

AOGIN INDIA

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From the Editors Desk

Dear friends

I am hereby inviting “**Each One**” of you to the **8th annual AOGIN India conference from 8-10 Sept. 2017 at Lucknow**. Be assured that this would be the best conference ever with 14 International faculty, 5 workshops, cancer awareness Rally and a Public forum.



In this issue, appreciate the work done by Dr Shalini Rajaram (AOGIN India president) and Dr Alok Bharti. Read about the colposcopy training run by Dr Priya Ganesh and interesting articles by Dr Puneet Chandna and Amrita Gaurav.

With best wishes **Nisha Singh**

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What's inside

Page1	From the Editor
Page 2	Cancer awareness week celebration
Page 3	Journal Scan
Page 4-5	World Health day celebration
Page 6	HPV vaccination in Pregnancy
Page 7	Outreach Colposcopy training

Gynecological Cancer Awareness Week - Dr Bindiya Gupta New Delhi

To celebrate the International Women's Day on March 8th and National Day of Gynecological Cancers (the birthday of Dr V Shanta) on March 11th, Department of Obstetrics and Gynecology, UCMS and GTB hospital organized a "Gynecological Cancer Awareness Week" under the aegis of AOGD Oncology Committee and AOGIN India. The organizers were Dr Amita Suneja, Dr Shalini Rajaram and Dr Bindiya Gupta. Activities done were related to various aspects of cancer prevention and screening of all gynecologic cancers.

The activities were as follows:

1. **Awareness lectures** on Gynecological Cancers and their early detection were taken daily in outpatient department by Dr Sweta Prasad, Dr Anshuja Singhla, Dr Shruthi Bhaskaran, Dr Archana Chawdhary, Dr Richa Agarwal and Dr Himsweta Srivastava
2. **Cervical cancer screening camp** was organized daily in Gyne OPD by Senior Residents, Dr Amruta and Dr Shibani. Screening by Pap and/or VIA/ VILI was done. Total number screened were 55 of which 6 women were called for colposcopy.
3. Street play on cancer awareness was done by 'Manchayan' dramatics society of UCMS. The play drew over 200 people in the hospital and was very well received and definitely passed on the message of prevention, screening and adopting a healthy life style.
4. A **Slogan competition** was organized by the nursing college of UCMS and GTB Hospital under the guidance of their principal Mrs. Dhall. 3 prizes were given to the best posters.



AOGIN India - AAI Cancer screening camp — Dr Bindiya Gupta, New Delhi

The second AOGIN-Airports authority of India camp was successfully conducted at Seelampur on 22nd May 2017 under the guidance of Dr Neerja Bhatla and Dr Shalini Rajaram. Dr Shachi with her team from AIIMS and team from GTB including Dr Bindiya Gupta, Dr Rashmi Shreya, Dr Astha Srivastava, Dr Jyotsana and Dr Sneha shree participated in the camp along with the AAI and Can support teams. Fifty women were screened using Pap smear and VIA. A talk on woman's health including cervical and breast cancer prevention was given.

6 VIA positive cases and 1 Pap positive case will be evaluated by colposcopy at GTB hospital.

Pictures on page 4

Journal Scan

Amrita Gaurav, Rishikesh

A postoperative scoring system for distant recurrence in node-positive cervical cancer patients after radical hysterectomy and pelvic lymph node dissection with para-aortic lymph node sampling or dissection

Young-Jae Lee, Dae-Yeon Kim, Shin-Wha Lee, Jeong-Yeol Park.
Gynecologic Oncology 2017; 144(3):536-540

Highlights

- A scoring system for the prediction of distant recurrence was generated.
- Cell type, number of positive lymph node, and surgical stage were predictive factors.
- This system could identify appropriate target for consolidation chemotherapy.

Objective

To identify the risk factors for distant recurrence in node-positive cervical cancer patients who underwent radical hysterectomy and pelvic lymph node dissection (PLND) with para-aortic lymph node sampling (PALNS) or para-aortic lymph node dissection (PALND).

Methods

A total of 299 patients with confirmed lymph node metastasis after radical surgery at Asan Medical Center for stage IA2 to IIB cervical cancer from February 2001 to December 2012 were identified. In all, 72 (24.1%) patients underwent PLND only and 227 (75.9%) underwent PLND with PALNS or PALND. Four patients were excluded as they were diagnosed with small cell carcinoma. The clinicopathologic data of 223 patients were retrospectively analyzed. Distant recurrence was defined as recurrence at a site over the pelvic radiation field.

