

AOGIN INDIA NEWS LETTER



www.AOGININDIA.IN

Issue 32, JANUARY 2025



EVENTS, NEWS AND ACADEMICS

Dear Changemakers,
Welcome to our monthly newsletter, where we unite as a community of dedicated professionals, advocates, and supporters working towards the elimination of cervical cancer. Together, we are driving awareness, expanding screening programs, enhancing treatment access, and promoting HPV vaccination to create a future free from this preventable disease.

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Words of a young poet

Report from AOGIN members

AOGIN 2025

01/20

Towards WHO 2030 goals

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 IPVS Early Career Research Training Award 2025	Last Date to Apply: Feb24,2025



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Letter from the President and the Secretary

Dear AOGIN-India members,

Wishing all of you a wonderful new year. Year on year, it is encouraging to find that awareness on HPV vaccination is increasing. The last year I think, saw more HPV vaccinations both individually and in camp mode. Yes, it was disheartening to see false propaganda floating around especially when so much advocacy is being done to ensure that we get the HPV vaccine into the universal immunisation program. This is where we rely on our members to ensure that these chains of false propaganda are well and truly broken by ensuring that the correct information about the HPV vaccine is given to all your groups. The new EC team have planned academic events all though this year. Our focus will be on imparting skills - be it cervical cancer screening methods, colposcopy or thermal ablation. Please make sure you attend one of these workshops. Apart from our monthly colposcopy MDT's we will be having joint sessions with international societies like the IPVS and ASGO. This will ensure that research and information that is present globally will be available to our members. The interim meeting of AOGIN-India will be held on the 10th of May in Kolkata. This is being organised by Dr. Dipanwita Banerjee. Our annual conference is being organised by Dr. Ranu Patni in vibrant Jaipur and that is from 29-31st August. Please block your dates.

Do browse through our website. Dr. Rimpi Singla has been working with our website team to spruce it up. Do have a look at the educational grant and the community grant sections. Postgraduates can avail of the travel grants to attend the annual conference as well. More details are available on the website. Let us keep creating awareness, carry on with HPV vaccinations and screening. It is the little drops together that make up the mighty ocean...

Warm wishes,

Bhagyalaxmi

Latha Balasubramani



Dr Bhagyalaxmi Nayak



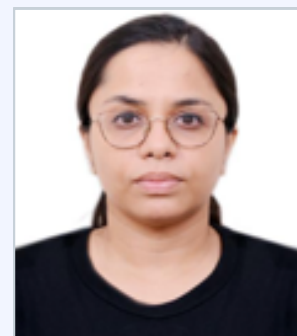
Dr Latha Balasubramani

JOURNAL SCAN

VIRAL VECTOR-BASED THERAPEUTIC HPV VACCINES

TENG JI · YUCHUAN LIU · YUTONG LI · CHUANFEN LI · YINGYAN HAN

Dr. Soumi Banerjee
Senior Resident, MCh Gynaecologic Oncology
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Introduction

Prophylactic HPV vaccines exhibit excellent immunogenicity and prevent the development of HPV-related precancerous lesions and tumours. Although 96 countries have included HPV vaccines in the national immunization program, the burden of HPV-related tumours remains heavy in low-and middle-income countries. In May 2024, the WHO issued a document clarifying that HPV therapeutic vaccine is an important means to eliminate tumours associated with HPV infection.

Recombinant viral vectors have been used to deliver antigens from specific pathogens for > 40 years, including adenovirus (ADV), poxvirus, herpes simplex virus (HSV), measles virus and many more. Viral vector-based therapeutic HPV vaccines have been developed

and enter the phase of clinical trials, and several products have recently announced the latest clinical results.

Antigen selection for therapeutic HPV vaccine

HPV has a circular double-stranded DNA genome approximately 8 kb in size, with early and late regions encoding early (E1, E2, E4, E5, E6, and E7) and late (L1 and L2) proteins, respectively. Both L1 and L2 are antigenic options for prophylactic HPV vaccines. Among early proteins, E6 and E7 are the antigens most commonly used in therapeutic vaccines. E6 (150 aa) can degrade p53 to promote cell proliferation, regulate expression of TOLL-like receptor-9. E6 suppresses the RIG-I-mediated induction of IFN- β , chemokines, and IFN-stimulated genes and mediate immune escape of HPV-infected cells.

