AOGIN INDIA,

Issue 27 ,January 2023,

A new year, and many new beginnings!

From the Secretary's Desk

Dear Friends,

A new team has taken over the helm at AOGIN – India! We live in exciting times. We are awaiting the roll out of the CERVAVAC in the universal immunisation programme that obviously will take care of the girls.

How about our women? We need to make sure that the message of screening reaches every nook and corner of our country. Let us make sure that we speak about screening – be it VIA/ VILI/ Pap/ HPV test to every women we see in our clinic / hospital. The single most factor that will convince a women to have screening test is a strong recommendation from her physician. Let our efforts be focussed on making sure that all our women participate in cervical cancer screening.

Wishing all of you a fabulous 2023!

Warm Regards

Latha Balasubramani

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From the President

On the 25th of January, on the upper inner corner of page 12 of the Times of India, there was a small write up stating that the Quadrivalent Human Papilloma Virus Vaccine CERVAVAC, for the prevention of cervical cancer, the first made in India, @ Serum Institute of India was launched in the presence of Home Minister Amit Shah, Adar Poonawalla & Director of Government & Regulatory Affairs at SII, Prakash K. Singh.

This piece of news should have made headlines on the first page as it was also the occasion of India's National Girl Child day and Cervical Cancer Awareness Month!! So dear friends that is what we have to work towards --- to make it first page news!! A vaccine for their prevention of cancer should be very important for the whole country. We all need to work hard towards awareness, prevention and treatment of not only cervical cancer but other gynecological cancers as well, most of which can be fully cured or at least well controlled if detected early.

As an organization AOGIN India works very well towards organizing cervical cancer detection camps and educating our peers and exchanging the latest development in scientific and technological fields. To this end we are conducting regular MDT's and camps in various parts of the country. A number of our members and executive are very active and we are proud to say that as an organization we are growing from strength to strength, We are eagerly looking forward to our next National Conference AOGIN — India 2023 being held at AIIMS Rishikesh and organised by Prof. Shalini Rajaram.

Wishing you all the best for 2023!

Dr. Rupinder Sekhon
DGO, MD, (PGIMER) FICOG
Senior Consultant& Chief Gynae Oncology
RGCI & RC, Sec-V, Rohini, Delhi-85

Roll out of HPV vaccination in India

Dr. Pradeep Halder, Strategic Advisor, JSI.

The WHO comprehensive approach to cervical cancer control is by primary prevention through vaccination. The target is to vaccinate 9–14-year-old girls with the HPV vaccine prior to sexual debut and to achieve 90% coverage of girls aged 15 years by 2030.

Globally,123 countries out of 194 countries have introduced HPV vaccination in their national immunization programme as on 20th November 2022. Twenty three countries have introduced the bivalent vaccine, 64 countries the quadrivalent HPV vaccine and 35 countries have introduced the nonavalent vaccine. School based vaccination programmes are the most popular. 78 countries vaccinate girls/women only while 39 countries vaccinate both sexes.

HPV vaccine introduction under Universal Immunization Programme (UIP) in India has been recommended by National Technical Advisory Group on Immunization (NTAGI). The NTAGI recommendations are (i) The indigenously developed qHPV vaccine may be considered for introduction in the UIP as a two-dose regimen as indicated in product insert, once the HPV Working Group satisfactorily reviews the requested data (ii) A study may be conducted to see immunogenicity, persistence of adequate antibody levels and protection from infection after two years of a single dose indigenously developed qHPV vaccine administered to a cohort of girls (iii) a mechanism may be developed to follow-up girls who may have received only one dose in the program and do not come back to receive second dose as recommended. Their samples may be collected after two years, and real-world immunogenicity and effectiveness data of single dose may be generated. NTAGI recommendations have been approved by the Mission Stearing Group (MSG).

