AOGIN India

OLYMPICS 2021

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WHAT'S INSIDE

Dear Friends,

With the covid pandemic receding (hopefully!) it is time to re-focus our efforts and energies towards what AOGIN India has committed itself towards- Preventing Women's Cancers. 17th November 2020 was a D- Day when the World Health Organization called for a global elimination of cervical cancer. But we do know that awareness has to precede the adoption of screening. The first anniversary of WHO's call is an appropriate occasion to create awareness about HPV vaccination, cervical cancer screening and prevention from wherever we work, in whatever way we can. Let's do it! On the HPV vaccination front, the indigenous qHPV Vaccine trial has completed recruitment and we hope to see encouraging results! Watch this space...

This edition of our newsletter has a very comprehensive article by Dr.Partha Basu, who has outlined a pragmatic approach to cervical cancer screening in India. For the sports buffs amongst us, we have a few questions on the Olympics.. I am sure you will find them Entertaining.

"Elimination of cervical cancer: From Research to Practice" -We invite all of you to the 10th National Conference of AOGIN -India from 3rd to 5th December 2021 hosted by Team AIIMS. Please block your dates and we look forward to your active participation. Do visit the AOGIN India website; we have a link to the IPVS website as well and you will find resources that you may find useful.
Looking forward to having regular meetings soon with academics, fun and fellowship.

Warm Regards,

Latha Balasubramani.

Message from the president

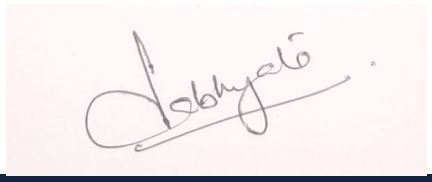
Dear colleagues,

Though the much-awaited normalcy seems to be around the corner, yet we continue to pray and hope that Corona will cease to be a menace anymore. Let's get started and resume our work with the aim of redoubling our efforts towards eliminating cervical cancer.

The AOGIN annual conference, which is scheduled for December of this year, is being planned by our highly talented and enthusiastic organising team. I encourage all members of AOGIN to participate actively. Your participation is certain to enhance the academic experience and enrich the proceedings of this much-awaited event.

Look forward to seeing you there!

Warm regards,



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

Implementing HPV detection -based screening in India

Dr.Partha Basu, MD, PhD
Deputy Head, Early Detection, Prevention & Infection Branch
International Agency for Research on Cancer
World Health Organization

Experience from several low and middle income countries trying to implement large scale VIA-based cervical cancer screening programmes highlights two major deficiencies of such an approach – huge amount of effort and resources are required to ensure competency of a large number of VIA providers, and quality assurance of a programme based on a subjective test like VIA is extremely challenging.

Both these deficiencies may be addressed by switching to HPV detection -based screening. Because of high negative predictive value of HPV test, the HPV negative women have very low risk of developing invasive cervical cancer over the next 10 years. The screening interval can be safely extended to 10 years, thus saving resources for the programme.

In Indian context, a strategy involving eligible women collecting high vaginal samples themselves at home will improve participation of women and significantly reduce workload of the primary care facilities currently designated to perform VIA. The ASHA workers may be trained to distribute the self-sampling kits to the women at home, educate the women on how to obtain the samples and deliver the self-collected samples to the nearest primary health center. Women not feeling comfortable to provide self-collected samples may be sent to the primary health centers for sample collection by a trained nurse or medical officer. The self-collected samples can be stored at ambient room temperature at least for a week prior to transporting them to the laboratories. HPV test facilities ideally should be set up at district or dub-divisional hospitals. The molecular test platforms used to detect multi-drug resistant tuberculosis and/or SARS-CoV-2 virus can be used to detect HPV. The logistics of maintaining the supply chain for the collection kits and consumables, transport of samples from the primary care to the laboratories and delivery of test reports to the women need to be worked out meticulously.

Like 'Arogya Setu' (used for COVID testing and monitoring), an application on the mobile phone can be developed to register women for cervical cancer screening, deliver test results and send reminders to the test-positive women to undergo further check-up. The recent guidelines from the WHO has recommended either direct treatment of all HPV positive women ('screen and treat' approach) or triaging of HPV positive women with cytology, VIA or colposcopy, depending on availability of resources. A pragmatic approach for India will be to treat all HPV-positive women eligible for ablation with thermal ablation or cryotherapy. Assessment of eligibility for ablation and thermal ablation or cryotherapy can be performed by trained nurses or medical officers at primary health center. Those HPV-positive women not eligible for ablation may be referred for colposcopy. Colposcopy and excisional treatment facilities are to be organized at district or sub-divisional hospitals and all medical college hospitals.

