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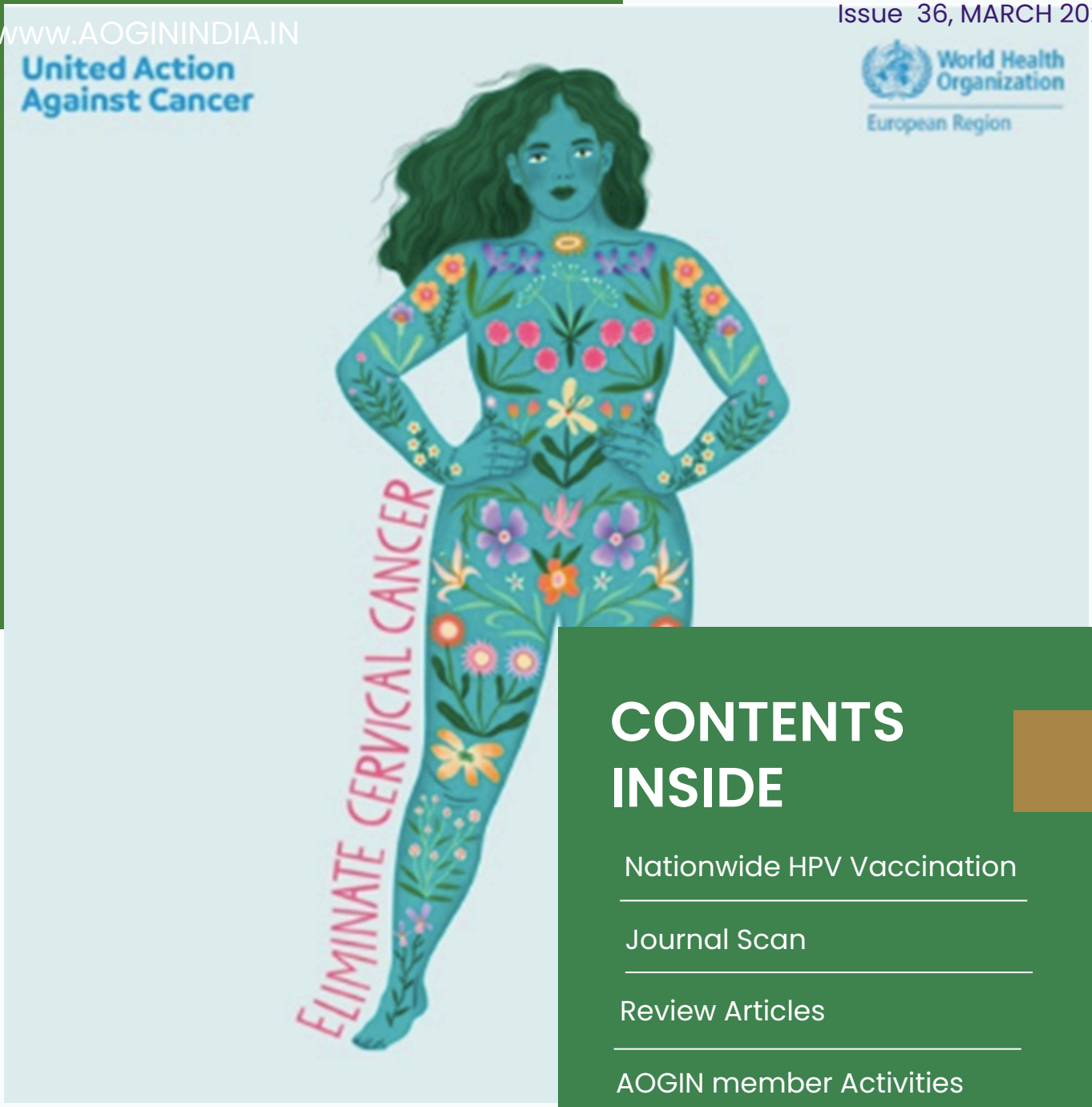
United Action Against Cancer

World Health Organization
European Region



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Towards WHO 2030 goals

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Letter from the President and the Secretary

Dear AOGIN-India members,

28th February 2026 was a landmark day for many of us when the Govt of India rolled out a HPV vaccination program for 14 year old girls nationally. This has been rolled out as a 2 year vaccination program with quadrivalent gardasil vaccines that was donated by GAVI. This program will continue in 2027 as well.

