

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



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From the editor's desk



Dear Readers,

The value of things is not the time they last, but the intensity with which they occur.

That is why there are unforgettable moments and unique people!!

We are here with yet another and the last issue of 2019. This edition features some latest updates about cervical cancer prevention. Innovation is the secret to success. Finding out newer strategies for effective implementation of cervical cancer screening and treatment of pre invasive lesions remains the area of interest and stimulation for all of us.

This special issue is an effort to relive the memories of our beloved colleague Dr Srabani. We have shared the Clinical Pearls contributed by her in this issue. Journal scan is contributed by Dr Urvashi Miglani and Dr. Vijay Srinivas has shared her activity. The entire AOGIN India team and myself are thankful to those who contributed and shared their work with us. We are thankful to our readers for their useful comments and kind words of appreciation. Special thanks to Dr Abraham, Dr Neerja and Dr Srabani for guiding me during my tenure.

Wish you all a happy and healthy 2020 .

Happy reading !!!

Dr Seema Singhal
AIIMS, Delhi



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Message From the President

Dr Abraham peedicayil, Professor and Head Department of Gynae Oncology, CMC Vellore



Dear members of AOGIN-India,

We will soon be meeting at Kochi for our biennial conference. I am sure Anupama and her team have prepared a great scientific and cultural treat for all of us.

We will be electing a new executive committee and so I would like to thank the present office bearers and EC members for all their support and hard work. Special remembrance and tribute to our dear departed Srabani Mittal. She did her work sincerely, calmly and with a smile. I would particularly thank Latha for stepping up to the plate and taking on her responsibilities. Special thanks to Seema Singhal who laboured hard on the Newsletter and website. The new version of the website will be released at the meeting in Kochi.

The Kalyanmayee screening camps were carried out successfully. I would like to thank all the sites that participated and Neerja who made it all possible. I would encourage all members to continue efforts at vaccination and screening in the communities that they serve. We need to use methods that are simple, inexpensive and, acceptable to women. Self-sampling and point of care testing need to be demonstrated to work in urban, rural and tribal populations. Those of us who have already done demonstration projects need to scale up programmes using screen & treat strategies.

Wishing you all the very best in the New Year.

Goodbye,

Abraham Peedicayil

A walk down memory lane



When someone you love becomes a *memory*.....
That memory becomes a *treasure*

Never in my worst nightmares could I think of the day when I would be writing an obituary for Dr. Srabani Mittal, a colleague for nearly 25 years, a dependable friend and above-all a wonderful human being. Srabani joined the Department of Gynecologic Oncology at Chittaranjan National Cancer Institute (CNCI) in 1994 as a registrar. The untimely death of her father from late diagnosis of cancer made her a passionate advocate for cancer prevention and early detection. She was the coordinator for the IARC led field studies to evaluate VIA, VILI and HPV test in rural communities around Kolkata. Subsequently she served the tobacco control programme of Government of West Bengal, reproductive health programme at Child in Need Institute (CINI) and preventive oncology programme at CNCI. For the last one year she was a temporary consultant to IARC to coordinate the multicentric phase II/III trial evaluating the quadrivalent HPV vaccine developed by Serum Institute of India. Srabani was a passionate advocate for reducing cervical cancer burden through vaccination and screening. She was a teacher per excellence of cervical cancer screening and colposcopy and has been associated with IARC colposcopy training programmes in and outside India. She had almost completed a digital atlas on VIA and treatment of cervical precancer to be published by IARC – a dream project for her that remained unfulfilled as she left the world on 10 August 2019 following a brief illness. As the Secretary of AOGIN India Srabani coordinated very efficiently the multi-centric cervical cancer screening project supported through the CSR funding from Air India.

The void created due to the very untimely death of Dr. Srabani will never be filled. We hope to achieve some of her unfulfilled dreams and pray for her soul to rest in peace.

Partha Basu
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How do I describe Dr Srabani? True to the meaning of her name the month of Sravan (I had asked her that too!!), srabani di as I used to call her always use to bring a feeling of happiness and a big smile on my face. I first met her at Patna but the first meeting never seemed it was a first. We chatted as if we had known each other for decades. A very cheerful, soft spoken and kind hearted lady, she never had the slightest frown on her face. In the community workshops with ASHAS she had immense patience and painstakingly answered their queries again and again. Everytime on phone her starting line would be HULLO bindiya, its sooo good to hear from you. Never would I hear that happy and bright voice which ended all of a sudden making a big void. Di, You are probably looking down from heaven above, sending out smiles with days of sunshine and showers of love. Rest in peace.