Studies have shown that 5-8% of women between 30 to 60 years of age in India are HPV positive and at least 60% of them are eligible for ablation. Only a small proportion of women will require colposcopy. Women with a suspected lesion on colposcopy are to be treated with LLETZ without waiting for histopathologic verification. HPV positive women without any visible lesion on colposcopy and treated women are to be recalled for HPV test after one year.

Just as any cancer screening programme ensuring quality at every step is necessary for the success of HPV detection -based screening. Appropriate data collection should be done to measure the number of women screened every month, number of women successfully providing self-samples, HPV positivity, number of samples with inconclusive results, number of HPV positive women undergoing treatment or colposcopy etc.

The current high cost of HPV test consumables in the private market can be substantially lowered through negotiation between the Government and the manufacturers. Indigenous development of test technologies will also make the test affordable in the long run. We need to learn such lessons from our experience in mitigating the COVID pandemic and apply the same to protect women from cervical cancer.

Adjuvant HPV vaccination to prevent recurrent cervical dysplasia after surgical tretment

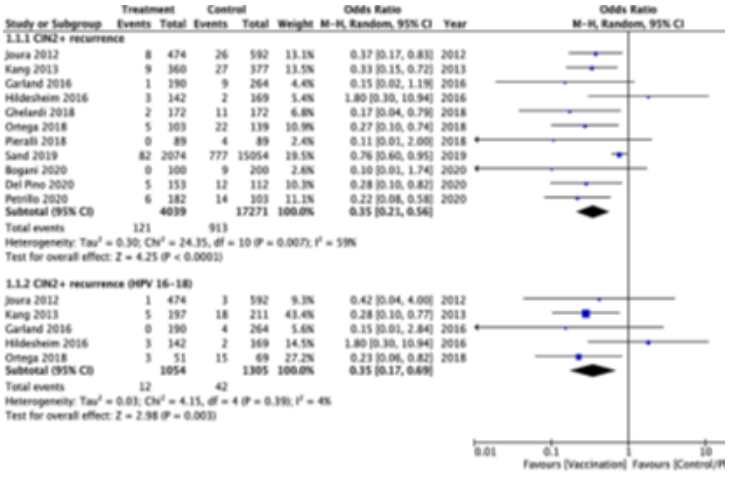
Dr.Sri vigni, DNB Trainee,
Department of Obstetrics and Gynaecology,
GKNMH, Coimbatore.

Despite arrival of newer vaccines and screening strategies , cervical cancer still remains the first most common gynecological cancer worldwide. The overall risk of recurrence after surgical treatment for CIN2+,CIN3+ at 5 years are 16.5% & 6% respectively.

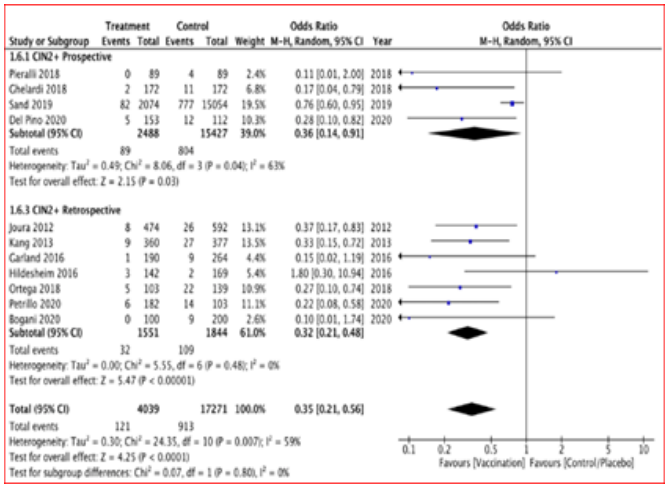
Perioperative HPV vaccination might reduce the risk of recurrence of CIN. The rationale behind this is the development of neutralizing antibodies against HPV like particles & eventually preventing virus particles from entering the host cells. This also provides cross protection against other HPV types, thus preventing the newer infections.