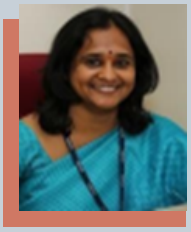
The single dose study of Cervavac is currently ongoing and we hope to have those results as well. These results will also inform the choice of the HPV vaccine and will hopefully culminate in the HPV vaccination being introduced in the national universal immunisation program. It is extremely encouraging that the govt decided to go with a single dose vaccination schedule as it ensures that the recommended vaccine dosage schedule is completed at one go reducing issues with logistics and cost. When such important programs are rolled out, there will be misinformation campaigns that may cause vaccine hesitancy and may impede the successful roll out of the program.

Our heartfelt gratitude and appreciations to all our members who were active on all fronts including social media making sure that accurate scientific information was available to the community -at- large. Do continue to reassure parents and the public about the safety and efficacy of the HPV vaccine and we hope that sustained efforts from health care professionals will help deal with the misinformation campaigns. Our colposcopy MDT's run by Dr.Dipanwita Banerjee continue to garner a large audience with interactive engaging sessions. We also had Dr.Andrew Goldstein, a leading expert on vulvo-vaginal diseases from George Washington University give a talk on the management of lichen sclerosis. Prevention of gynecological cancers- not just cervix is something our EC members are working on and we soon hope to have a module for this at the earliest.

Our interim CME will be held at Shillong on the 11th July. This will primarily focus on hands-on sessions for the participants and our annual meeting will be held in Calicut from 18 to 20th September. So do block your dates.

Looking forward to seeing all of you at the annual meeting.
Warm regards,

Dr Bhagyalaxmi Nayak



Dr Latha Balasubramani

India's Landmark Leap Against Cervical Cancer

Launch of Nationwide HPV Vaccination Compaign Against Cervical Cancer by Hon'ble Prime minister Shri Narendra Modi

On 28 February 2026, Hon'ble Prime Minister Shri Narendra Modi launched the nationwide Human Papilloma Virus (HPV) vaccination compaign for 14-year old girls from Ajmer, Rajasthan, marking a historic milestone in India's preventive healthcare for women.

Target Population and Coverage: The campaign will cover girls aged 14 years (those who have completed 14 years but have not yet completed 15 years). As per Registrar General of India (RGI) 2021 estimates, the annual cohort of 14-year-old girls is approximately 1.2 crore, who are expected to benefit from this initiative each year.

Operational Plan of the HPV Vaccination Campaign: The introduction of HPV vaccination in India has been meticulously planned with detailed attention to safety, logistics and monitoring.

Key Features:

Vaccination Duration: 3 months (90 days) in campaign mode.

After completion of the campaign phase, HPV vaccine will be available on routine immunization session days.

Session Sites: Only Government Health Facilities like Ayushman Arogya Mandir (AAM) – Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs), District Hospitals (DHs), Government Medical Colleges and Hospitals (GMCHs)

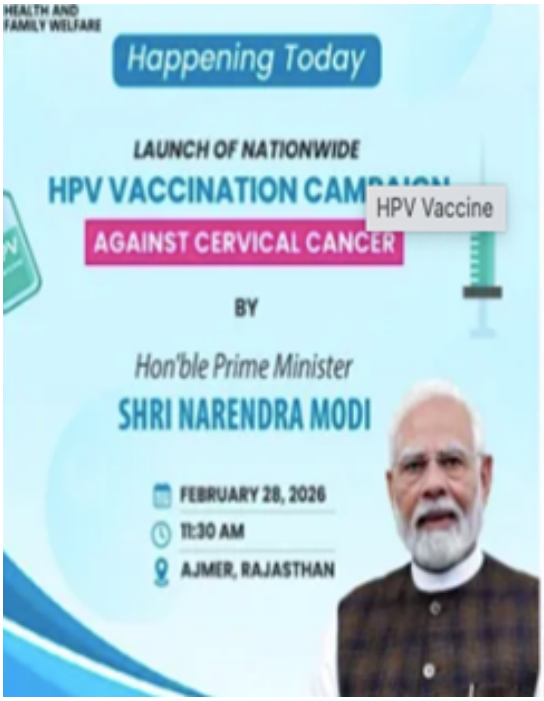
Dose & Administration: Single dose (0.5 ml) Intramuscular (IM) injection in the left upper arm

Vaccination is voluntary, free of cost and will be administered only after parental/guardian consent.