Bindiya

Dearest Srabs di

Your absence has created a huge vacuum in our lives. From now on wards I have to carry my own biscuits, safety pins and scissors while travelling which I never did whenever we travelled together. I will fondly remember our debate on one of the AOGIN India conferences, probably the only time we fought:). This September, we did our colposcopy workshop at CNCI and you were not present. I know that you will remain happy and will always keep smiling wherever you are. The only thing is that we will not get a glimpse of your smiling face anymore. Stay blessed and rest in peace. Much love from

Your Dipa

Dear Srabani

It has been only five years since I knew you but seems to be a lifetime. I met you in AOGIN India conference at Cuttack in 2014 and the first impression was everlasting. I remember you as a young, charming, intelligent and dedicated preventive oncologist. You presented a paper on APTIMA, I still remember.

We kept meeting in all AOGIN India conferences at Vellore, Patna and Lucknow.

It was in our Lucknow conference that you took over as Secretary of AOGIN India. You looked young but were mature and confident to shoulder this responsibility. There onwards started the journey of AOGIN India-AAI camps that brought

us so close. We discussed the fine details over phone or what's app every other day and sometimes many times a day. Your enthusiasm in that sweet voice was vibrant and contagious.

Last, I met you was at Kolkata in February this year. We discussed about this year's upcoming conference at Kochi. Your last conversation with me was regarding the upcoming workshop at Lucknow on 15th September. You were not coming for workshop I knew, but not that I will never see you again.

You will always remain as a sweet memory in my life. Will always miss you.

Nisha



Article 1

Cross-sectional study of HPV testing in self-sampled urine and comparison with matched vaginal and cervical samples in women attending colposcopy for the management of abnormal cervical screening

Sargent A, Fletcher S, Bray K, Kitchener HC, Crosbie EJ. Cross-sectional study of HPV testing in self-sampled urine and comparison with matched vaginal and cervical samples in women attending colposcopy for the management of abnormal cervical screening. *BMJ open*. 2019 Apr 1;9(4):e025388.

Background:

Human papillomavirus (HPV) testing in cervical screening offers the potential for self-sampling to improve uptake among non-attenders. HPV detection in urine has recently been considered as an alternative means to identify women at increased risk of high grade CIN. A systematic review with meta-analysis found a pooled sensitivity of 77% and specificity of 88% for HR-HPV detection in urine. This pooled sensitivity was lower than for HR-HPV detection in practitioner-obtained cervical samples but the wide variation in methodology, including urine sampling techniques, HPV detection methodology and study setting precluded unbiased comparison. Since HPV testing is more sensitive than cytology for the detection of CIN2+, a degree of decreased sensitivity of urinary HPV detection could be offset by improved uptake of cervical screening. The aims of this cross-sectional study were to optimise conditions for urine testing for HPV detection; to determine concordance for HR-HPV detection in matched urine, vaginal and cervical samples; to compare the sensitivity of HR-HPV testing for the detection of CIN2+ in matched samples; and to determine the acceptability of urine testing for cervical screening.

Methods :

The study was conducted in Secondary care colposcopy clinic in North West England and women aged 25 years of age or older, attending colposcopy clinic for management of abnormal cervical screening results or a suspicious-looking cervix were included. In total, 104 women took part in the study. Triple matched samples were available for 79 and 66 women using Abbott Real Time (ART) and Roche Cobas 4800 (RC), respectively. Self-collected urine and vaginal samples and practitioner-obtained cervical samples were tested for HR-HPV by ART and RC assays, including comparison of neat and preservative-fixed urine. Colposcopic opinion was recorded and directed cervical biopsies taken if clinically indicated. The acceptability of self-testing was evaluated by questionnaire.

Results:

Preservative-fixed, but not neat urine, showed good concordance with vaginal samples for the detection of HR-HPV. The sensitivity for detecting CIN2+ was 15/18 (83%) for urine and 16/18 (89%) for cervical and vaginal samples by ART, and 15/17 (88%) for all samples by RC. Urine-based testing was broadly acceptable to women.

