

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



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#### From the editor's desk



Dear friends,

Wishing all the reader's a merry Christmas and Happy New year in advance.

Welcome to the the last issue of 2017. With this issue we are pleased to introduce the new AOGIN Office bearers on the board. This edition features some latest updates about cervical cancer prevention. Dr. Abraham Peedicayil the newly elect president of team AOGIN India has shared his viewpoints. A special delight for our readers is the address by Dr Usha Saraiya during the Life time achievement award ceremony at AOGIN 2017 conference. We have started a new thought provoking column "Clinical Pearls" contributed by Dr Latha Balasubramani. We have also mentioned in this issue a list of forthcoming conferences to help you plan your schedule in 2018. I extend my warmest thanks to all the authors for their contribution.

I sincerely hope that the readers find the issue interesting and intellectually stimulating. I will be looking forward to your valuable feedback and suggestions.

Enjoy reading.

**Dr Seema Singhal**  
AIIMS, Delhi



#### What's inside

Message from the president	2
Message from a legend	4
Expert opinion: Cervical Cancer Screening in India	5
Journal scan	6
Clinical pearls	7
AOGIN events	8
Forthcoming events	10

## Message From the President

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



First of all I need to thank the members of AOGIN-India in having honoured me and in trusting me to lead the affairs of this organization. Along with Dr Srabani Mittal, Secretary and other members of the executive committee, we will strive to serve all of you and AOGIN-India for the next two years.

I thank Dr Shalini Rajaram, Immediate Past-President for her untiring efforts over the last term. Dr Neerja Bhatla, Founding President, still plays a very crucial role with her enthusiasm, vision and global connections. She was instrumental in getting Kalyanmayee to partner with us in screening women for cervical neoplasia in selected airport cities. This project of AOGIN-India will create awareness, benefit numerous women and help advancing our cause.

The focus of our activities should be in creating awareness about women's cancers, improving access to screening and, promoting the HPV vaccine. This we can do by engaging publishing houses, using social media and influencing policy makers. Instead of debating on the best screening policy for our country let us go ahead and implement a screening programme in our own areas.

Of course, all of us will be involved in teaching, clinical work and some research at our own work places. I look forward to enthusing our young members on preventive oncology. I am happy that the IFCCP online course has begun. We should also conduct local CME meetings and workshops and would encourage the EC members to take the lead. I also look forward in planning our next national conference at Coimbatore with Dr Latha Balasubramani. Please do contribute to the AOGIN-India newsletter and contact Dr Seema Singhal for this.

There continue to be several innovations and advances in the field such as with vaccines, mobile colposcopes and various screening tests. Together we can make a big difference to women's health in India. We also need to partner with FOGSI, ISCCP and AGOI. Please contact me with suggestions and ideas for strengthening our organisation.

Best wishes,

Abraham Peedicayil

# **Address by Dr. Usha Saraiya to AOGIN India Members After Receiving Lifetime Achievement Award at AOGIN 2017**

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**Dr Neerja Bhatla, Dr shalini Rajaram, Dr Rupinder Sekhon**

## **About the legend**

Dr. Usha Saraiya is a pioneer in introducing cervical cancer prevention in India in 1963, her contributions and sustained excellence to Cytology and Colposcopy & Preventive Oncology have been recognized both internationally and nationally for over five decades. She has been instrumental in formulation of cervical cancer prevention guidelines of the country, has conducted training programs both in India and neighboring countries and has several books and publications to her credit. A true leader, she was President, FOGSI, (2002), President Mumbai Obst. & Gyn. Society (1997- 1998), Chairman - Indian College of Obstetrics & Gynecology (2006-2009) besides holding several other positions She was Hon. Prof., Obstetrics & Gynaecology, Grant Medical College, Bombay and a post-graduate teacher in Bombay University till 1996. For her devoted service and unwavering commitment to the profession and cancer prevention she has been decorated with several awards. Her tenacity, drive, and enthusiasm continue to inspire her peers and juniors alike.

Lifetime Achievement Award has been bestowed on Dr. Usha Saraiya by AOGIN India (2017) for her notable contributions to Prevention of Cervical Cancer. She has a life-long commitment to teaching that has inspired the present leaders of the profession for several year.

## The memorable speech

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President & Executive Members of AOGIN, Past Presidents, Invited International Faculty & Guests, Delegates & Dear friends.