E7 (100 aa) can degrade Rb and cause tumour cell proliferation. In addition, E2 and E5 have also been found to be expressed by tumours and exhibit good immunogenicity, with the potential to become a vaccine.

Current research status of therapeutic vaccines using HPV viral vectors

Based on recent reports, as of March 20, 2024, only TA-HPV, a recombinant vaccine virus expressing modified HPV-16 and 18 E6 and E7 genes and VTP-200 has completed phase II clinical trials. Furthermore, PRGN-2009 was in clinical phase II, whereas Vvax-001 had already entered clinical phase II. However, phase I of Ad-E6E7 and Ad26.HPV18 was terminated due to a low anti-viral potency and low enrolment. None of the other clinical trials entered Phase II.

TA-HPV showed immunogenicity in 29 patients with stage IB or IIA cervical cancer; eight patients developed HPV-specific serological responses, and four patients developed HPV-specific CTLs after a single vaccination in phase I. TA-HPV combined TA-CIN which is a recombinant fusion protein comprising HPV16- E6/E7/L2, showed significant effects, 9 of 10 women with HPV 16-positive high grade VIN demonstrated HPV 16-specific proliferative T cell and/or serological responses and three patients additionally exhibited lesion shrinkage or symptom relief. A reduction in lesion size was observed in 6 patients (17%) and improved symptom in 15 (62%) in a phase II prime- boost vaccine trial in 27 patients with VIN grade 3, and in 2 patients with VAIN grade 3.

Bioinformatic methods have also been used to design and construct target proteins to achieve immunogenic coverage of more HPV types. One such example is PRGN-2012 which is built on a gorilla adenovector platform with a fusion of regions from HPV proteins selected by bioinformatic approaches and protein engineering. PRGN-2012 is indicated for the treatment of recurrent respiratory papillomatosis, papillomavirus infections, and Papillomaviridae, which stimulate immune responses against the low-risk HPV6/11 types.

The HPV therapeutic vaccines are universally used to treat cancers and precancerous lesions. Studies have also confirmed that a tumour vaccine combined with immune checkpoint blockade (ICB) can greatly improve tumour response rates and enhance anti- tumour immune responses. As reported in European Society for Medical Oncology (ESMO) meetings in 2020, after therapeutic vaccination with TG4001 co-administered with Avelumab in 34 patients with various recurrent/meta- static HPV-positive cancers, one patient demonstrated complete response (CR), and seven

patients achieved partial response per RECIST v1.1. Thus, combinations of tumour-therapeutic vaccines and immune checkpoint inhibitors represent an important direction for future treatments.

Viral vectors can also produce potent immune responses, including anti-viral cellular immunity and neutralizing anti- bodies. Therefore, some researchers choose a heterologous vector booster vaccination to stimulate a stronger anti-HPV immune response, similar to prime-boost vaccines ChAdOx1-HPV and MVA-HPV, and prime-boost vaccines Ad26.HPV16 and MVA.HPV16/18.

Conclusion

Currently, HPV-related tumour vaccines primarily achieve their efficacy by inducing immune responses and suppressing tumour growth. Several viral vector-based therapeutic HPV vaccines have entered clinical trials, exhibiting satisfactory safety profiles and tolerability. In future studies, therapeutic viral vector HPV vaccines will be developed in the following directions: 1. Investigate safer and more effective viral vectors that exhibit reduced virulence in the population while maintaining their ability to infect a greater number of APC cells, thereby eliciting a more potent cellular immune response.

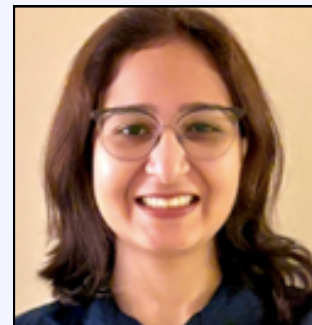
2. Antigens not limited to E6 or E7. Leveraging bioinformatics, the aim is to devise an enhanced “super antigen” that exhibits broadened coverage against multiple HPV types and is compatible with a wider range of HLA typing individuals.