The HPV vaccine introduction strategy will be through a campaign for girls aged 9-14 years *(ie those who have celebrated their 9th but not their 15th birthday),* followed by routine introduction for newer cohorts of 9 year old girls. The HPV vaccination campaign will be conducted over a period of 3-4 weeks. Nationwide HPV vaccine introduction will be carried out in phases based on the vaccine availability. HPV vaccination will be a single dose/two dose regimen dependent on HPV vaccine product. The HPV vaccine supplies to the states will indicate the product & the dose schedule. Vaccination will be provided through schools (from classes 5-10), informal schools and health facilities. Health facility, outreach sessions and mobile teams will also be used to reach out to out -of -school target age group. Recording and reporting of HPV vaccination will be on digital platform like uWIN similar to CoWIN platform and HPV vaccine tracking through eVIN.

Some of the vaccine introduction challenges to be taken into consideration are vaccine hesitancy, school dropouts, poor attendance in school on day of vaccination etc. Administrative challenges include inter ministry and inter departmental coordination, supply chain, limited HR etc. Timing for HPV vaccination campaign also needs to be planned in advance keeping in view the state to state variation in terms of school examination, holidays, rainy seasons, local festivals etc. Completing both doses and monitoring vaccine safety will also be important.

Global HPV vaccine supply now is insufficient to meet global demand and over the next 3 years access constraints at the individual country level may continue to occur due to limited supply. By 2024, however, it is anticipated that sufficient increases in production capacity will result in a healthy HPV vaccine supply. The potential widespread adoption of a one-dose schedule will also reduce costs and simplify logistics leading to a better uptake of country wide HPV vaccination programs.

Journal scan : Topical imiquimod versus surgery for vulvar intraepithelial neoplasia: a multicentre, randomised, phase 3, non-inferiority trial

Dr. Sahana Punneshetty, Assistant Professor, Department of Gynaecologic Oncology, Christian Medical College, Vellore,Tamil Nadu India

Introduction

Vulvar high grade intra-epithelial lesions (vHSIL) pose treatment challenge owing to their high recurrences. Surgery has been the primary treatment modality but large multifocal lesions are difficult to treat.

Medical management with immune-modulators - imiquimod and cidofovir have proven to be equally effective with good response rates. However, data is scarce on surgical versus medical management. In this trial, imiquimod has been compared to surgery in a randomized phase 3 trial.

Aims and objectives

The aims were to compare the clinical effectiveness, histological response, HPV clearance, acceptance, and psychosexual morbidity of primary imiquimod treatment versus surgical treatment in women with vHSIL. Objectives include complete clinical response rates at 6 months and patient related outcomes among the two arms.

Methodology

This was a randomised controlled, phase 3, multicentric, non-inferiority trial conducted over a period of 7 years from June 2013 to January 2020.Only patients with histological diagnosis of vHSIL were included and those with invasive cancer/inflammatory disorders / immunodeficiency /pregnancy were excluded. Patients were randomised to imiquimod arm(self-administration of 5% imiquimod in a dose escalating regimen) and surgery arm(surgical excision/laser ablation). Comprehensive examination (clinical/ photography/ punch biopsy with p16 confirmation) at baseline, 6 and 12 months was performed. Patient related outcomes were monitored over the same period.

Results

- The arms were comparable in terms of age, size of lesion and HPV positivity.
- Eighty five (78%) women had unifocal vHSIL and 24 (22%) with multifocal vHSIL.
- By per protocol analysis - imiquimod was non inferior to surgery at 6 months (difference in proportion –0·016, 95% CI –0·15 to 0·18; p=0·0056).
- By intention to treat analysis, there was a strong tendency towards noninferiority of imiquimod (CCR proportions, imiquimod 39 [72%] of 54 vs surgery 42 [79%] of 53; difference in proportion –0·07, 95% CI –0·23 to 0·09; p=0·065).
- No significant difference between the arms in relation to psycho-social distress, progression of disease and treatment satisfaction.

Discussion

The study showed non inferiority of imiquimod to surgery in treatment of vHSIL, with comparable complete clearance rates in both per protocol and intention to treat analysis. Adverse events differed in both arms with vulvar pain scoring highest in surgical arm and vulvar pruritis in imiquimod arm. Patient related outcomes and health related quality of life was comparable between the arms. The overall acceptance and response was high to imiquimod in this study, which was attributed to strict selection criteria with smaller lesion size and usage of dose escalating regimen.