Thank you ever so much for this very kind gesture.

I am both honoured & humbled by your love & affection. The memories of this occasion will certainly keep me warm in my winter years. Memories of AOGIN, of Lucknow the gracious city I have visited many times & all of you present today.

When I started this long journey of over 50 years, there were hardly any Gynaecologists offering Pap smear to their patients, hardly any Pathology Labs equipped to conduct the tests. But there was one person Dr. P N Wahi, himself a well-known Cytologist & he held the powerful post of Director General of ICMR who believed that we must change the scenario. He got together about 30 of us who were interested & started working & formed The Indian Academy of Cytologists. He urged us to start a Department in our own Institutes & make people aware of the value of Pap smear & early detection & that is how we got started.

It has been a momentous journey & today we have come a long way. And that is how I have come to the winter years of my life.

“When winter comes, can spring be far behind” famous lines which hold true in nature but not for mortals like us. But they are words of hope.

That is why the famous French Philosopher Albert Camus said “In the bitter winter, I feel the warmth of spring in my heart” very profound words!

That is how I feel, because I see the spring in my students who have been young & dynamic, today they are Professors heading Departments of their own. I feel proud of their achievements. I feel proud of students of my students who are even more dynamic & capable & have scaled greater heights. They have embraced modern technology so easily. I also feel proud of Organisations like AOGIN, which though only 11 years old has held 8 International Conferences of excellent academic standard. All this gives me the warmth of Spring in my Heart & my best wishes are with them. I have confidence that they will all do well & make our dreams into reality. The Health of Women of India is safe in their hands. Just one word of caution, don't get lost in the maze of technology & don't lose all human touch. Please talk to your patients, listen to their stories & say a few comforting words. Don't just look at the reports & give some instructions & move on to the next case.

One last thing I would like to say to all of you. This award I accept not just on my personal behalf but on behalf of my Department of Cytology & Colposcopy at Cama Hospital. We are a very small group. Some are here today, some have moved to other cities & some have even settled abroad. But they are still a part of us.

As Helen Keller said “Alone we can do so little, Together we can do so much more”.

So this is my last message to you.

Form your own team, stay together & work together. Stay with AOGIN & grow with AOGIN & let AOGIN grow with you. We need to work together to achieve our goals & always believe that nothing is impossible, everything is achievable.

Best wishes to all of you present here & once again a big thank you.

## Cervical Cancer Screening in India

Dr Dipanwita Banerjee, Dr Ranajit Mandal

Department of Gynaecological Oncology, Chittaranjan National Cancer Institute, Kolkata

In India, cervical cancer is the second most common cancer in female. As per HPV, India Report, India has a population of 436.76 million women aged 15 years and older who are at the risk of developing cervical cancer.<sup>1</sup> India alone accounts for one quarter of the worldwide burden of cervical cancers and yet lacks an organised screening program in the country. HPV serotypes 16 and 18 account for nearly 80% of cervical cancer in India. Different screening tests like PAP smear cytology, Visual inspection with 5% acetic acid (VIA), HPV DNA tests available globally are also available in India. The objectives of all these screening tests are to pick up healthy women who are truly at risk of developing invasive cervical cancer in future.

All screening tests have their own merits and limitations. VIA is one of the alternative methods for cervical cancer screening that has been widely investigated. The advantage of visual test is that it can be implemented through primary health care providers, cheapest of all the screening methods available, does not require a laboratory infrastructure and immediate results following testing allows the service provider to take a decision on further diagnosis and treatment during the same visit. Evidence from Indian study suggests that even a single round of VIA is capable of reduction of cervical cancer incidence by 25% and a 35% reduction in mortality over 7 years of follow-up.<sup>2</sup> WHO recommended "screen and treat" approach is very useful in resource-poor countries where follow-up is poor.<sup>3</sup> Irrespective of which screening method is used, success of any cervical cancer screening program depends on the linkage between screening and treatment to test positive women.

To strengthen the existing screening facilities, Government of India has initiated National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in 2015.<sup>4</sup> The activities at State, Districts, Community Health Centre and Sub Centre level have been planned under the programme. The NPCDCS aims at integration of NCD interventions along with capacity building in the National Health Mission (NHM) framework for

optimization of scarce resources and provision of services to the people in need. Thus, the institutionalization of NPCDCS at district level within the District Health Society, sharing administrative and financial structure of NHM becomes a crucial programme strategy for NPCDCS for ensuring long term sustainability of interventions.