JOURNAL SCAN

SIMPLE VERSUS RADICAL HYSTERECTOMY IN WOMEN WITH LOW-RISK CERVICAL CANCER (SHAPE) TRIAL

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Clinical Problem

Owing to effective screening programs, a high proportion of cancers are diagnosed in early stages especially in developed countries. Radical hysterectomy remains standard care for patients with early-stage cervical cancer. However, retrospective studies indicate that parametrial infiltration is less than 1% in early-stage disease, which suggests that less-radical surgery could be a safe option. Randomized trials comparing simple hysterectomy with radical hysterectomy in patients with early-stage cervical cancer were needed. Henceforth, SHAPE (Simple Hysterectomy and Pelvic Node Assessment) trial was designed to evaluate the safety of simple hysterectomy as compared with radical hysterectomy in patients with low-risk early-stage cervical cancer.

Clinical Trial

Design: A phase 3, international, randomized, non-inferiority trial according to a protocol developed by the Canadian Cancer Trials Group (CCTG) and approved by the institutional review board at each participating institution.

Eligibility Criteria:

- Squamous cell carcinoma, adenocarcinoma, adenosquamous histologies
- FIGO 2009 IA2 or IB1 (< 2 cm)
- Stromal invasion (LEEP/conization <10mm and Preop MRI <50% invasion)
- Any grade
- No preoperative lymph node metastasis

Randomization and Masking:

Eligible patients were randomly assigned in a 1:1 ratio to undergo simple hysterectomy or radical hysterectomy.

Randomization was performed with the use of a minimization method after stratification according to participating group, intended sentinel-node mapping, stage, histologic type, and grade.

Intervention: 700 patients were assigned to undergo

- Type II RH (removal en bloc of the uterus, cervix, medial one third of parametria, 2 cm of the uterosacral ligaments, and upper 1 to 2 cm of the vagina)
- Simple hysterectomy (removal of the uterus with the cervix, without adjacent parametria)

The choice of surgical approach (open or minimally invasive) was left to the discretion of the surgeons.

Regardless of the treatment assignment, surgery included pelvic lymph-node dissection with optional sentinel lymph-node mapping.

Results:

Patients who underwent simple hysterectomy were less likely than those who underwent radical hysterectomy to undergo abdominal surgery (16.9% vs. 28.8%) and were more likely to undergo laparoscopic surgery (55.6% vs. 44.2%); the percentage of patients who underwent robotic surgery was similar in the two groups (24.3% and 25.3%, respectively).

Among 700 patients included in the intention- to-treat analysis, 11 pelvic recurrences occurred in the simple hysterectomy group and 10 in the radical hysterectomy group after median follow- up times of 4.5 and 4.6 years, respectively. The incidence of pelvic recurrence at 3 years was 2.52% in the simple hysterectomy group and 2.17% in the radical hysterectomy group.

the result sof the table are shown in the table below.

Intraoperative surgical complications occurred in 7.1% of the patients (24 of 338) who underwent simple hysterectomy as compared with 6.4% (22 of 344) who underwent radical hysterectomy. Bladder injuries occurred in 0.9% of the patients (3 of 338) who underwent simple hysterectomy as compared with 2.6% (9 of 344) who underwent radical hysterectomy, and ureteral injuries occurred in 0.9% of the patients (3 of 338) as compared with 1.5% (5 of 344).

The incidence of surgery- related adverse events was lower in the simple hysterectomy group than in the radical hysterectomy group within 4 weeks after surgery (42.6% vs. 50.6%; P=0.04). Similarly, the incidence of urinary incontinence and urinary retention was lower in the simple hysterectomy group as compared to the radical hysterectomy group within 4 weeks after surgery. Quality-of-life and sexual- function measures appeared overall to favour simple hysterectomy over radical hysterectomy.