This article summarizes the efficacy of perioperative prophylactic HPV vaccination in reducing the risk of recurrence of CIN 2 after surgery. Out of 50 studies published between 2012-2020, eleven studies satisfied the inclusion criteria and were eligible for the final meta analysis. Women of age group 15-89 years were included with a median follow up time of 2-5 years.

FORESTPLOT OF COMPARISON CIN2+ RECURRENCE REGARDLESS OF HPV TYPES & CIN 2+ RECURRENCE CORRELATED WITH HPV16/18



FOREST PLOT OF COMPARISON SENSTIVITY ANALYSIS ACCORDING TO THE STUDY DESIGN FOR CIN 2 RECURRENCE



Thus this study demonstrates the use of prophylactic HPV vaccination as an adjunct to surgical excision for CIN 2+ or greater significantly reduces the risk of recurrent disease. Overall risk reduction of having newer or persistent CIN 2+ after surgery was 65%. Currently, there are three ongoing trials the VENUS study(recruiting),the COVENANT trial (active, not recruiting),the NOVEL trial . Results from these studies will probably provide us new insights on this emerging topic.

CONCLUSION:

Prospective studies are required to confirm these findings and drive the adjuvant HPV vaccine into routine clinical practice along with a standardized time of administration .

Cervical Cancer Prevention in Transgender men- A Review

Dr. R. Ganesh,
Post Graduate in MS Obstetrics and Gynecology,
Coimbatore medical college hospital.

INTRODUCTION:

A drift of thoughts, a step ahead, western countries are emphasizing on transgender, in addition to cisgender health care. WHO has recently taken off Transgender from the list of psychiatric disorders, rendering them a place in the society with their own identity and needs. In a novel preventive approach to screening, this article titled "Cervical Cancer Prevention in Transgender men- A Review", substantiates the necessity of screening of transgender men for cervical cancer.

TRANSGENDER AND ITS PREVALENCE:

Transgender men are defined as the ones who were assigned female at birth, but later identified as male or along the transmasculine spectrum. Legal transition refers to an administrative change of name and/or the assigned gender. Medical transition includes androgen therapy or any of the surgical procedures such as bilateral mastectomy, hysterectomy (total or supracervical) or genital reconstructive surgeries. The prevalence of transgender men is found to be 0.1% to 0.2% globally, while the rate of identification as transgender remains changing all along the geographical as well as the time zones.

TRANSGENDER MEN WITH CERVIX

After identifying the transgender men, it is mandatory to identify the proportion of transgender men who retain their cervix. The following groups of transgender men retain their cervix:

- Certain transgender men, either self identified, or by gender affirmation clinics, do not opt with hysterectomy, or have undergone a supra cervical hysterectomy.
- Even after self recognition, some transgender men do not visit affirmation clinics/ do not wish to have a transition, or undergo androgen therapy alone.

Adding to this, in contrary to most countries across the world, certain European countries have made a medical transition non-mandatory for a legal transition. Also, certain medical grounds do not necessitate a hysterectomy/oophorectomy to reduce the chances of malignancies, rather recommend a periodic screening programme as is it carried out for cisgender women. This has resulted in a proportion of transgender men who retain their cervix in situ.

RISK OF CERVICAL CANCER IN TRANSGENDER MEN:

Transgender men have a risk of cervical cancer that is comparable to cisgender women, or even higher. The following factors contribute to an increased risk among them. Available evidence states that transgender men indulge in sexual activity with multiple partners irrespective of their gender,etc,. Transgender men tend to be missed out in the target screening list, or may not seek out during routine screening visits. Additionally, they are prone to get inconclusive Pap test results due to histopathological changes secondary to a change of hormonal milieu as a result of androgen therapy. In addition to the above mentioned factors, certain barriers transgender men face in accessing screening need a special mention.