For an effective surveillance system, proper documentation of incidence, prevalence and mortality rate from all the hospital based cancer registries and population based cancer registries are mandatory. As of March 2016, there are 29 hospital-based cancer registries (including all Regional Cancer Centres) and 29 population-based cancer registries (PBCRs) under NCRP.<sup>5</sup> All the major registries from 1998 to 2014 reported a statistically significant decreasing trend (negative annual percentage change) of cervical cancer. In spite of that, the 5-year relative survival rate for cancer cervix in India has been reported to be approximately 46% which is much lesser than survival rates reported from other Asian countries such as China, Singapore etc.<sup>5</sup>

The two HPV vaccines are commercially available in India and approved by DCGI. By the initiative of state governments, three states had rolled out school based vaccination program. The Federation of Obstetrics and Gynaecological Societies of India (FOGSI) has taken initiative by developing good clinical practice guidelines in cancer screening and management of cervical neoplasias related to Indian context. FOGSI has also started FIGO-FOGSI Pratishruti Workshops on cervical cancer screening and management in various parts of the country. The noble approach is to train more manpower and build up resources to fight against this totally preventable cancer.

Cervical cancer control is possible only after implementing a sustainable national cervical cancer control program with requirement of targeted surveillance, integration of HPV vaccination in National immunization guideline, rapid response capability and continuous high standards of performance.

### References

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2. Shastri SS, Mitra I, Mishra GA, Gupta S, Dikshit R, Singh S, Badwe RA. Effect of VIA screening by primary health workers: randomized controlled study in Mumbai, India. *J Natl Cancer Inst.* 2014 Mar;106(3):dju009. doi: 10.1093/jnci/dju009. Epub 2014 Feb 22.
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4. [https://www.nhp.gov.in/national-programme-for-prevention-and-control-of-c\\_pg](https://www.nhp.gov.in/national-programme-for-prevention-and-control-of-c_pg), accessed on 19th November, 2017
5. <http://www.ncrpindia.org/> accessed on 19th November, 2017

## HPV Vaccine in Girls in India: a Multicentre Prospective Cohort Study

Dr Jyoti Meena, AIIMS, Delhi

Sankaranarayanan R, Prabhu PR, Pawlita M, Gheit T, Bhatla N, Muwonge R et al.

Lancet Oncol, 2016; 17: 67-77

**Objective:** This study aimed to compare the immunogenicity and frequency of persistent infection and cervical precancerous lesions caused by vaccine targeted HPV after vaccination with quadrivalent vaccine 2 doses (day 1 and 180 or later) and 3 doses (day 1, 60 and 180 or later) in a cluster randomised trial.

**Methods:** The Study was conducted in 9 locations (188 clusters) in India from September 2009 to April 2010. A total of 17,729 unmarried girls aged 10–18 years were vaccinated from 178 clusters before suspension of the study due to events unrelated to the study. Participants were divided in four cohorts for analysis: girls who received three doses of vaccine on days 1, 60, and 180 or later, two doses on days 1 and 180 or later, two doses on days 1 and 60 by default, and one dose by default. The primary outcomes were immunogenicity in terms of L1 genotype-specific binding antibody titres, neutralising antibody titres, and antibody avidity after vaccination for the vaccine-targeted HPV types 16, 18, 6, and 11 and incident and persistent infections with these HPVs.

**Results:** Out of the 17,729 girls, 4348 (25%) girls received three doses as per schedule, 4979 (28%) received two doses on days 1 and 180 or later, 3452 (19%) received two doses at days 1 and 60, and 4950 (28%) received one dose. The immune response in the two-dose HPV vaccine group was found to be non-inferior to the three-dose group (median