The major limitations of this study were that the most (78%) of patients included had a unifocal lesion and the mean lesion size at recruitment was smaller (2 cm^2) than in prior studies Four patients among surgery arm had invasive disease, which violated the inclusion criteria. Follow up data was for 12 months, during which period ,recurrences are rare and long term follow up can add value to the existing data.

This study was the first randomized trial to compare imiquimod to surgery. Its strength included comprehensive assessment of patients , histological & HPV documentation and maintenance of patient diary which contributed to higher adherence of patients to imiquimod arm. Further follow up is going on and will provide valuable information on recurrence rates.

Journal access : Trutnovsky G, Reich O, Joura EA, Holter M, Ciresa-König A, Widschwendter A, Schauer C, Bogner G, Jan Z, Boandl A, Kalteis MS, Regauer S, Tamussino K. Topical imiquimod versus surgery for vulvar intraepithelial neoplasia: a multicentre, randomised, phase 3, non-inferiority trial. Lancet. 2022 May 7;399(10337):1790-1798. Erratum in: Lancet. 2022 Oct 8

SINGLE DOSE HPV VACCINATION: The proposed path ahead

An amalgamation of evidence from the International Agency for Research on Cancer India HPV vaccine trial

Dr. Monica T, Assistant Professor, Department of Gynaecologic Oncology, Christian Medical College, Vellore,Tamil Nadu, India

Human Papilloma Virus (HPV) vaccination has shown to be highly effective in preventing malignant and pre-malignant cervical lesion. It has been recommended to choose between two dose or three dose regimes depending on age of the patient.

In India, HPV vaccines were licensed for use in the year 2008, following which a multi-centre cluster randomized trial was started in the year 2009[1]. The study results have been published across 3 papers in year 2016, 2018 and 2021. Gardasil vaccine had been given for unmarried girls between 10-18 years of age after randomizing under 2 arms; one receiving two doses (1,180 days) and other receiving three doses (1,60,180 days). The initial aim of the study was to compare the efficacy of two versus three doses. In 2010, due to disputed vaccine related deaths in separate programs, the government suspended the administration of HPV vaccine in research settings, resulting in premature closure of recruitment for the study and conversion of the trial into a prospective, cohort study by default. Before the closure, 9188/10000 had been recruited under double dose arm and 8541/10000 had been recruited under triple dose arm. Due to the suspension of the vaccine use, participants could not complete their scheduled regime leading to the origin of four cohorts, three-dose regime, two-dose regime, 2 dose default and single dose default. Immune response had been analyzed by measuring HPV-L1 genotype-specific binding antibody concentration at baseline and regular intervals. At the time of publication In 2016, It was published that the immunogenicity provided by 2 dose regime was not inferior to the three-dose regime and one dose of quadrivalent HPV vaccine induced detectable titres of HPV neutralising antibodies. From cervical samples from vaccinated women, it was shown that lower vaccine-induced antibody concentrations after one dose of quadrivalent HPV vaccine provided similar protection against vaccine-targeted incident HPV infections compared with the higher antibody concentrations induced after two or three doses. At a median follow up of 4.7 years there were no persistent HPV 16 or 18 infections in any study group.

The antibody response provided by single dose of vaccine has been shown to be sufficient, though in decreased concenrations by several studies including the CostaRicaVaccine Trial and PATRICIA trial[2-4]

In year 2018, follow up data from the cluster randomized trial was published which showed that the immunogenicity provided by single dose, though inferior compared to the multiple dose regime, was sustained with stable antibody levels over 4 years. The frequency of incident and persistent HPV vaccine was similar among all cohorts irrespective of number of doses over 7 year follow up[5].

In 2021, after 10 years post-vaccination of the cluster randomized study population, re-analysis was done to compare the efficacy of single dose vaccine vs two or three dose in preventing persistent HPV 16 and 18 [6]. Using cervical samples for HPV infection, it was found that the frequency of HPV 16/18 incident and persistent infections in single dose cohort was similar to multiple dose cohorts, and significantly lower compared to vaccinated women. The vaccine efficacy against incident HPV 16/18 infection was 63.5% in single-dose cohort which was comparable to the other cohorts. Similarly, the vaccine efficacy against persistent HPV 16/18 infection was also comparable; 95.4% for single dose, 93.1% for 2 doses, 93.3% for three doses. The study showed that even a single dose of the quadrivalent vaccine provided very high efficacy against persistent HPV 16/18 infection which was sustained even 10 years after vaccination.