BARRIERS TOWARDS SCREENING IN TRANGENDER MEN:

Objective:

- Lack of provider knowledge
- Transgender men missed out in target population
- Lack of insurance coverage for surgical procedures pertaining to gender transition
- Women centered education/ protocols
- Absence of specific transgender screening protocols

Subjective:

- Lack of awareness
- Distrust in health care system/ stigma
- Fear of maltreatment/insult
- Past sexual/emotional trauma
- Discomfort caused by genital examination
- Lack of knowledge that cervix may be retained after certain surgical approaches

RECOMMENDATIONS AND REMEDIES:

- Training of health care professionals towards a proper approach to transgender screening and HPV vaccination, experienced healthcare providers for taking samples, so as to

- alleviate the distress associated with genital examination, cytologists to appreciate dysplasia in atrophic cervical cells.
- Self sampling shall be promoted for better compliance
- In case of atrophy, vaginal application of estradiol cream 1 or 2 months before taking smears.
- Transgender population should not be overlooked while implementing screening programmes
- HPV vaccination to be carried out in transgender men before 25 years of age.

CONCLUSION:

Transgender men are at a high risk of developing cancer cervix, hence they need to be made aware of the importance of screening, identified as target population, counseled, and screened according to a unique protocol, after overcoming all barriers they face. HPV vaccination needs to be carried out before 25 years of age.

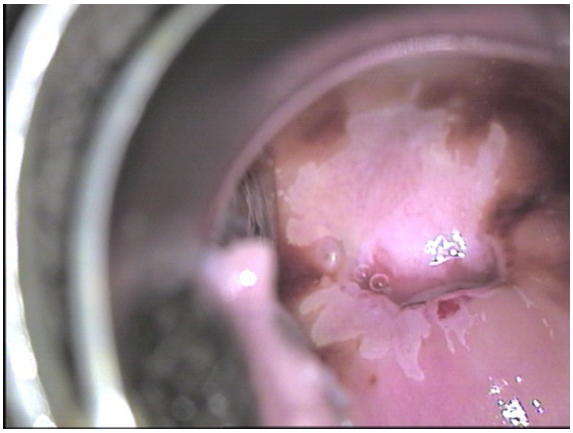
REMARKS:

This article reflects the scenario persisting in European countries. However, in developing countries like India, it will take a long way in identifying and screening transgenders, and to instill equality among society and overcome social stigmata before implementing transgender screening.

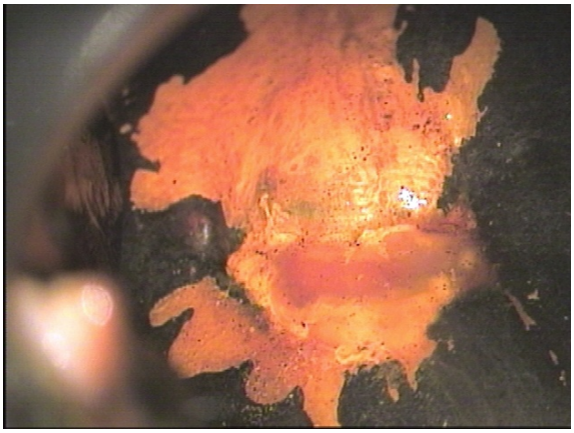
Clinical Pearls

Dr. Jeeva. S, DGO, DNB(OG)
Assistant Professor
IFCPC Certified Colposcopist
PSGIMSR & Hospitals, Coimbatore

Q1- A 29 year old P2L2A1 was referred for VIA/VILI positive from Screening Camp with complaints of Dysmenorrhea.