Results

Among all 223 study patients, the mean number of positive lymph nodes was 4.46. There were 54 (24.2%) patients with distant metastasis. Multivariate analyses using the Cox proportional hazards model showed that histologic types (HR = 3.031, $P \leq 0.001$ for adenocarcinoma, HR = 2.302, $P = 0.066$ for adenosquamous carcinoma), number of positive lymph nodes (HR = 1.077, $P \leq 0.001$), and surgical stage (HR = 1.264, $P = 0.022$) were independent risk factors for distant recurrence of cervical cancer. A scoring system for the prediction of distant recurrence was generated by incorporating these factors and showed good discrimination and calibration (concordance index of 0.753). In an internal validation set, this scoring system showed good discrimination with a C-statistics of 0.777. According to the Hosmer-Lemeshow test, the chi-square was 0.650 and the P -value was 0.723.

Conclusions

The authors have developed a robust scoring system that can predict the risk of distant recurrence in node-positive cervical cancer patients after radical operation. This scoring system was used to identify a group of patients who required systemic control of distant micrometastasis. This group of patients is an appropriate target for consolidation chemotherapy after concurrent chemoradiation therapy.

**“Women Health & Cancer Awareness Workshop and Cancer Screening Camp”
on ‘World Health Day’, April 7, 2017 – Dr Alok Chandra Bharti, New Delhi**

On the occasion of **World Health Day**, AOGIN-India, Association of Obstetrics and Gynecology of Delhi (AOGD), Miranda House, National Institute of Cancer Prevention and Research (ICMR), and Department of Zoology, University of Delhi jointly organized a “**Women Health and Cancer Awareness Workshop**” at Miranda House, University of Delhi and “**Women Health and Cancer Screening Camp**” at Delhi University Women’s Association to promote the cancer awareness and to perform screening for most common cancers like breast, cervix and oral cavity. The main focus of the workshop was to promote cancer prevention by disseminating information on key etiological and other risk factors associated with these cancers amongst Indian women.

Prof. Shalini Rajaram, President, AOGIN-India, enlightened the students about age-group wise options for cervical cancer prevention emphasizing the role of HPV vaccination and cervical screening in prevention of cervical cancer. She urged women between 21 to 30 year of age to undergo Pap smear test every 3 years and women after 30 to have Pap smear with HPV DNA testing every 5 years. **Prof. Ravi Mehrotra**, Director, NICPR, gave an insightful view of carcinogenic implication of tobacco use and smoke in young women. **Dr. Kanchan Kaur**, breast cancer specialist from Medanta Hospital, emphasized the importance of breast self examination in the women below 40 and screening mammogram in women above 40 years of age. She proposed that clinical examination, imaging & diagnosis should be followed for appropriate treatment of breast cancer. **Dr. Bindiya Gupta**, clinical Secretary, AOGIN-India, emphasized the role of young women in controlling cervical cancer. **Dr. Roopa Hariprasad**, from NICPR informed the participants about the available clinical facilities for screening, follow-up investigations and management of disease post detection.

The workshop also had the “Meet the experts-Panel discussion” with basic molecular biologist Prof. Daman Saluja from BR Ambedkar Centre for Biomedical Research, University of Delhi, who happened to be a breast cancer survivor and whose life was saved due to her proactive behavior leading to early detection of the breast lesion. Dr. Jameel A. Khan, provided information on available high-end early diagnosis test for cancer detection and management. Role of hormonal replacement therapy in increased breast cancer risk was discussed. The experts advised people to visit doctors rather than self treatment. Overall, the call was for awareness and increase in the universal screening program by government to catch up the cancer in primary stages, as prevention is better than cure.

The parallel activity of “Women Health and Cancer Screening Camp” screened a total of 105 women free of charge. The camp offered general health checkup, clinical breast exam, and oral examination to all women. Cervical cancer screening was offered to 69 women above 30 years through tests like visual inspection (VI), VIA, VILI, Pap Smear and HPV testing. In addition, health workers and clinicians imparted training for breast self-exam and distributed related printed educational material.

At the end Prof. Alok Chandra Bharti Dr. Rekha Kumari and Prof. Anju Shrivastava thanked all the eminent speakers, experts and the team of jubilant and enthusiastic volunteers from Miranda house, NICPR, GTB Hospital, Department of Zoology and DUWA who made this event a grand success.



Pictures of AOGIN India –AAI Camp (22nd May 2017)



Recommendations for HPV vaccines in pregnancy Dr. Puneet Chandna**Pregnancy outcomes with HPV vaccination**

Human papillomavirus (HPV) vaccination during pregnancy is not recommended, but mounting evidence suggests that it is safe. In a large cohort study¹ from Denmark, the risks of spontaneous abortion, major birth defects, preterm birth, and low birth weight were comparable among women who received quadrivalent HPV vaccine during pregnancy (mostly during the first trimester) and matched controls who did not. Women who inadvertently receive HPV vaccine during pregnancy can be reassured that it does not increase their risk of adverse pregnancy or fetal outcomes.

