

# ADGIN India E newsletter

The quarterly newsletter of Asia Oceania research organization on Genital Infections and Neoplasia- India  
**Vol. 2, No. 3 September 2015**

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## From the Editor's desk

**Dear friends,**

Hope you are all back to work from the conference. The 6th annual conference of ADGIN was a great success. Kudos to Dr Abraham and Dr Shalini Rajaram.



I am happy to present this issue with an article on cold coagulation by Dr Smita, conference details & picture gallery by Dr Abraham and journal scan article by Dr Seema Singhal.

With best wishes

**Nisha Singh**

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## Cold coagulation for the treatment of CIN

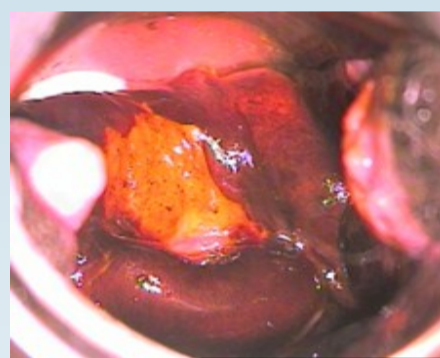
Dr Smita Joshi, HCJMRI and JCDC, Jehangir Hospital Pune

Cervical intraepithelial neoplasia (CIN) is classified into CIN 1, 2 or 3 depending upon the thickness of the epithelium showing abnormal cells. CIN 2 and particularly CIN 3 lesions are considered as the true precursors of cervical cancer and must be treated. Although CIN 1 may be reversible in most of the women, if systematic follow-up cannot be ensured, CIN 1 should also be treated since a small proportion of untreated CIN 1 may be at a risk of developing into cervical cancer.

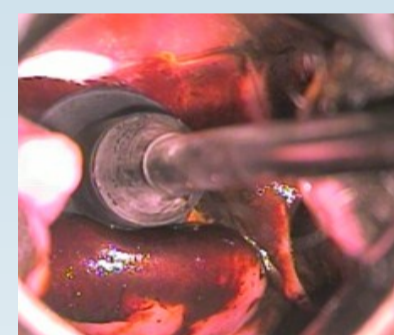
CIN can be treated by ablative or excisional treatment modalities. A meta-analysis of the effectiveness and safety of different treatments options for CIN which included 29 trials showed that there is no obvious superior technique for treating CIN in terms of treatment failures or operative morbidity (Martin-Hirsch PP, et al. Surgery for cervical intraepithelial neoplasia. Cochrane Database Syst Rev 2010;:CD001318. doi:10.1002/14651858.CD001318). Hysterectomy is rarely indicated for the treatment of CIN and should not be used routinely. Ablative treatment can be used in women with any grade of CIN. The most commonly used ablative treatment is cryotherapy. Cold coagulation (Wisap cervix coagulator) is another ablative treatment modality which has certain advantages over cryotherapy such as shorter treatment time, patient comfort and requires only electricity.



After 5% acetic acid application



After application of Lugol's iodine



Treatment with cold coagulation

Treatment with cold coagulation may be offered when there is type 1 transformation zone (TZ) i.e. fully visible SCJ, lesion involves <75% of TZ, lesion is entirely located in the ectocervix, no endocervical or vaginal involvement, no suspicion of invasive cancer, no history of pregnancy / at least 3 months post-partum and no menstrual bleeding. Ablative treatment is contraindicated in type 2 & 3 TZ i.e. SCJ not seen, lesions involving more than 75% of TZ, lesion entering into endocervical canal /fornix/ vagina and with suspicion of invasion.

The lesion is delineated with application of acetic acid and then Lugol's iodine. A disinfected probe is heated to 105<sup>0</sup> C and is applied on the squamo-columnar junction for 45 seconds. Multiple (4-5) overlapping applications may be given if required. Side effects after treatment include mild pain, vaso-vagal attack, abdominal cramps, bleeding, vaginal burns (due to careless application) or PID but these are rare. The procedure can be carried out in the outpatient clinic, local anaesthesia is not required and it is well tolerated. Women treated with cold coagulation should be instructed to abstain from sex for 6 weeks (or use condoms if it cannot be avoided) and there could be watery/blood stained discharge for up to 4 to 6 weeks. Antibiotics are not routinely prescribed after treatment unless there is evidence of cervical or vaginal discharge prior to treatment.