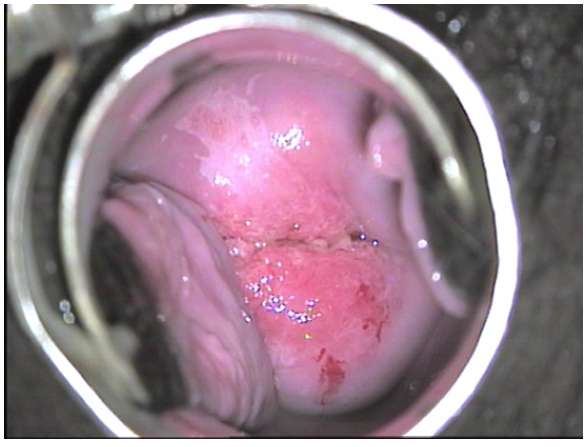
After 3-5% Acetic Acid Application



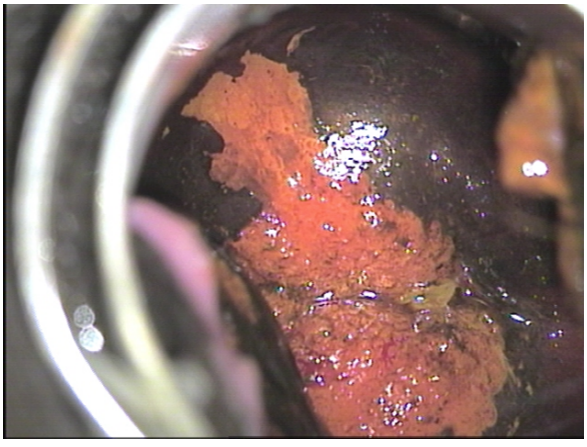
After Lugol's Iodine Application

1. Describe Colposcopic findings.
2.What is the Grade of lesion?
3.•Management for the above case?

Q2- A 31 year old P3L3A1 was referred for VIA/VILI positive from Screening Camp.



After 3-5% Acetic Acid Application



After Lugol's Iodine Application

1. Describe Colposcopic findings.
2.What is the Grade of lesion?
3.Management for the above case?

Be the change

Sharda Jayaraman
Psychotherapist
GKNMH, Coimbatore

While growing up children dream to become a pilot, carpenter, doctor, nurse and engineer. In order to reach their goals they enrol themselves in schools specialized to train them to become a pilot, carpenter, doctor, nurse and engineer. Majority of them do dream to get married and become parents. Now the question arises. Do we have a school to train us at how to be a parent? Reflecting back in our own life – how did we parent our children? Was my parenting effective? Am I satisfied with it? Currently what is the result?

Being a Montesorian or a trained Montessori teacher engaged in handling young children for many years, I am fascinated to witness the interaction between children and parents. The added advantage of being a therapist helped me to see the larger picture of the whole family where nothing happened in a vacuum. I am focussing on the behaviours of children. The relationship between stimulus and response, here the response of children to the stimulus of the parents or parent figures.

In my practice a child is brought to me by parents for 'correcting his/her behaviour. As a rule I do not take the child as my client immediately, however, I see the child once to rule out any medical conditions or learning issues contributing to their concerned behaviour. Further referring them to the necessary remedial rehabilitation. In other cases I invite the parents to take therapy as the child has to go back to the same family environment where they are exposed to the same old stimulus leading to the same unchanged responses.

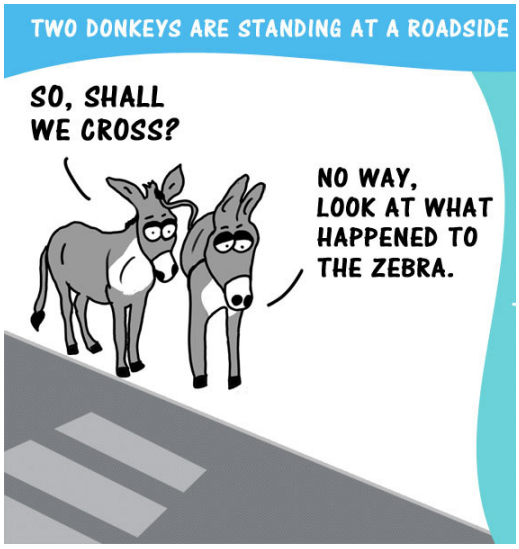
So parenting can be made very simple. All we need to do is choosing the beaviour you want your child to grow up with and you become their corresponding stimulus by Imbibing it into the family environment.