If single dose vaccine provides adequate prevention, it would make a huge difference for

low middle income countries (LMIC) like India and aid in achieving the WHO Carcinoma Cervix Elimination target. It might help realize the goal of including HPV vaccine in National Immunization Schedule as it would be economically feasible.
In April 2022, the WHO Strategic Advisory Group of Experts after analysing the updated evidence from across the globe have proposed modified recommendations for HPV vaccine. As of December 2022, WHO recommends one or two dose schedule from age 9-21; 2 doses with 6-month interval for women older than 21. For immunocompromised or HIV-infected minimum 2 doses and if feasible 3 doses remain necessary[7].

References

1.Sankaranarayanan R, Prabhu PR, Pawlita M, Gheit T, Bhatla N, Muwonge R, et al. Immunogenicity and HPV infection after one, two, and three doses of quadrivalent HPV vaccine in girls in India: a multicentre prospective cohort study. Lancet Oncol. 2016 Jan;17(1):67–77.

2.Kreimer AR, Rodriguez AC, Hildesheim A, Herrero R, Porras C, Schiffman M, et al. Proof-of-Principle Evaluation of the Efficacy of Fewer Than Three Doses of a Bivalent HPV16/18 Vaccine. JNCI J Natl Cancer Inst. 2011 Oct 5;103(19):1444–51.

3.Kreimer AR, Struyf F, Del Rosario-Raymundo MR, Hildesheim A, Skinner SR, Wacholder S, et al. Efficacy of fewer than three doses of an HPV-16/18 AS04-adjuvanted vaccine: combined analysis of data from the Costa Rica Vaccine and PATRICIA trials. Lancet Oncol. 2015 Jul 1;16(7):775–86.

4.Safaeian M, Porras C, Pan Y, Kreimer A, Schiller JT, Gonzalez P, et al. Durable antibody responses following one dose of the bivalent human papillomavirus L1 virus-like particle vaccine in the Costa Rica vaccine trial. Cancer Prev Res (Phila Pa). 2013;6(11):1242–50.

5.Sankaranarayanan R, Joshi S, Muwonge R, Esmy PO, Basu P, Prabhu P, et al. Can a single dose of human papillomavirus (HPV) vaccine prevent cervical cancer? Early findings from an Indian study. Vaccine. 2018 Aug 6;36(32 Pt A):4783–91.

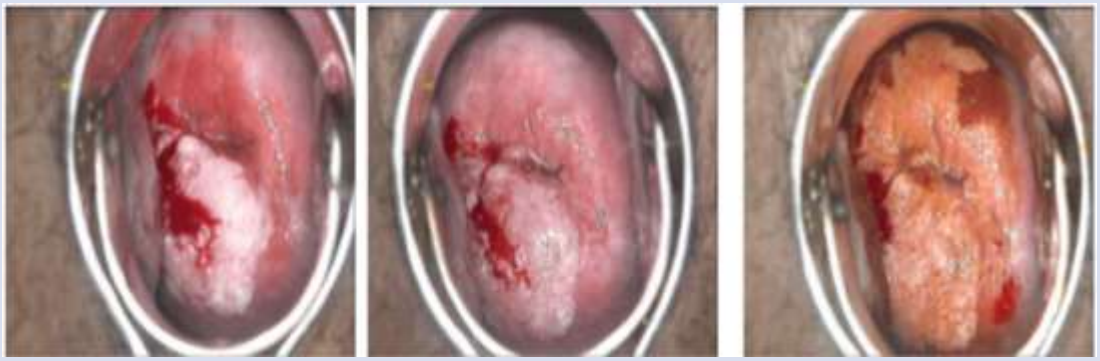
6.Basu P, Malvi SG, Joshi S, Bhatla N, Muwonge R, Lucas E, et al. Vaccine efficacy against persistent human papillomavirus (HPV) 16/18 infection at 10 years after one, two, and three doses of quadrivalent HPV vaccine in girls in India: a multicentre, prospective, cohort study. Lancet Oncol. 2021 Nov;22(11):1518–29.

