular follow up since 2 years with normal vault/vaginal cytology

# SHARE YOUR ACTIVITIES

## AIIMS Bhubaneswar supports the WHO Call for cancer Cervix Elimiation

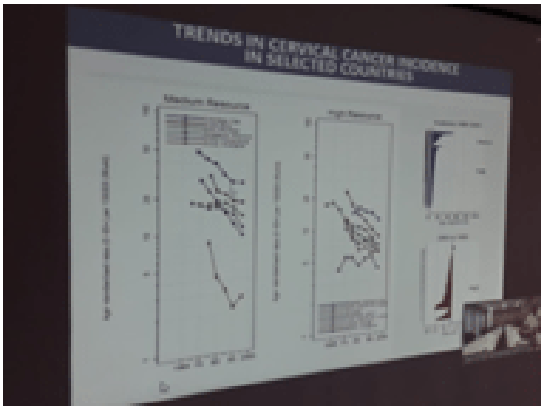
In support of the WHO call for elimination of cervical cancer, the Department of Obstetrics And Gynaecology, AIIMS Bhubaneswar organized a pap smear programme on 17 th November 2020 for inhouse faculty, residents and staff, keeping COVID-19 guidelines in place. The team was in teal. It was graced by esteemed director Prof Gitanjali B, Medical Superintendent Prof SN Mohanty, Dean Prof D Hota, DDA Sri PK Ray and esteemed faculty members across departments. A patient information leaflet in English and Odia language was also released.




## Webinar on Awareness and Update on Cancer Cervix for the Frontline Team involved in Public Healthcare Service Delivery (An initiative of CCE, HBCH and MPMMCC) as a companion event to WHO's Historic Cervical Cancer Elimination launch, Varanasi.

Center for Cancer Epidemiology, ACTREC, TMC Mumbai, MPMM Cancer Center, Homi Bhabha Cancer Hospital Varanasi organized a webinar with the objective:

- To celebrate the launch of global strategy document about achieving Cervical Cancer elimination.
- Sensitize the District Administration about the disease, it's burden, prevention strategies the role of various departments under them in Cervical Cancer prevention and AVE project of the Hospital.
- Update the frontline public healthcare service delivery team about the disease and its prevention.




## AIIMS Rishikesh 17th November 2020: Cervical Cancer Elimination Activities

A virtual panel discussion was organized by the Department of Obstetrics & Gynaecology and Gynaecologic Oncology divisionon “Accelerating Cervical Cancer Elimination in Uttarakhand: AIIMS Rishikesh Initiative.” The webinar was moderated by Prof Shalini Rajaram, Gynaecologic Oncologist and had many stalwarts expressing their views on various aspects of eliminating cervical cancer involving vaccination, screening and treatment approach. This webinar was organised in response to WHO’s call for global elimination of cervical cancer on 17th November, 2020. WHO has proposed the ’90-70-90’ triple intervention policy to be implemented by all countries before 2030.


**Public Awareness Campaign Being Launched By AIIMS Rishikesh About Cervical Cancer Amongst U'khand Women**

**Rishikesh (The Hawk):** For Cervical Cancer awareness amongst women in Uttarakhand, a public awareness campaign is being launched by AIIMS Rishikesh through webinars. The first phase of the webinars will be held on 17 November 2020, 2-3pm. Incidence of cervical cancer in India is high and this is mainly due to lack of awareness. Padmashree Professor Ravi Kant, Director of AIIMS said that 106% control of cervical cancer in women is possible. For this, vaccination for this cancer is essential in adolescent girls between 9 to 14 years. He also said that women can be vaccinated for the prevention of cervical cancer up to the age of 26 years. But vaccination of girls below 14 years has much better efficacy. World Health Organization has set a target of vaccination of 90 percent of adolescent girls by the year 2030 globally