Quadrivalent HPV Vaccination and the Risk of Adverse Pregnancy Outcomes.
Scheller NM, Pasternak B, Mølgaard-Nielsen D, Svanström H, Hviid A N Engl J Med. 2017;376(13):1223.



Worldwide, several inactivated human papillomavirus (HPV) vaccines are available (**bivalent, quadrivalent, and 9-valent**); in the United States, only the 9-valent HPV vaccine (Gardasil-9) is available. Administration of any HPV vaccine during pregnancy is not recommended because of limited information about safety; however, data from inadvertent use in this setting is increasingly available and reassuring. Thus, if a woman is found to be pregnant after initiating the vaccination series, she can be reassured that available evidence does not indicate any increase in risk of adverse pregnancy outcome after vaccination. Nevertheless, the remainder of the series should be delayed until after completion of the pregnancy.

Although none of the approved HPV vaccines contain live virus, use in pregnancy is not recommended because of limited data on safety².

Lactating females can receive the immunization series since subunit vaccines do not affect the safety of infant breastfeeding.

Source: Human papillomavirus vaccination: recommendations of the Advisory Committee on Immunization Practices (ACIP). Markowitz LE, Dunne EF, Saraiya M, Chesson HW, Curtis CR, Gee J, Bocchini JA Jr, Unger ER, Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep. 2014;63(RR-05):1.

A NOVEL APPROACH IN PREVENTION of CERVICAL CANCERS – Priya Ganesh, Thane

In India, the art and science of Colposcopy has been in practice since about four decades. Colposcopy with directed biopsy has been the gold standard for diagnosis of precancerous lesions. Yet, many doctors refrain from adopting Colposcopy in their respective clinical practice, leading to over or under diagnosis and management. Even today, in many parts of our country, hysterectomy is most preferred mode of treatment for white discharge even at young age after completion of families.

Understanding the limitations faced by practicing gynecologists in the private sector across the nation, Sai Niwas training centre has adopted a novel approach through NCPCC (National Control and Prevention of Cervical cancer) to train periphery doctors in colposcopy and help them perform the same with close surveillance system.

Hands-on training in Basic and Advanced Colposcopy is provided 4 times in a year. About 250 doctors have been trained by now. Through the Franchisee and Regional Centres, trainees are provided support in reporting of Colposcopy images, providing them one stop solution for laboratory testing (both biomolecular and histopathological) by identifying an NABL accredited laboratory. Trainees are supported in patient management by enabling them to perform excisional and ablative procedures, adopting a unified call – recall system for the patients. In this fast track era with good web connectivity, technology has played a major role in Tele/Web reporting. Hence sitting at the main Centre, it is possible to enable reporting in real-time frame. This enables the doctors to understand the case, its reporting, requirement of biomolecular evaluations and further management of the precancerous lesions. This provides an extended education in the science and art of colposcopy along with gearing them with the latest developments in biomolecular analyses like HPV DNA/mRNA/genotyping tests. This reporting system helps the doctor in concurrent diagnostics required in the Indian setting.

No doubt, this comprehensive approach finally helps the patients by preventing the progression of preinvasive disease into cancer as proven in our last 5 years of the practice when we initiated this approach. So far, we have our representations at Aurangabad, Ghaziabad, Kanyakumari, Neral (rural Maharashtra), Andheri and Ulhasnagar (Mumbai), while Nagpur is in process of development. Through this NCPCC program, we have so far reported more than 500 Colposcopy cases with proper maintenance of records in a standardized manner.

Our Mission is to empower doctors by providing quality education and extended services through technology and ensuring support in preventive oncology.

Vision Statement

AOGIN India's vision is to reduce the burden of diseases caused by reproductive tract infections, especially Human Papillomavirus (HPV), in India. Furthermore, AOGIN India's mission is to work with governments, non-governmental organizations, learned societies, health care workers and the lay public, to communicate, cooperate and share information in India and neighboring countries pertaining to prevention, early detection and management of cervical cancer and other genital cancers.

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Memberships invited. Please visit AOGIN India website

Forthcoming conferences

8th Annual Conference of AOGIN India 2017

8-10th September 2017

Lucknow

Email- editor.newsletter@aoginindia.in

Website- www.aoginindia2017.in

International FOGSI Gyne Oncology Conference

11-13th August

Bhubaneswar

Email- fogsionco2017@gmail.com