7. Human papillomavirus vaccines: WHO position paper, December 2022. Weekly Epidemiological Record No 50, 2022, 97, 645-672

Evidence and experience-based medicine

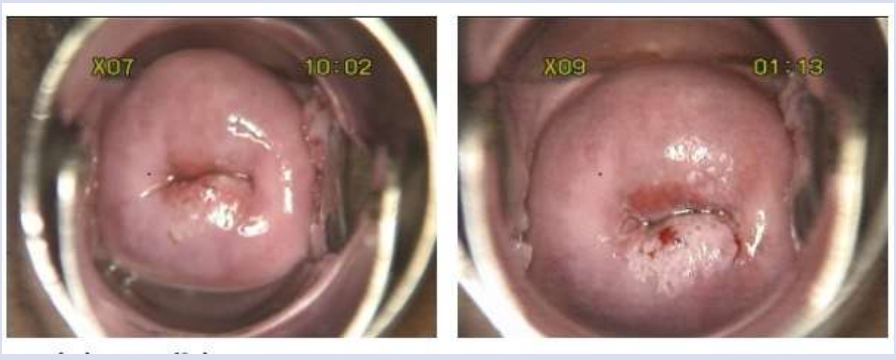
Dr. Bindiya Gupta, Professor, OBS and Gynec, UCMS and GTB

1. Mrs S. a 33 years, P3,L3, presented with persistent discharge per vagina but no post coital bleed . Her cervical sample was reported to be high risk HPV DNA positive and positive for HPV 16 positive on partial genotyping. These are her colposcopic findings.



a. What would be the colposcopic impression?
b. What would be the management of the clinical condition?

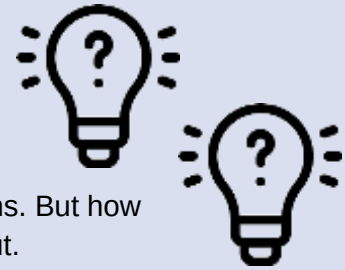
2. Mrs S, 33 years, P1L1 with secondary infertility for 3 years. Her opportunistic testing showed HPV+ve. These are her VIA findings



a. What would be the clinical impression?
b. What would be the management of the clinical condition?

Answers

1 a) Swede score 8, high grade lesion
1 b) Type 1 LEEP. The final report was HSIL, margins clear
2a) VIA negative, probable chronic cervicitis
2b) Repeat HPV DNA test after 1 year



Quiz trivia

You stumble upon these names when you read about their discoveries and inventions. But how well do you know these well-known personalities? Test yourself and find out.

1. Dr. Walter Schiller, an Austrian Jewish pathologist, emigrated to the United States to escape the Nazis. He has been credited with eponymous ‘Schiller’s test’ for cervical cancer screening while still in Austria in 1928. Who helped him publish his findings in English journals between 1933-1934?
2. Dr. Ernst Wertheim is associated with Wertheim’s radical abdominal hysterectomy for cervical cancer. He assiduously followed up his list of surgical patients, described ‘liberation’ of the ureters to avoid ureteric injury, developed Wertheim’s parametrium clamps to avoid intraoperative bleeding and other techniques to reduce operative morbidity. What was his idiosyncratic preference to ensure that he maintained the sensitivity in his fingertips during his surgeries?
3. Dr. Hans Hinselmann (1884-1959), a German gynaecologist, a brilliant scientist is responsible for the invention and modifications of the colposcope including adjustment of the focal length to enable adequate magnified visualization of the cervix. As a result of Dr. Hinselmann’s determination and perserverance, he could detect cervical cancer in the form of a point. However, following the second world war, he was sentenced by the English War Court to three-year imprisonment, fined heftily and expelled from University Department of Gynaecology, Germany. Why was he sentenced?
4. Dr. Elizabeth Stern, a Canadian-born American pathologist, combined epidemiology, and cytopathology to define ‘dysplasia’ as the earliest histological sign of cervical cancer development. She was persistent in screening high risk women, by using only female staff and providing help, such as childcare or transportation. What is her other technological innovation regarding the then famous Pap smears?
5. Dr. Harald zur Hausen, a German virologist, was awarded the Nobel Prize in Physiology or Medicine in 2008 for the discovery of the role of human papilloma virus in cervical cancer. What propelled him to investigate the role of HPV in cervical cancer ?