Women treated for CIN should be followed-up initially after 6 weeks to 3 months to assess the healing and then after one year. The risk of persistence of disease or recurrence remains high in women treated for CIN for up to 8-10 years. If affordable, HPV test can be done 8 to 12 months following treatment as a 'test of cure'. If the test is negative, the risk of disease persistence is negligible and the woman may be advised follow-up HPV test after 5 years. If the test is positive, the woman should be investigated and treated if required. **(Picture showing Cold coagulator on Page 6)**

## Journal Scan

Dr Seema Singhal, AIIMS New Delhi

European Journal of Obstetrics & Gynaecology and Reproductive Biology . 2015; 186: 68–74

### **High-grade CIN on cervical biopsy and predictors of the subsequent cone histology results in women undergoing immediate conization**

Giannella L, Mfuta K, Gardini G, Rubino T, Fodero C, Prandi S.

**Objectives:** To identify the clinical/colposcopic variables that associate with low-grade/negative cone histology in screening-age women undergoing conization for high-grade cervical intraepithelial neoplasia (CIN). The follow-up outcomes of study participants were also compared.

**Study design:** In this retrospective cohort study, 585 consecutive screening-age women who underwent immediate conization for CIN2-3 were divided according to cone histology (CIN2+ versus CIN1) and assessed in relation to clinical/colposcopic variables by univariate and multivariate analyses.

**Results:** Low-grade [adjusted odds ratio (AOR) = 52.67, 95% confidence interval (CI) 22.49–123.34] or normal (AOR = 9.81, 95% CI 2.38–40.44) colposcopic impression and CIN2 on cervical biopsy (AOR = 19.59, 95% CI 6.62–57.92) was associated with CIN1/negative cone histology. Multivariate analysis also showed that Eastern European ethnicity (AOR = 0.13, 95% CI 0.03–0.52) and high-risk-Human Papillomavirus (hr-HPV)-positivity (AOR = 0.38, 95% CI 0.17–0.87) were associated with CIN2+ cone histology. Overall, there were no significant differences between the two groups in terms of high-grade recurrence during the 2-year follow-up. Conversely, a higher rate of high-grade recurrence was present in CIN2-3 (positive cone margins) than in CIN1/negative cone histology (21.9% versus 7.4%,  $P = 0.008$ , respectively).

**Conclusion:** The presence of CIN2 on cervical biopsy and a low-grade colposcopic impression were predictive of a minor cone histology, unless the subject was of East European ethnicity or was positive for hr-HPV test. Given the follow-up outcomes, the same women need to perform a close monitoring. However, positive cone margins in women with CIN2-3 cone histology seem to define a population at greater risk of high-grade recurrence.

## 6th Annual Conference of AOGIN India at Vellore Dr Abraham Peedacayil, CMC Vellore

The 6th Asia Oceania research organisation on Genital Infections & Neoplasia (India) conference (AOGIN-India2015) was held at the Christian Medical College, Vellore from 27th to 29th August 2015. The theme was "HPV infection and HPV related cancers". The conference was organised jointly by the Department of Obstetrics & Gynaecology and the Vellore Obstetrics & Gynaecological Society.

There were 252 registered delegates for the conference that included about 50 national faculty. There were also 16 international faculty. Many from CMC Vellore were registered but there were others who attended some sessions without registration.