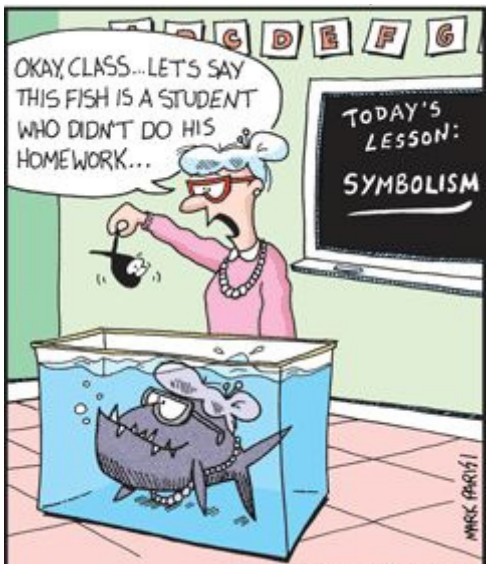
Children Learn What They Live

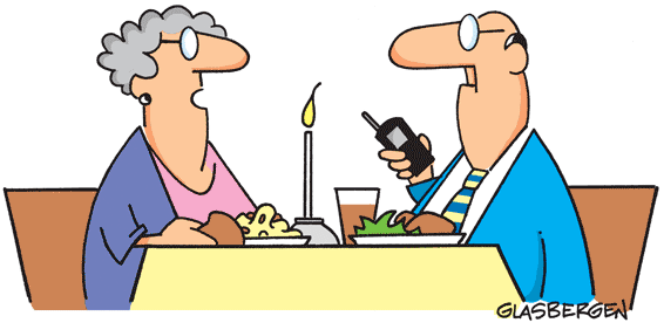
If a child lives with criticism, he learns to condemn.
If a child lives with hostility, he learns to fight.
If a child lives with fear, he learns to be apprehensive.
If a child lives with pity, he learns to feel sorry for himself.
If a child lives with ridicule, he learns to be shy.
If a child lives with jealousy, he learns what envy is.
If a child lives with shame, he learns to feel guilty.
If a child lives with encouragement, he learns to be confident.
If a child lives with tolerance, he learns to be patient.
If a child lives with praise, he learns to appreciate.
If a child lives with acceptance, he learns to love.
If a child lives with approval, he learns to like himself.
If a child lives with recognition,
he learns that it is good to have a goal.
If a child lives with sharing, he learns about generosity.
If a child lives with honesty and fairness,
he learns what truth and justice are.
If a child lives with security,
he learns to have faith in himself and in those around him.
If a child lives with friendliness,
he learns that the world is a nice place in which to live.
If you live with serenity, your child will live with peace of mind.
With what is your child living?

Dorothy Law Nolte

In a lighter vein..







"You seem like a nice gentleman, but I'm not sure I could ever get serious about a man who has a laxative jingle for his ring tone."

Clinical Pearls Answers:

- **Q1**-Type 2 small TZ, intense acetowhite at 6->1 'O' clock position. Coarse Mosaic, coarse punctation.
- High Grade
- Colposcopic directed Cx Biopsy. If the HPE report is HSIL, proceed with LLETZ procedure.

- **Q2**-Satisfactory, type I large TZ, faint aceto white area at 11 clock, fine mosaic, sparse punctation +
- Low Grade lesion.
- Proceed with Cx biopsy. If HPE report is low grade, proceed with Cryotherapy.

IFCPC World Congress- Highlights

The 17 th World Congress of International Federation of Cervical Pathology and Colposcopy (IFCPC 2021) organized by the Indian Society of Colposcopy and Cervical Pathology from 1st July to 5th July was held for the first time in Asia in the 50 year of history of this organization. It was a proud moment for India to host the first virtual conference of IFCPC which was attended by more than 1,000 delegates and speakers from over 42 countries all over the world..

A satellite consensus meeting for developing a road map for India for cervical cancer screening was held on 25 th of June and inaugurated by Hon'ble Governor of Telangana and Hon'ble Lt Governor of Puducheri Dr (Smt) Tamilisai Soundararajan, who herself a gynaecologist, delivered her talk on women empowerment

The five day long scientific feast IFCPC 2021 was inaugurated by the Hon. Vice President of India, Shri M. Venkaiah Naidu, who called for adopting a multi-pronged strategy to arrest the growing incidence of cancer.The former Health Minister of India, Dr Harshvardhan, also emphasized the need of training health personnel in prevention of cervical cancer and treatment of precancerous and emphasized India's commitment toward the WHO resolution of elimination of cervical cancer by 2030.

On 1st July, four pre-congress workshops were held that were attended by more than a thousand gynaecologists, pathologists, basic researchers, medical students and paramedical staff. From 2nd July to 4th July scientific deliberations, panel discussions, hot debates and five brainstorming quizzes were the main attractions of the conference.

Highlights of IFCPC 2021 were discussions over role of Artificial Intelligence in low resource countries where there is scarcity of trained Colposcopists and pathologists. "New options of vaccination like nonavalent vaccine and importance of vaccination of males was highlighted. New classifications for staging of cervical cancer and classification was discussed. It was an excellent academic programme appreciated by all.