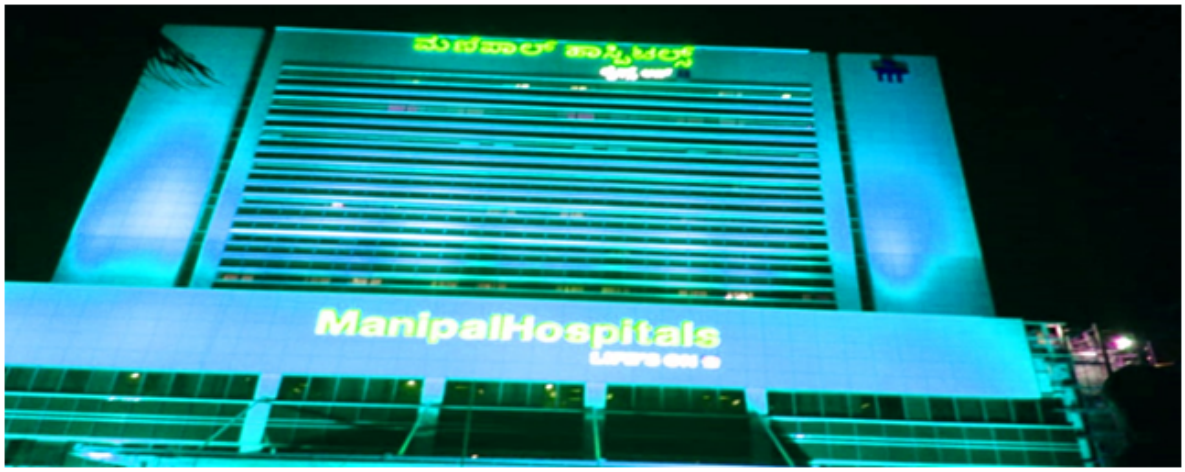


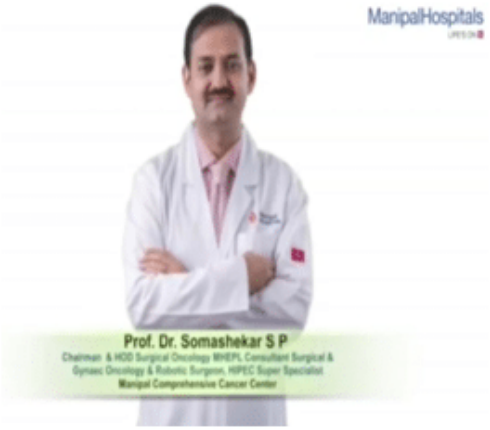
and recent studies have shown that even one dose of vaccination may be sufficient in young girls. Professor Shalini Rajaram, Gynecologic Oncologist in the Department of Obstetrics & Gynecology, AIIMS Rishikesh said that about one lakh cases of cervix cancer occur every year in India. About 10 years ago, deaths due to cervical cancer and childbirth was very high at about 72,000 deaths per year. However, because of gwernment intervention deaths due to childbirth have come down in almost all states of India but deaths due to cervical cancer are still very high. The aim of this campaign is to bring about awareness that vaccination, screening of women above 30 years and treatment of all women detected with cancer will help achieve a cervical cancer free India by 2030. WHO-IARC (World Health Organization - International Agency for Research in Cancer) expert on Cancer control and prevention, Dr. R Sankaranarayanan will be an expert on this panel. Dr Anjali Nautiyal, Director of NHM Uttarakhand and Dr. Saroj Nathani, Director of National Program, Medical Health and Family Welfare Uttarakhand will also be panellists. In addition, several experts from various departments of AIIMS Rishikesh and Professor Manoj Gupta, Head of Radiation Oncology & Dean, Professor Jaya Chaturvedi, Head, Department of Obstetrics & Gynecology will share their expertise in this field. Prof Shalini Rajaram said that women can also participate in this webinar by accessing the link https://zoom.us/meeting/register/tJIqdumtpzkuHNyme7dm30-or4vvK8kwGiuI Finally Prof Rajaram said that the institute along with WHO experts and government officials from the state will formulate a policy for elimination of cervical cancer in the state of Uttarakhand

## GKNMH_Cervical Cancer Awareness Week 2020

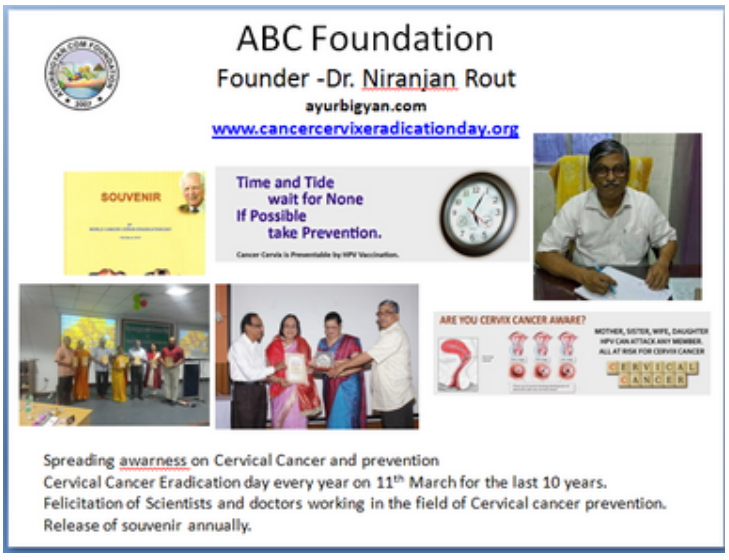
**Youtube link for activity video:https://youtu.be/z86Bh8d4-v0**

### 3. Cancer Screening and Awareness Camp Conducted in June 2020 at Coimbatore- Dr. Latha Balasubramani




## Felicitation of FOGSIANS





## Okti Foundation Website :

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Dr Sonal Bathla

### Cervical Cancer Screening and Vaccination Drive Manali – Phase II September 29-30, 2019

The Project **"Cervical Cancer Awareness, Screening & Vaccination"** was a joint effort of Okti Foundation and ONGC, Delhi. The first phase of "Cervical Cancer Awareness" was organised on August 23, 2019 at District Kullu, Himachal Pradesh.