There were five concurrent workshops on the 27th: Colposcopy, Community screening, HPV detection, Cytopathology and Research Methods. On 27th evening, there was a public meeting to increase awareness of cervical cancer, its prevention and treatment. The chief guest was Ms Neerja Malik, a double cancer conquerer, gave a very inspiring and moving account of how courage and a positive attitude transforms the most trying circumstances. A panel of senior gynaecologists gave a bird's eye view of cervical cancer and took questions from the house that comprised of doctors, college teachers, nurses and students. This was followed by the Inauguration by Dr Raju Chacko, Acting Director. The AOGIN-India Presidential Oration was delivered by Prof Shalini Rajaram from New Delhi. The oration was entitled, "Tackling cervical cancer: a 360 degree approach"

For the main conference on the 28th and 29th over 15 international faculty and 50 national faculty took part. The lectures, debates, panel discussions and video presentations were of extremely high quality. They covered basic science of HPV, vaccination, screening for pre-cancer and treatment of cancer of the cervix, vulva, vagina, anus and oropharynx. On Friday, the 28th, Dr R Sankarnarayanan from the International Association of Research on Cancer, gave the Ida Scudder Oration entitled, " Global perspectives on cervical cancer control". We were fortunate to have the best in the field, from all over the world, give these talks on original research and comprehensively update us on vaccination, screening and treatment of cervical neoplasia.

Cervical cancer is still the most common cancer among women in India. It is hoped that the conference increased public awareness, stimulated young doctors, galvanised NGOs and will make the government to take preventive steps to tackle cervical cancer in India. The Department of Gynaecologic Oncology at CMC along with AOGIN-India is initiating cervical cancer screening with hand held colposcopes, called the Gynocular, in 50 sites across India. It is hoped that the uptake of HPV vaccination will also increase with time. It was decided at the conference that our association makes a position statement about our stand on HPV vaccination and to try and influence policy makers at state and central governments.

# Picture gallery— 6th annual Conference of AOGIN India 2015



## 6<sup>th</sup> AOGIN India Conference - 2015





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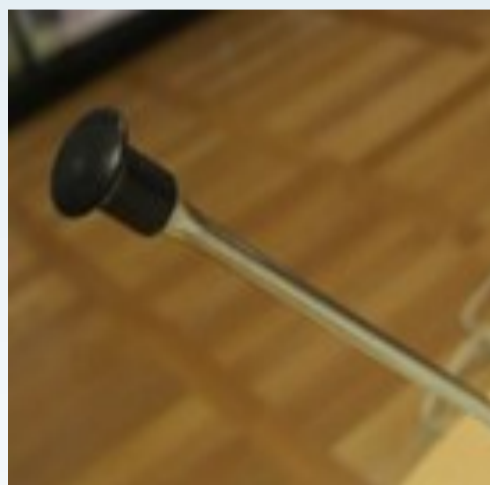
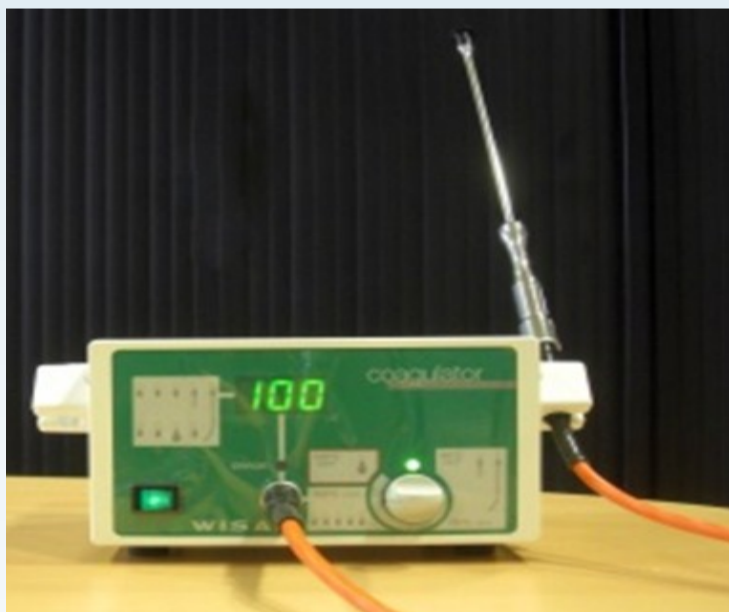
[www.aoginindia.in](http://www.aoginindia.in)

### 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.

### Picture showing Cold coagulator and its Probe ( Wisap cervix coagulator)

contd from Pg 2



### Upcoming Event

**Annual Conference of AGOI (AGOICON 2015)**

**27th-29th November 2015**

**Hyderabad**