Outcome	SH (N=350)	RH (N=350)	Hazard ratio (95%CI)	p- value
3- yrs pelvic recurrence	2.52	2.17		
3-yr pelvic recurrence-free survival	97.5	97.8	1.12	0.79
3-yrs extra pelvic recurrence-free survival	98.1	99.7	3.82 (0.79-18.4)	0.10
3-yrs extra pelvic recurrence-free survival	98.1	99.7	3.82 (0.79-18.4)	.10
3-yrs OS	99.1	99.4	1.09 (0.38-3.14)	.87

Discussion :

Results from this trial are in line with those from ConCerv, a phase 2, single-group feasibility study of simple hysterectomy in 100 patients. With a median follow-up time of 36.3 months, the ConCerv study showed a disease recurrence of 3.5%, but the criteria for inclusion (e.g., having a conization specimen that was negative for disease at the margins) and exclusion [e.g., adeno- carcinoma grade 3 (2.7%), and invasion of the lymphovascular space (13.4%)] were different from those in SHAPE trial. Whereas the similarity in the overall incidence of recurrence in the SHAPE and ConCerv trials (3.6% and 3.5%, respectively) suggests that patients with these features could potentially be offered conservative surgery, the percentages of patients with invasion of the lymphovascular space and with adenocarcinoma grade 3 in the SHAPE trial were small, and therefore more data is needed.

The SHAPE trial was not designed to address the safety of minimally invasive surgery in patients with low-risk cervical cancer. In the Laparoscopic Approach to Cervical Cancer (LACC) trial, patients with lesions measuring up to 4 cm who were randomly assigned to undergo minimally invasive radical hysterectomy had less favourable outcomes than those assigned to undergo open radical hysterectomy, but the trial did not have sufficient power to evaluate patients with lesions measuring less than 2 cm.

Limitations and Remaining Questions :

- The small number of recurrences resulted in wide confidence intervals around hazard ratios for time-to- event outcomes.
- The median follow-up time was 4.5 years; later recurrences are possible.
- The surgical approach was chosen by trial surgeons after randomization and was not a stratification factor.

Conclusion:

In early-stage, low-risk cervical cancer, pelvic recurrence rate at 3 years with simple hysterectomy was non-inferior to radical hysterectomy. Fewer urological surgical complications and better quality of life and sexual health measures were seen following simple hysterectomy. The practice-changing results indicate patients can undergo simple hysterectomy with fewer complications and similar long-term oncological outcomes.

Through the window

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Dept. of Obstetrics and Gynaecology
AIIMS, New Delhi



Everyday she sits there.
With her beautiful beautiful smile
Looking high towards the sky ,
with hope in her eyes ,beyond this exile

As I pass by, through the street where the window opens,
Her eyes meet mine , telling stories of battles and weapons
Suffering there was , as there was strength too ,
She is a cervical cancer survivor, one of many few...

Mother of three with a family to rear
She fought and fought
With all strength, even in despair
Now she spreads and awares ,all them to be..

Cervical cancer screening , all woman and girls to see
She holds a teal ribbon , with all glory in her eyes ,
And through the window of her room,
She spreads awareness , everyday she tries

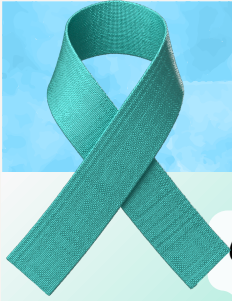
Her daughter , just 13 , takes her friends
To get HPV vaccine
She speaks through her beloved eyes ,
Maa, nobody should get what we got , she cries

What if it's a cancer, but we know how to fight
It can't toll on our families , we have a bright light
The light of awareness and light of vaccination too
We screen with PAPS and HPV DNA ,
Treat it early , and saves lives to be true

One dream what she beholds, now in her eyes ,
Is through that window of her room
She want to save many lives

By spreading awareness and light of prevention better than cure
She sets a strong example , for women and strength they adore
And strength they adore





Paint the country teal!

Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024



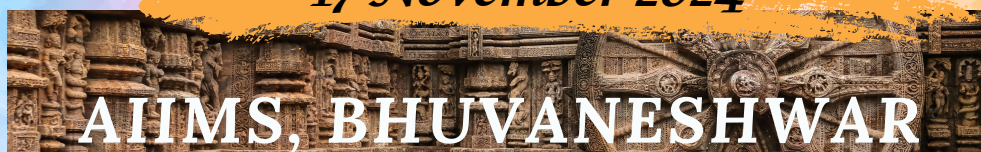
Every year November 17th is celebrated as the Cervical Cancer Elimination Day of Action. This day marks the launch of the WHO Global Strategy to eliminate cervical cancer. Like every year since 2020, country celebrated four years of this global movement by conducting various awareness and screening activities against cervical cancer. Public and private sector participated actively in this movement and there was a great momentum among health-care professionals across country to fight against cervical cancer.



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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024



Activities by AIIMS, Bhubaneswar

Department of Obstetrics and Gynaecology, AIIMS Bhubaneswar organized a Cervical Cancer Screening Program from 11-16 th November 2024 at AIIMS Bhubaneswar for the women of nearby villages of Sijua, Ranasinghpur, Damodarpur and Chhotraipur. Around 96 eligible women were screened with pap smear in a week with free kits. An awareness programme on cervical cancer and its screening was organized for the patients and also in school for students of Std IX and X and teachers by the Department of Obstetrics and Gynaecology with active participation by all.





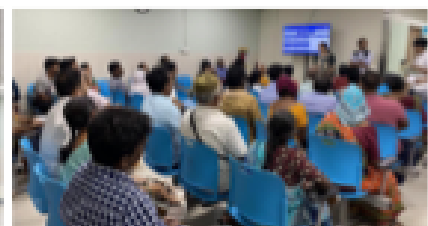
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**Cervical Cancer Awareness Programme and screening
campaigns on cervical cancer elimination day of action -
17 November 2024**



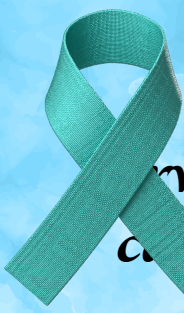
Activities at CMC, Vellore

To mark the day, The Department of Gynecologic Oncology at Christian Medical College, Vellore, fortified its initiatives to raise awareness about cervical cancer and promote the use of HPV vaccines. Awareness programs on Cervical cancer and vaccines available were conducted on different campuses in the medical oncology, radiation oncology, and gynecologic oncology outpatient departments. After informative talks, leaflets about available HPV vaccines were distributed. Cancer survivors and caregivers were encouraged to inform family members about the role of cervical cancer screening and gift HPV vaccines to their girls and nieces. The department also completed an HPV Vaccination drive for the MBBS students, eligible staff members, and their children on the occasion of Cervical Cancer Elimination Day.



**Cervical cancer awareness initiatives in
different campuses**





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action - 17 November 2024



The WHO Collaborating Centre for Cervical Cancer Elimination under the Department of Obstetrics and Gynaecology, AIIMS, New Delhi, organized a cervical cancer awareness and screening programme from 11-17th November, 2024. This initiative aimed to accelerate the “Cervical Cancer Mukht Bharat” campaign under the aegis of AOGIN India and the AOGD Oncology Committee. During this targetted week, daily awareness activities like health talks, display of IEC material, screening services for health-care employees , dedicated session by cancer-survivors narrating their battle against cancer and motivating the public for screening and vaccination, pledgeceremony etc. were conducted. The doctors also participated in Walkathon at India Gate, New Delhi to raise the awareness.