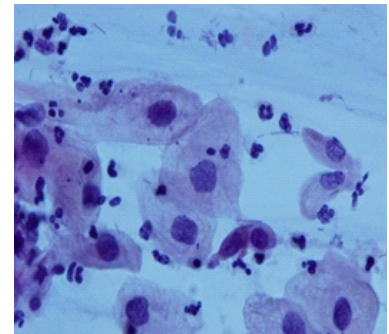
fluorescence intensity (MFI) ratio for HPV 16 as 1.12 [95% CI 1.02–1.23] and for HPV 18 as 1.04 [0.92–1.19]) at 7 months, but was inferior in the two-dose default (0.33 [0.29–0.38] for HPV 16 and 0.51 [0.43–0.59] for HPV 18) and one-dose default (0.09 [0.08–0.11] for HPV 16 and 0.12 [0.10–0.14] for HPV 18) groups at 18 months. The geometric mean avidity indices after fewer than three doses by design or default were found to be non-inferior to those after three doses of vaccine. A detectable concentrations of neutralising antibodies to all four vaccine-targeted HPV types was found in girls who received fewer than three doses by design and default, but in much lower concentration in those who received only one dose. Cervical samples from 2649 participants were tested and the frequency of incident HPV 16, 18, 6, and 11 infections was similar irrespective of the number of vaccine doses received. The testing of at least two samples from 838 participants showed that there was no persistent HPV 16 or 18 infections in any study group at a median follow-up of 4.7 years (IQR 4.2–5.1).

**Conclusion:** The findings of this study lend support to the WHO recommendation of two doses, at least 6 months apart, for routine vaccination of young girls. The short-term protection afforded by one dose of HPV vaccine against persistent infection with HPV 16, 18, 6, and 11 is similar to that afforded by two or three doses of vaccine and merits further assessment.

## Clinical Pearls

Dr. Seema Singhal (Delhi), Dr. Latha Balasubramani (Coimbatore)

- Q1** A 38 years old P3L3 presented with complaints of abnormal discharge per vaginum and undergoes a Pap smear examination. Fig 1 depicts the cytology report. What is your impression?
1. Normal Metaplasia
  2. ASCUS
  3. LSIL
  4. HSIL

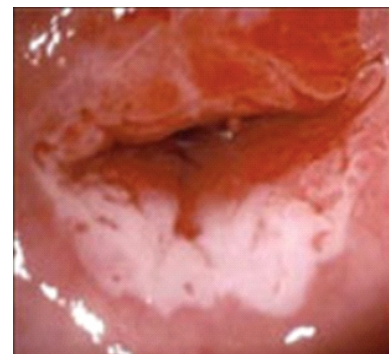


**Fig 1**

- Q2** Which of the following is the most appropriate management for her?
1. Repeat Pap smear after 12 months
  2. HPV testing
  3. Colposcopy
  4. Hysterectomy

- Q3** Her HPV test is positive for high risk types. How will you proceed?
1. Repeat Pap and HPV after 6-12 months
  2. Colposcopy
  3. Multiple biopsies from cervix
  4. Hysterectomy

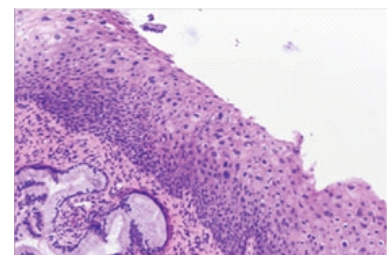
- Q4** She undergoes a colposcopic examination, and her colposcopic picture is shown as fig 2. What is your impression?
1. Normal metaplasia
  2. Low grade lesion
  3. High grade lesion
  4. Invasive disease



**Fig 2**

- Q5** What is the next step for her management
1. Biopsy from the lesion
  2. LEEP
  3. Conization
  4. Hysterectomy

- Q6** Her biopsy shows the following picture (fig 3). What is your diagnosis
1. CIN 1
  2. CIN 2
  3. CIN 3
  4. Invasive disease

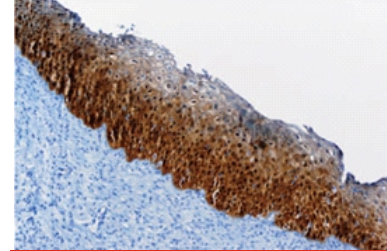


**Fig 3**

## Clinical Pearls

Dr Seema Singhal, Dr Latha Balasubramani

- Q7** On staining with p16 INKA4 the pattern is as follows ( Fig 4) . How to categorize the lesion
1. Low grade disease
  2. High grade disease
  3. Invasive disease



**Fig 4**

- Q8** Which of the following is the most appropriate modality of treatment
1. Follow up
  2. Cryotherapy
  3. LEEP
  4. Conization

- Q9** Which of the following is the most appropriate modality for follow up for this patient
1. Repeat cytology after 6 months
  2. HPV test of cure after 6 months
  3. Colposcopy after 6 months
  4. Follow up not required

### Answers

Q. 1 Ans 2

These cells are abnormal but not sufficient enough to be diagnosed as Squamous intra epithelial lesion. There is slight increase in N/C ratio, with slight variation in nuclear size and shape.