Beneficiaries may pre-register and schedule appointments on the U-WIN digital platform, or opt for walk-in vaccination at designated government health facilities. Parental/guardian consent is mandatory and will be recorded digitally on U-WIN. In areas without internet connectivity, consent may be obtained in hard copy as per prescribed format.

The U-WIN platform will be used for session planning, registration, recording and reporting, while the e-VIN portal will manage vaccine stocks and logistics.

Images from the historic moment!



AOGIN India Members actively participating in "The Historic Event" of HPV Vaccination Compaign

AOGN India Members actively participating in "The Historic Event" of HPV Vaccination Compaign

JOURNAL SCAN

NONINFERIORITY OF ONE HPV VACCINE DOSE TO TWO DOSES
KREIMER AR ET AL
N ENGL J MED. 2025 DEC 18;393(24):2421-2433.

Dr. Sneha More
DrNB Resident
Department of Gynaecological Oncology,
Chittaranjan National Cancer Institute, Kolkata

Introduction

The ESCUDDO was designed to address if one dose of HPV vaccine is noninferior to two doses in preventing persistent HPV infection over 5 years. The trial also evaluated noninferiority for other carcinogenic HPV types (especially for the nonavalent vaccine), vaccine effectiveness of one-and two-dose regimens compared with unvaccinated population, and safety of single-dose vaccination.

Methodology

Design: Double-blind, randomized controlled noninferiority trial
Place: Costa Rica
Duration: 5 years (November 2017 – February 2020)
Population : Total 20,330 participants, 12–16 years with no prior HPV vaccination. For nonrandomized survey along with vaccination with 2 doses of enrolled women for vaccine effectiveness estimation 3,005 participants, 16–21 years, were recruited as an unvaccinated comparison group

Enrollment was geographically restricted to avoid herd immunity effects and enhance generalizability to settings without widespread HPV vaccination. Participants were randomized in a 1:1:1:1 ratio to receive: One/two dose of bivalent HPV vaccine and one/two dose of nonavalent HPV vaccine. At 6 months, participants assigned to one-dose groups received a control Tdap vaccine to maintain blinding, participants were followed up every 6 months for 5 years, with <15 years annually till 15 years then 6 monthly. At each visit participant collected cervico-vaginal specimen from15 years age and from all survey population along with relevant questionnaires and adverse events. The targeted HPV sequencing assay used to detect HPV infection was TypeSeq2.

Results

Primary Outcome - For Bivalent Vaccine, there were 0.29 infections/100 participants with one dose and there were 0.42 infections/100 participants with two doses with a rate difference of −0.13 (95% CI −0.45

to 0.15; p <0.001 for noninferiority) indicating that for every 100 participants receiving one dose had 0.13 fewer infections within 5 years than those receiving two doses.
For the Nonavalent vaccine, there were 0.48 infections/100 participants with one dose and 0.27 infections/100 participants with two doses with a rate difference of 0.21 (95% CI −0.09 to 0.51; p <0.001 for noninferiority) indicating that for every 100 participants receiving one dose had 0.21 additional infections within 5 years than those receiving two doses.
One dose was noninferior to two doses for both vaccines. There was no evidence of waning protection over the 5-year follow-up.

Secondary Outcomes - One dose of nonavalent vaccine was also noninferior to two doses for prevention of infection with any of the seven carcinogenic HPV types included in the vaccine.
For the bivalent vaccine, cross-protection against HPV31 was higher with two doses than one dose.

Vaccine Effectiveness - Compared with unvaccinated survey participants: HPV16/18 effectiveness, for one and two dose of bivalent vaccine was 98.2 % and 97.8 % respectively, while one and two dose of nonavalent vaccine was 97 % and 98.5 % respectively. Effectiveness against individual HPV types was consistently ≥90% for the nonavalent vaccine (exception of HPV 11) concluding that single dose HPV vaccine will prevent most new infections and subsequent disease with these types. Also increased usefulness with increasing valency in single dose vaccine. No Serious adverse events related to vaccination: 0.03% over 5 years.