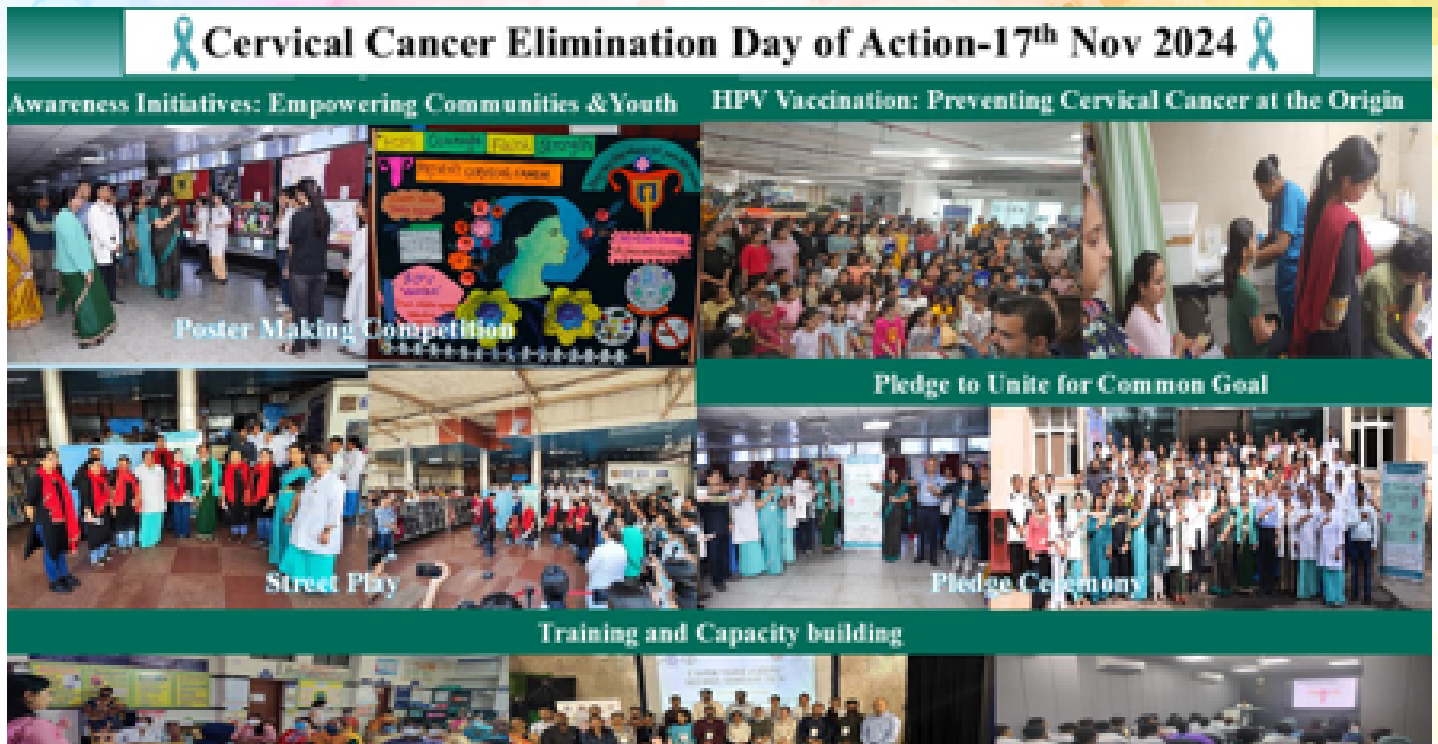




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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action - 17 November 2024

**Dr BR Ambedkar Institute Rotary Cancer Hospital
AIIMS, New Delhi**





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -



To mark the day, an interactive educational session was organized on November 12, 2024 by the team of Medical Officer, Public Health Nurses, Medical Social Worker, Residents and interns at the Village Health and Nutrition Day in Thondamanatham and NCD Outreach Clinic in the Thondamanatham Community Hall. Approximately 50 community beneficiaries attended the session. Street plays and other awareness activities were also conducted in hospital premises as well as public areas with active participation of enthusiastic residents, all dressed up in teal





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

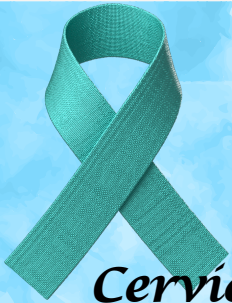
17 November 2024



AIIMS,
RISHIKESH

To strengthen the Special Cancer Cervix Screening Drive and mark the contribution of the institute for the day, public Awareness Program , posters and slogans making by the Nursing students, Nukkad Nataks performed by Nursing students and MD OBGYN Residents were performed. The common aim was to give clear messages to the audience on cervical cancer screening and vaccination programs and the role of health care workers in eliminating Cancer cervix. Prof Shalini Rajaram defined the road map ahead to achieve the WHO elimination goal of 90/70/90 for cervical cancer in India. This was followed by an interaction session with patients who attended this very informative Public Awareness Program.