Camps

VIA Training Program for Staff Nurses Uttarakhand Govt
2 nd to 11 th August 2021, AIIMS Rishikesh

"The VIA training for staff nurses, a 10-day program, was conducted at AIIMS Rishikesh by the Department of Obstetrics and Gynaecology (Gyn Oncology), Community and Family Medicine and College of Nursing. Staff nurses nominated for the training were from PHCs in Rudraprayag, Almora, Tehri and Haridwar districts. The WHO goal of cervical cancer elimination by 2030 was explained to them. Through the training over 10 days they learned the natural history of the disease, its causative factors, methods of detection, presentation and that it is almost 100% preventable through screening and HPV vaccination to adolescent girls.

Training program was conducted in the Nursing college of AIIMS Rishikesh which has well equipped Halls with audio-visual facilities and a skill lab. The morning sessions consisted of interactive sessions, lectures, skill lab training and role plays which were taken by faculty and residents of Obstetrics and Gynecology, fellows of Gynecologic Oncology, Community and Family medicine and Nursing college tutors. The afternoon sessions were hands on training (8 days dedicated to Hands on training) conducted in the Gynae OPD with four simultaneously running rooms for training each with two to three senior trainers (Faculty and Residents).

Enough eligible (30-65 years of age) women consenting for screening with VIA on each of these days were recruited through the OPD and by invitation. Nurses were trained on preparation of acetic acid, materials and equipment needed, adequate counselling of the woman, actual procedure of the test, pre & posttest counselling etc.

Feedback from trainees was very good. 88% rated the training: very good to excellent, 40% thought it was too long, all agreed that the trainers were excellent, used their time well and were helpful and that learning objectives were clear and the course content was organized and well planned and allowed the trainees to participate fully. At the end of the program all trainees were positive about performing the Visual Inspection with Acetic Acid Test confidently and interpret results. They will now be able to educate and create awareness about this preventable cancer and be able to perform VIA and counsel women adequately

Quiz zone

Quiz Answers:

1. Miraitowa
2. Bhavani Devi
3. Pranati Nayak
4. Beijing
5. 8
6. Sushil Kumar

Upcoming Events

AOGIN INDIA

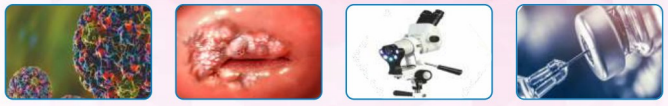
3rd - 5th DECEMBER | VIRTUAL PLATFORM

Block the Date

10th NATIONAL CONFERENCE

of Asia Oceania Research Organisation on Genital Infections and Neoplasia, India

Elimination of Cervical Cancer : From Research to Practice



WORKSHOPS 3rd Dec 2021 | CONFERENCE 4-5th Dec 2021

Submit Your Abstract

STRONG, HEALTHY, Screened!

Web: www.aoginindia2021.in I Email: aoginindia2021@gmail.com

10th National Conference

AOGIN INDIA

3rd to 5th December 2021

Welcome Message

Dear colleagues,

We are delighted to invite you for the 10th National Conference of AOGIN India, which will be held on a virtual platform this year on 3rd to 5th December 2021.

The meeting will gather researchers, clinicians and other health professionals across the globe to share knowledge, experience, practical strategies and ideas in line with WHO action call for elimination of cervical cancer.

As with past AOGIN India conferences, AOGIN India 2021 will include an outstanding program of invited lectures, oral abstract sessions, poster sessions, interesting QUIZ for post graduate and superspeciality students,Panel discussions, debates, workshops, and other networking events.

We look forward to your active participation!

Regards,

Dr. Neerja Bhatla, Organizing Chairperson | Dr. Seema Singhal, Organizing Secretary | Dr. Jyoti Meena, Treasurer | Dr. Sabhyata Gupta, AOGIN India President | Dr. Latha Balasubramani, AOGIN India Secretary

Conference Highlights

- Workshops
- Post COVID Cervical cancer screening practices
- Free paper and poster presentation
- Quiz for postgraduate and superspeciality students
- HPV Vaccination Implementation strategies
- Cutting edge research in the field of HPV and cervical cancer prevention
- Practical tips and tricks
- Interactive discussions with renowned National and International faculty
- Panel Discussions, Debates

Organising Team

Organizing Chairperson
Dr. Neerja Bhatla

Organizing Secretary
Dr. Seema Singhal

Treasurer
Dr. Jyoti Meena

Joint Organising Secretary
Dr. Rajesh Kumari, Dr. Anju Singh

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