Interpretation and Conclusions:

Urinary HR-HPV detection offers an alternative strategy of cervical screening. This study suggests that vaginal HR-HPV testing is slightly more sensitive than urine HR-HPV testing, however urine self-sampling may be more acceptable to cervical screening non-attenders than vaginal self-sampling. Larger studies to determine its clinical utility are warranted.

Article 2

Colposcopy in Evaluating Bleeding During the Second and Third Trimesters: Short-Term and Postpartum Implications

Wolf MF, Elon R, Hassan D, Zarfati D, Diker B, Shnaider O, Bornstein J. Colposcopy in Evaluating Bleeding During the Second and Third Trimesters: Short-Term and Postpartum Implications. *Gynecologic and obstetric investigation*. 2019;84(2):154-8.<https://doi.org/10.1159/000493266>

Background:

The etiology of vaginal bleeding during pregnancy may be obstetric or non-obstetric. Colposcopy is generally not a part of the routine evaluation of 2nd- or 3rd-trimester vaginal bleeding without obvious obstetrical cause. There are no selective guidelines or indications for performing colposcopy during pregnancy. In fact, in some countries, colposcopy is performed only for abnormal cervical cytology results. In other countries, it is used on a routine basis. Postcoital bleeding and the presence of a cervical lesion may be considered an indication for performing colposcopy during pregnancy. Reactive changes, decidualosis, and inflammation make colposcopic evaluation of premalignant or malignant lesions more challenging during pregnancy. This study assessed the need and possible contribution of colposcopy in diagnosing the etiology of 2nd- and 3rd-trimester bleeding.

Methods:

Retrospective analysis of colposcopy findings from 2012–2015 in patients with 2nd- or 3rd-trimester bleeding where an obstetrical cause was not found. Patients with postcoital bleeding or those who had done a pathologic cervical cytology test were invited for an additional colposcopy examination after delivery.

Results:

During the study period, 166 2nd and 3rd trimester pregnant patients underwent colposcopy for evaluation of vaginal bleeding. 29 (17.3%) complained of postcoital bleeding (PCB). Colposcopy diagnosed the bleeding source in 23 patients (14%). Of these, 8% had symptomatic ectropion, 3% abnormal colposcopy findings, 2% had cervical polyps, and 1% had varices. Postpartum follow-up of women with PCB or pathologic cervical cytology testing diagnosed 1 (0.6%) patient with CIN2+, HPV 18 and 45 positive.

Interpretation and Conclusions:

Colposcopy diagnosed the origin of bleeding in 24 cases (13.7%). The real significance of colposcopy in pregnancy is still not clear; the examination may become more difficult with advanced gestation age. CIN does not have an accelerated progression during pregnancy or in the postpartum, suggesting that follow-up during pregnancy and postpartum reevaluation and treatment for patients with CIN is acceptable. However, these findings support the use of colposcopy in evaluating vaginal bleeding of undetermined obstetric origin during pregnancy. CIN is the most common pre-malignant disease of the lower genital tract encountered during pregnancy. As in the non-pregnant state, most women with abnormal cytology should be referred for colposcopy. However, the role of colposcopy in pregnant women is to exclude invasive cancer by visual inspection and defer definitive treatment until the postpartum period.

Clinical Pearls

Dr Srabani Mittal, Kolkata

- Q1** A 35 years old 2nd gravida at 28 weeks of pregnancy presented with copious discharge per vagina. On speculum examination the cervix appeared unhealthy. She was subjected to colposcopy and below are her colposcopy images.