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024



**Awareness drive , activities at
PGIMER, Chandigarh**





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024

Awareness activities at General Hospital, SHPGIMS Lucknow





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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024

**Awareness activities and free consultation
Camp at Srivari Consultation at Mysuru**





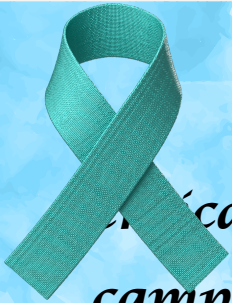
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Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024

**The Public Health Research Institute of India
(PHRII), Mysore
HPV AWARENESS Day Activities**





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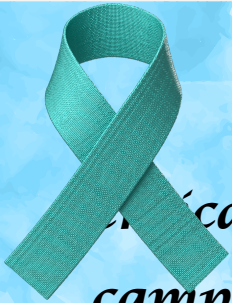
Cervical Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024

**CANCER INSTITUTE (WIA),
ADYAR**

**Awareness lectures and free vaccination day
were organised at Cancer institute (WIA),
Adyar**





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National Cancer Awareness Programme and screening camps on cervical cancer elimination day of action -

17 November 2024

**Chittaranjan National Cancer Institute (CNCI), Kolkata
Vaccination, Screening and Treatment.**



20 screened positive participants were recalled and treated



Comprehensive screening for non-communicable diseases alongside cancer screening.



50 girls vaccinated with quadrivalent HPV vaccines



15 screening and awareness camps



300 concomitant urine and vaginal swabs collected



Two colposcopy workshops conducted



Two cancer survivors were interviewed and involved in awareness activities

BLOCK THE DATES !!



MAHATMA GANDHI MEDICAL COLLEGE & HOSPITAL, JAIPUR
SRI RAM CANCER & SUPER SPECIALITY CENTRE

(A Unit of Mahatma Gandhi University of Medical Sciences & Technology)

RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Ra.) INDIA



AOGIN INDIA

14th National Conference, 2025
August 29-31, 2025

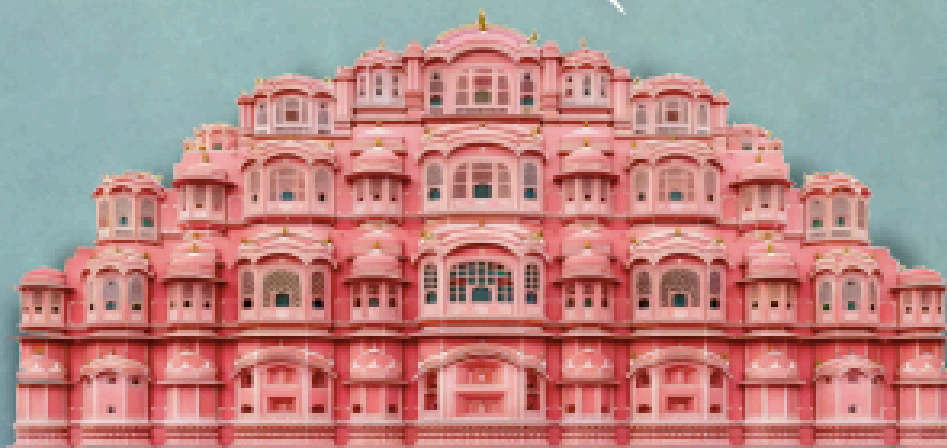
Theme:

**Evolving Era in Gynecological Cancers:
HPV and Beyond**



**PRE- CONFERENCE
WORKSHOPS**
29 August 2025

CONFERENCE
30, 31 August 2025



Share your work and experience!
Send your articles to our news letter!



FROM
AOGIN INDIA NEWS LETTER TEAM