Conclusion

The ESCUDDO trial conclusively demonstrates that one dose of either bivalent/nonavalent HPV vaccine is noninferior to two doses in preventing persistent HPV16/18 infection over 5 years, with excellent effectiveness and safety. These findings support global policy shifts toward single-dose HPV vaccination as a key strategy to reduce cervical cancer worldwide . The findings validate the WHO recommendation for a one-dose schedule, especially in LMICs.

Table 1: Global Trials favouring Single dose HPV vaccination

Table 1: Global Trials favouring Single dose HPV vaccination

Study	KEN SHE	DoRIS	IARC India Study	The CVT trial
Start year	2018	2017	2009	2004
Location	Kenya	Tanzania	India	Costa Rica
Findings	Single dose vaccination with Gardasil/Cervarix was ~ 98% effective in preventing incident persistent HPV	Antibody levels after receiving a single dose of Gardasil 9/Cervarix were high upto 24 months	~95% efficacy of single dose Gardasil against persistent HPV 16/18 infection, sustaining 10 years. Comparable	Comparable efficacy from one and three doses of Cervarix for protection 10 years postvaccination

Reference

1.Kreimer AR, Sampson JN, Porras C, et al. Evaluation of durability of a single dose of the bivalent HPV vaccine: the CVT Trial. J Natl Cancer Inst 2020; 112: 103846.

2.Basu P, Malvi SG, Joshi S, 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; 22: 1518-29.

3.Barnabas RV, Brown ER, Onono MA, et al. Durability of single-dose HPV vaccination in young Kenyan women: randomized controlled trial 3-year results. Nat Med 2023; 29: 3224-32.

4.Watson-Jones D, Changalucha J, Whitworth H, et al. Immunogenicity and safety of one-dose human papillomavirus vaccine compared with two or three doses in Tanzanian girls (DoRIS): an open-label, randomised, non-inferiority trial. Lancet Glob Health 2022; 10(10): e1473-e1484.

A STEP CLOSER TO HEALTH EQUITY: PORTABLE COLPOSCOPES IN ACTION

DR SHIVANGI MANGAL,
MCH GYNAE ONCO RESIDENT
AIIMS, NEW DELHI

Introduction

Cervical cancer is the fourth most prevalent cancer worldwide and the second most common cancer among females in India . Cervical cancer screening requires detecting and treating cervical dysplasia. With increasing screening and public awareness, there is increase in Colposcopy referrals for triaging of screen positive women. Colposcopy requires a hospital or a clinic setup with the assembly of colposcope. To overcome this barrier and make colposcopic procedures less expensive, portable and easily accessible in low resource countries, digital colposcopy has come into the market. They are connected with smartphones that makes the data storage and transference easier along with feasibility of telemedicine.

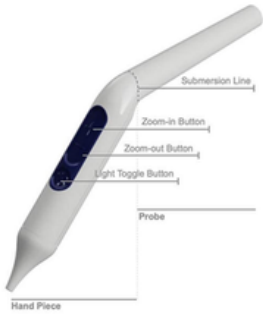
Various mobile colposcopes available in market are Gynocular colposcope, Pocket colposcope, multimodal mobile colposcope (MMC), which combines a colposcope and a high-resolution fiber-optic micro-endoscope (HRME), Enhanced visual assessment (EVA), Smartscope and Gyneye. High-resolution micro-endoscopy (HRME) is a technique for visualizing cervical epithelium at the subcellular level. It can be used with portable colposcopes to diagnose precancerous cervical lesions at the point of care, eliminating the need for a biopsy. The combination of HRME and widefield imaging enables the high-resolution imaging of uncertain areas as well as the identification of abnormal cervical region. The specifications of various new digital colposcope are mentioned as follows (Table 1).