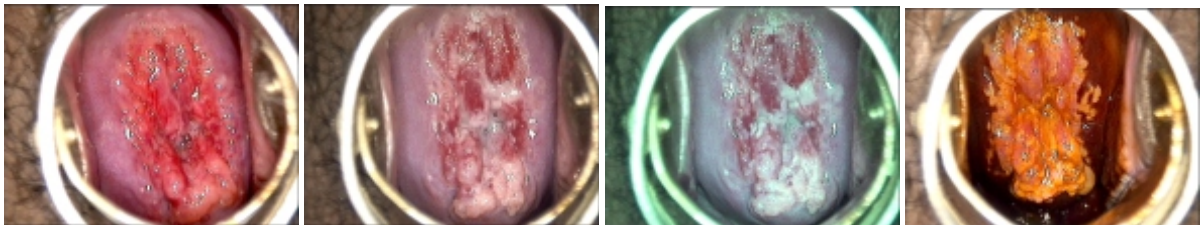


Fig 1.1 : Before acetic acid

Fig 1.2 : After acetic acid

Fig 1.3 : Green filter

Fig 1.4 : After Lugol's iodine

Questions

- What are the colposcopic features and interpretation?
- What would be her further management

- Q2** A 42 years old woman underwent screening by HC2 test and was detected to be screen positive. She was referred to colposcopy clinic for further evaluation. Following are her colposcopy images

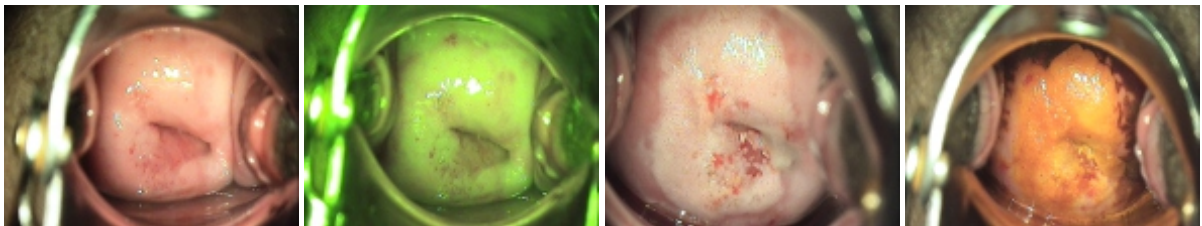


Fig 2.1 : Before acetic acid

Fig 2.2: Before acetic acid










Fig 2.3: After acetic acid

Fig 2.4: After Lugol's iodine

Questions

- What is the colposcopy diagnosis?
- What is her management plan?

Answer on page 9

<p>How is a paradigm formed?</p>	<p>A group of scientists placed 5 monkeys in a cage and in the middle, a ladder with bananas on the top.</p> 
<p>Every time a monkey went up the ladder, the scientists soaked the rest of the monkeys with cold water.</p> 	<p>After a while, every time a monkey went up the ladder, the others beat up the one on the ladder.</p> 
<p>After some time, no monkey dare to go up the ladder regardless of the temptation.</p> 	<p>Scientists then decided to substitute one of the monkeys. The 1st thing this new monkey did was to go up the ladder. Immediately the other monkeys beat him up.</p> <p>After several beatings, the new member learned not to climb the ladder even though never knew why.</p> 
<p>If it was possible to ask the monkeys why they would beat up all those who attempted to go up the ladder..... I bet you the answer would be....</p> <p>"I don't know - that's how things are done around here"</p> <p>Does it sounds familiar?</p> 	<p>A 2nd monkey was substituted and the same occurred. The 1st monkey participated on the beating for the 2nd monkey. A 3rd monkey was changed and the same was repeated (beating). The 4th was substituted and the beating was repeated and finally the 5th monkey was replaced.</p> 
<p>What was left was a group of 5 monkeys that even though never received a cold shower, continued to beat up any monkey who attempted to climb the ladder.</p> 	<p>"Only two things are infinite: The universe and human stupidity. And I am not so sure about the former."</p> <p>Albert Einstein</p> 

Answers:

- a. After application of normal saline, coarse punctations were visible on the posterior lip. On applying green filter, the punctations appeared more prominent and present almost all over the ectocervix. Application of acetic acid revealed a large circumferential dense acetowhite area with well demarcated margins and raised on the posterior lip (4-7 o'clock position). There was peeling of epithelium ('Rag sign') on posterior lip close to the external os (5-6 o'clock). The SCJ was not visible. After application of Lugol's Iodine, the acetowhite areas appeared bright mustard yellow in color. Colposcopic features corresponded to Grade 2 abnormal findings. The Swede score was 10 indicating presence of high grade disease.
- b. A type 3 excision was done with removal of transformation zone in one piece and with adequate clear margin of normal tissue. The post LLETZ histology report showed presence of microinvasive carcinoma (stage 1A1). The specimen margins were disease free.