Answers;

1. Marie Popper Schiller, his wife, who had a doctoral degree in language studies from the University of Cambridge in Cambridge, United Kingdom.
2. Dr. Ernst Wertheim spurned surgical gloves and operated without them!
3. Dr. Hinselmann was accused as director of the department for forcible sterilization of gypsy women during the Nazi reign. The colposcope was extensively used on Jewish prisoners in Auschwitz but Dr. Hinselmann was not accused of this crime.
4. Dr. Elizabeth Stern Introduced liquid based cervical sampling technique
5. When Dr. Harald Zur Hausen looked for HSV-2 DNA in cervical cancer tumor samples in 1976, as popularly believed then, he found inconsistent results.

Compiled by,
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Ramblings of Youth-1

"Ignorance is bliss"- Thomas Gray

"Better be unborn than untaught, for ignorance is the root of misfortune."- Plato

In the medical field, we have been blessed with an abundance of available resources and knowledge, graciously bequeathed unto us by some of the brightest minds of their time. These pioneers dedicated decades, or even their whole lives to provide us with this information, for it to be neatly condensed into a few lines in our textbooks, the student completely unaware of who it was that procured this knowledge, and how they managed to get it. The 'how' is what I would like to focus on, as it is very easy to forget the sacrifices that were made in this desperate pursuit of knowledge, and thus take it for granted.

In the 1950s, Willowbrook State School had a problem. Their student base, all intellectually challenged children, was being ravaged by hepatitis outbreaks. Enter, Dr. Saul Krugman. Upon surveying the school, Krugman determined that up to 90% of the students had been infected with hepatitis, and thus deemed it justifiable to use these children to research the illness. Krugman fed healthy children stool samples from infected children, under the guise of vaccinations, and observed the course of disease, refusing to intervene.

Krugman's experiments on children are why we now know that there are two strains of hepatitis, A and B, which have different modes of transmission. His work is also directly involved in the development of the prototype hepatitis B vaccine. What his research has left to us, is inescapable. Just 40 years later, in 1972, Krugman was named the president of the American Paediatric Society. To make matters worse, in 1978, Krugman received the Robert Koch Gold Medal for his contributions to biomedical sciences.

There are several examples of dubiously obtained data. A study that was conducted in New Zealand, that was unearthed by the Cartwright Inquiry, in which researchers were found to have observed the course of cervical cancer in a large sample of women, providing absolutely no care whatsoever. The US government has admitted to using the Guatemalan population to study the effects of various sexually transmitted diseases. The list goes on, and on.

The fact is however, that these experiments occurred. The proof lies in the research papers that these deplorable individuals left behind. The data exists. Is it not a disservice, to those who unwillingly died to obtain this information, to simply ignore it?

Personally, I believe that if the data obtained is credible, it must be used. You cannot undo the atrocities of the past, but you can do good with what those poor souls sacrificed to give us. There's an incredible amount of history behind each and every line in our textbooks, and to be frank, it is impossible to fully appreciate it. But what is possible, is for us to understand just how much weight each fact carries, and savour that knowledge accordingly.

Our noble profession may have a dubious past, all we can do is take what we've been given, and use it in ways that benefit the masses. We owe it to all those who have suffered.

Pranav Anand
PSG IMSR, Final Year MBBS student.
In his free time, he writes for his blog, and has a keen interest in research in the field of medicine.

Ramblings of Youth- 2

We will be okay…..

I never had hope for this species, us humans.

I always thought we would get ourselves into some inescapable predicament. I mean, we are all already on the way to said predicament - with climate change and the threat of nuclear war, that are both approaching us at a daunting pace. I'd like to believe we've run our course, that there is no harm left to do, that the worst has already been done, and now we just wait and reap what we've sown. I would say this is more realistic than nihilistic or pessimistic. Optimism is a child's dream, one that is not feasible in this world where those in power are all way past retirement age. But what about the children here?
As much as I would like to argue with anyone that calls me a child (I'd say 17 is pretty grown up), it doesn't change the fact that I am the future. My friends and I, those whom I've met and I'm yet to meet, we'll be the ones in charge.