Q. 2 Ans 2

Q. 3 Ans 2

Q. 4 Ans 3

A dense acetowhite lesion with sharp margins suggestive of high grade lesion

Q5 Ans 1

Q. 6 Ans 2

Q. 7 Ans 2

The CIN 2 lesion can be categorized as high grade due to positive pattern of staining with p16 INKA4.

Q. 8 Ans : 3

Q. 9 Ans : 2

Follow-up after CIN2+ conservative treatment has not yet been standardized (varying in terms of timing, interval, and methods), it should include cytology and hr-HPV-DNA testing at 6 months, for early detection of any patients at increased risk of recurrence and cancer progression. combination of cytology and pooled hr-HPV-DNA testing 734 in a “test-of-cure-setting” has been reported to offer greater sensitivity (over 93%) than cytology alone and excellent post-treatment negative predictive value (close to 99% or over), which is highly relevant in this post-treatment group of patients. The negative result of the two combined tests may further omit the scheduled 12 months check-up examination, to move directly to 24 months after treatment, thus being a less costly procedure.

Ref: Mariani L, Sandri MT, Mario Preti M, et al. HPV-Testing in Follow-up of Patients Treated for CIN2+ Lesions. J Cancer. 2016; 7(1): 107–114.

## AOGIN India annual conference 2017 : Synopsis

**Dr Nisha Singh**  
Organizing secretary, AOGIN India 2017

The 8th Annual AOGIN India 2017 Conference was organized by Department of Obstetrics and Gynaecology KGMU Lucknow from 8th to 10th September 2017 at Hotel Clarks Avadh, Lucknow. The conference was attended by 300 Indian and 30 overseas delegates. Renowned International and National faculty participated and their interaction with delegates during sessions was well appreciated. Five pre conference workshops, cervical cancer awareness rally, public forum and extensive Scientific programme were the main attractions.

During the conference Newer methods for cervical cancer screening were discussed in details. The upcoming role of HPV biomarkers to increase the specificity of HPV screening tool, future of colposcopy: that would be cheaper, smaller,

lighter, with smartphone attachments and perhaps include other intrinsic tissue properties were appreciated. The session "Screening is only the first step; Management is the goal" emphasizing that without availability of treatment options screening loses its purpose hence bringing into focus the real goal of screening for cancer cervix. The focus of session "Newer devices for CIN treatment" was on devices that make 'screen and treat' more feasible mainly new thermal and battery operated cold coagulators. The session on HPV vaccine brought forth data that supports two dose regime for young girls, the upcoming possibility of one dose regime and nonavalent vaccine. During debates VIA was considered the best choice for primary screening until we have resources for HPV testing for all. Overall the conference was a huge success.



## Cancer Awareness and Screening Camp in South 24 Parganas District of West Bengal

Dr Srabani Mittal  
Kolkata

The initiative was taken by KDFCC (Kalpana Datta Foundation for Cancer care), a NGO in Kolkata, committed for the cause of cancer prevention among women in underserved areas of rural Bengal.

An awareness session focused on breast and cervical and oral cavity cancer risk factors, symptoms, importance of screening and prevention was organized prior to camp. VIA, Clinical Breast Examination (CBE) and Oral Visual Examination (OVE) along with BP and blood sugar

measurement was done. A total of 40 women underwent screening for cervical and breast cancer and 15 women had oral screening. Appropriate symptomatic treatment, follow up and referral was provided when required free of cost.

Such community based initiatives on cancer prevention and early detection at local levels complements the vision statement of AOGIN INDIA and helps in strengthening interventions focused on women's health.



Plan your schedule

### Forthcoming Events

1. 4th Annual Conference on Preventive Oncology July 18-19, 2018 Atlanta, USA.
2. 32nd International papillomavirus conference on October 2018, Sydney Australia.
3. 13th National Conference of ISCCP, March 10-11th, 2018 at at Kidwai Institute of Oncology, Bengaluru



Step into the fire of self –discovery.  
This fire will not burn you,  
it will burn what you are not".

Anonymous