With the commitment of dedicated team, Phase II of Cervical Cancer Screening and Vaccination Drive was accomplished on 29th and 30th September 2019 at The Sahayak Surgical Centre in Manali, Himachal Pradesh. A team of 4 doctors,4 staff nurses,2 laboratory technicians, 4 paramedics conducted the event, where a total of 226 women came for check-up and 160 girls came with guardians for vaccination.

**Prayas, Amrita Clinic, Karve Road, Deccan Gymkhana, Pune - 411 004, India**

**Email: preventcervicalcancer@gmail.com, Website: http://www.prayaspune.org**

**Education and awareness**

**Mobile screening unit with facility for screening and thermal ablation**

**Clinic at Prayas: colposcopy, biopsy, ablative or excisional treatment and HPV vaccination**

**Screened > 15,000 women in the mobile unit**

Research study: One of the largest cohorts of women living with HIV (n=1153) followed for 10yrs

Screened over 1200 women living with HIV (Ca cx screening as a standard of care for women living with HIV

**Publications:**

Joshi S, Sankaranarayanan R, Muwonge R, et al. AIDS. 2013 Feb 20;27(4):607-15. doi: 10.1097/QAD.0b013e32855b1041.

Joshi S, Babu JM, Jayalakshmi D, et al. Vaccine. 2014 Jan 4. pii: S0264-410X(13)01803-3. doi: 10.1016/j.vaccine.2013.12.060.

Joshi S, Kulkarni V, Darak T, et al. Int J Womens Health. 2015 May 4;7:477-83. doi: 10.2147/IJWH.S80624. eCollection 2015.

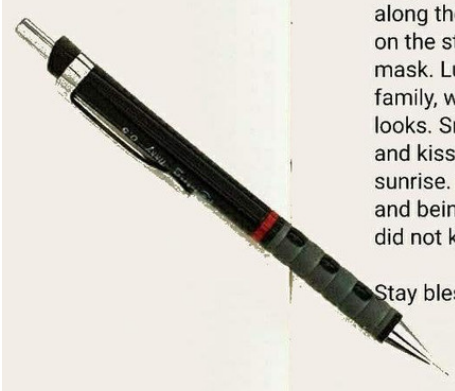
Joshi S, Kulkarni V, Gangakhedkar R, Sankaranarayanan R. Indian J Med Res. 2015 Nov;142(5):610-3. doi: 10.4103/0971-5916.171292.

Joshi S, Muwonge R, Kulkarni V, et al. Int J Cancer. 2018 Aug 22. doi: 10.1002/ijc.31826.

**Programme leaders: Dr Smita Joshi, Dr Vinay Kulkarni, Dr Sanjeevani Kulkarni. We thank IARC (WHO) for the technical guidance. We sincerely thank all our donors and supporters.**

## Felicitation of FOGSIANS Working for Cervical Cancer Prevention

1. Dr. Usha Saraiya
2. Dr. Leela Digumarti
3. Dr. Vasundhara Kamineni
4. Dr. Ruchi Pathak
5. Dr. Radhika Joshi
6. Dr. Asha Jain
7. Dr. Dipanwita Banarjee
8. Dr. LathaBalasubramaniam
9. Dr. Subdha Neel
10. Dr. Sarita Sabharwal
11. Dr. Saritha Samsundar
12. Dr. Priya Ganesh Kumar
13. Dr. Ragini Singh
14. Dr. Nivedita Dutta
15. Dr. Indira Palo
16. Dr. Sneha Bhuyar



* WHAT IS LUXURY? ... * They made us believe that luxury was the rare, the expensive, the exclusive, everything that seemed unattainable ... Now we realize that luxury were those little things that we did not know how to value when we had them and now that they are gone, we miss them so much ... Luxury is being healthy. Luxury is not stepping into a hospital. Luxury is being able to walk along the seashore. Luxury is going out on the streets and breathing without a mask. Luxury is meeting with your whole family, with your friends. Luxury are the looks. Smiles are luxury. Luxury are hugs and kisses. Luxury is enjoying every sunrise. Luxury is the privilege of loving and being alive. All this is a luxury and we did not know ..

Stay blessed. Stay grateful.