With board exams already occupying a huge portion of my plate, I don't have time to think about anything else except catching a few extra minutes of sleep or getting updates about my favourite. But sometimes, I like to brush all that aside, just for a bit, and think about what things are going to be like. The world is very daunting, with how things keep changing every second, and it is quite scary.

But, I think we'll be okay.

We know what's wrong, and that there is no one to blame. The cost of the lives we live now have to be paid sometime. But until then, we will keep learning. We will show kindness to every being, be it a tree or a toad. We will learn from the mistakes of those before us and try not to repeat them. We will string together pretty words and reassure everyone who hasn't felt any kindness before. The threats are real, the nights are dark. We will paint new stars with our dreams and goals of a better home and follow them.

I never had hope for this species, us humans. It was never a matter of hope, it was a promise. A surety, a given. And I for one assure you, that we kids have got this. The kids are alright, and we've absolutely got this.

Laya Sivakumar, Class IX student,
"not quite a dancing queen, young and sweet, only seventeen"

A child 's dream…….

The Avengers had sensed a problem. A legion of HPV virus were set to attack the future of children. They had to think fast…….

Quick thinking to their rescue. They used vaccines like darts. Two darts at a time and that did the trick. The viruses fell like toy soldiers

And the children's joy made it like a whole new world again……

The end.

Jeremiah John Sudarsan, 10 years.
He loves art, music and drives his mother mad with his obsession with the Marvel characters

The events gone by……

The 11th national conference of AOGIN India, 18th-20th November , 2022

The 11th National conference of AOGIN India was held at Coimbatore from the 18- 20th Nov, 2022 with the theme “Taking health to the last mile.” We had 5 workshops in total including one with the local IMA members and one workshop with a new theme on Infectious diseases and the genital tract. The conference was inaugurated by The Honourable Minister for finance Shri. Palanivel Thiaga Rajan who promised his support towards cervical cancer screening & vaccination in Tamil Nadu.

The conference was well attended with members from AOGIN India, gynaecologists & researchers. The scientific programme covered the entire spectrum of HPV related diseases and vaccination. Serum Institute presented their data on CERVAVAC – this was the first time the data was presented in India. We had an overview of how the HPV vaccination as part of the immunisation programme was being planned in India as well. We had wide ranging talks on HPV self-sampling, on implementation research, on bench to bedside in Gynae Oncology amongst others.

Prof. Neerja Bhatla was honoured with a well-deserved life time achievement award. Dr.Ravi Kannan gave the AOGIN India oration on “Prevention to palliation- meeting the needs of the community.” The next national conference will be held at AIIMS Rishikesh in September 2023 and we wish Dr. Shalini Rajaram and her team all the very best for the conference.

Nurses training in cancer prevention ,Cama and Albless Hospital, 25th November , Mumbai

CYTOLOGY CLINIC(AMWI) Cama and Albless Hospital Mumbai completed the training of 100 Staff Nurses in Cancer Prevention. A 1-day CME was held with lectures and practicals.. Nurses are very enthusiastic and motivated for this assignment. They are good learners and patients respond well to them. Three more CMEs are planned to include 150 Staff Nurses. They have also made good posters in local languages and have made skits and role plays to perform in the OPDs.

Colposcopy Workshop at Indore Life Care Hospital, 25th December 2022

A Colposcopy Workshop was conducted at Indore Life care Hospital by Dr Brijbala Tiwari President IOGS under the aegis of Fogsi Gynaecologic Oncology committee along with Indore Obgy Society IOGS

The enthusiastic audience enjoyed topics on Colposcopy by Dr Bharati Bharani, Dr Priya Ganeshkumar, on vulval lesions by Dr Kanika, laser Therapies by Dr Vidya Pancholi, excellent deliberation by Dr Asha Baxi along with live colposcopy demonstration. It was a great combination of science and fellowship.

An event to come. Mark your calendars. Save the date !

The next newsletter is due in May 2023. Please send in your written contributions to latha@gknmh.org or thomasvinotha@gmail.com