Remarks: Multiple punch biopsies are not reliable for diagnosis of suspected microinvasive carcinoma as the small tissues obtained may not be adequate enough to correctly assess the extent of the disease. A complete excision of the transformation zone with adequate clear margins is indicated for treatment of microinvasive carcinoma stage 1A1.

Preventive Oncology for the Gynecologist

Dr. Vijay Srinivas, drvijaya09@gmail.com



We have been working towards creating awareness about screening and prevention of cervical cancer in the community. PHRII (Public Health Research Institute of India) launched a new device which is a mobile colposcopy known as Enhanced Visual Assessment(EVA) on 23rd October 2019 at JSS Hospital auditorium. Director of JSS Hospital, Medical Superintendent and Vice Presidents of the JSS Academy of Higher Education & Research were invited for the inaugural function and were also honoured for their support in cervical cancer screening program. Faculties and Students of Obestic and Gynecology department along with private gynaecologist attended the program.

Dr. Vijaya Srinivas, Senior Research Physician of PHRII spoke on the occasion about prevention of cervical cancer and the role of PHRII in the preventive program. Ms. Sasha Herbst de Cortina, Global Health Equity Scholar at PHRII demonstrated the EVA device to the audiences. Cervical cancer can be prevented through regular screening. However most screening methods like Visual Inspection of Cervix with Acetic Acid (VIA), PAP test, HPV DNA tests have some challenges such as time consuming, accessibility to patients and data accuracy. The portable colposcopy known as Enhanced Visual

Assessment(EVA) system addresses these challenges by offering good resolution images of cervix and mobile computing at the point of care. Due to this advantages EVA system can be used to treat precancerous lesions effectively. It is wireless device with rechargeable battery that lasts for 10 hours of constant use, fully portable and light weight (only 605g). Therefore, EVA could be used at resources limited settings such as screening camps in rural areas. As screening results can be shared easily with other providers involved in patient care, comprehensive care can be given at a single visit. Providers can discuss the cervix images taken through EVA system with their patients and help them understand the importance of follow-up. This could help in reducing the chances of loss to follow-up. Virtual images taken with Eva system could especially be used to inform patients with low health literacy and motivate them to gain agency in their healthcare decision-making. Images and videos recorded could further be used for consultation and follow-up with colleagues at home and other institutions. Most importantly, the option of real time streaming of the examination can come handy to get second opinion from an off-site expert and oversee trainee examinations through live mentoring and tele-consultation.



Forthcoming Events



SAVE THE DATE

1-4 October 2020, Hyderabad, India

Hyderabad International Convention Centre, Hyderabad

HIGHLIGHTS

Plenary Sessions On

- Eliminating Cervical Cancer - The Landscape Science and Politics
- The Biology of Cervical Premalignancy and Malignancy: The Transformation Zone
- Screening and Vaccination
- Clinical Challenges
- Multi-zonal disease
- IFCPC session- Terminology and Training
- New Technologies and Artificial Intelligence
- Patient Advocacy

PRE-CONGRESS WORKSHOPS

Wednesday, 30 September 2020

- Training the Trainer
- Vulva with Hands-on Module
- Screen 'n' Treat

Thursday, 1 October 2020

- Comprehensive Colposcopy Course & Hands-on LEEP
- Cytopathology & HPV
- Surgical Options for CIN & Cervical Cancer (Live Surgery)
- Vulvar Reconstructive Surgery

ONLINE ABSTRACT SUBMISSION OPEN!

Who should submit?	Publication	Prizes
Medical Students Nurses Trainees Researchers in related disciplines	Abstracts will be published in an indexed journal	Prizes for best papers in all categories

THEMES

- | | |
|--|---|
| 1. Basic Research in HPV and Cervical Cancer | 7. Public Health |
| 2. HPV Testing and HPV Vaccination | 8. Think Beyond Disease |
| 3. Cervical Cancer Screening | 9. Other Precancerous Lesion and Cancers Related To HPV |
| 4. Management of CIN | 10. STDs and HPV |
| 5. Quality Assurance | 11. Training and Education in Colposcopy |
| 6. Cervical Cancer | 12. Miscellaneous and Case Reports |

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