TABLE 1: SPECIFICATIONS OF PORTABLE COLPOSCOPES

Feature/ Specification	Pocket Colposcope	Gynocular	Smart Scope	EVA COLPO	Gyneye
Manufacturer	Calla Health Technologies & Duke University	Gynius	Periwinkle Technologies Pvt. Ltd.	Mobile ODT, Isael	Gyneye
Type	Handheld, Portable, Digital	Optical	Compact, Portable	Digital	Smart, Portable, User-friendly
Dimensions	Similar to a smartscope	1. cm x 16.6 cm x 8.3 cm 2. (pocket sized)	Fits in A4 size bag, Length: 220 mm	N/A	N/A
Magnification	4x	5x, 8x, 12x	10x	4.0x optical / 16x digital zoom	4x, 10x
Resolution	N/A	High-quality images	AI-enabled risk evaluation	13 MP	108 MP, f/1.8, 26mm (wide), 1/1.33″, 0.8µm
Telemedicine Capability	Yes	Yes	No	Yes	Yes
Portability	Yes	Yes	Yes	Yes	Yes
Working Distance	5-50 mm from cervix	300 mm	40 mm	250 mm - 400 mm	N/A
Image Transmission	To smartphone, tablet, or laptop	Can connect with a smartphone	Generates color-coded report	Observing, recording, storing patient records	Observing, recording, storing patient records
Additional Features	Affordable, m-Health enabled, speculum not required	Optical green filter, anti-glare function, speculum required	Simple to use	Digital green filter for vascular contrast, speculum required, lightweight	AI assistance, Lightweight

Portable colposcopes offer cost effective alternatives to traditional colposcopy, making them suitable for LMICs (Table 2). Real-time visualization and image capture allow for immediate assessment, reducing the need for multiple visits. To avoid observer variations, proper training and capacity building for healthcare providers is crucial. Various other point-of-care tests have been developed to meet the unmet needs of LMICs which include tests like C-ColAur, a colorimetric technology that detects malignancy by combining gold nanoparticles with cervico-vaginal secretions and another test using a paper-based device that combines proteomics and lateral flow immunochromatography technologies to detect high-risk pre-cancer and invasive cervical cancer. A multimodal mobile colposcope (MMC) has been developed to diagnose precancerous cervical lesions at the point of treatment without the need for biopsy by integrating wide field imaging and high-resolution fiber-optic micro-endoscopy.

Concluding, cervical cancer is major public health problem especially in third world countries. Recent advancements in portable colposcopy have shown promising results in improving the approach to screening of cervical cancer in resource-limited settings. By inculcating technology into the system and broadening the screening accessibility, the burden of cervical cancer can be brought down significantly, enabling us in achieving our dream of eliminating cervical cancer.



POCKET COLPOSCOPE

GYNOCULAR

SMART SCOPE

ENHANCED VISUAL ASSESSMENT

GYNEYE

Table 2: Diagnostic ability of portable colposcopes

Author, Journal, Year	Aim and Objectives	Type of study, sample	Results	Conclusion
Masakazu Sato et al, Mol Clin Oncol, 2021 (1)	Pilot Study To investigate feasibility of mobile digital colposcopy incorporating a smartphone in Japanese patients	Prospective study, 40 women between 21-60 years age, underwent colposcopy using mobile digital colposcope	Match rates for diagnoses were 75%, ≥75% cases were equivalent in digital colposcopy and conventional colposcopy.	This suggests that digital colposcopy may not be inferior to conventional colposcopy
Jayashree Natarajan et al, Asian Pacific J Cancer, 2022 (2)	Assessed the performance of portable colposcopes and potential to reduce referral	Crossover randomised study, 250 women aged 25 to 65 years with abnormal screening result or cervical symptoms, two portable colposcopes Gynocular®, and Pocket® transvaginal colposcope, and a standard video colposcope, cervical biopsies were done.	Swede scores for Pocket and Gynocular colposcopes were similar to video colposcope in 248 (99.20%) and 247 (98.80%) subjects, respectively (agreement scores 0.9969 and 0.9954, respectively). At Swede score cut-off of ≥5, all three devices had identical sensitivity, specificity, positive and negative predictive value of 96.30%, 92.30%, 60.50% and 99.50.	Pocket colposcope performed comparably to the video colposcope. Used by healthcare providers in the field setting, they can augment the results of VIA significantly.
Thamawoot Phoblap et al Obstet Gynecol Sci, 2022 (3)	To evaluate the performance of "Smartscopy" in diagnosing pre-invasive cervical lesions among patients with abnormal cervical cancer screening results	247 Women with abnormal cervical cancer screening results obtained at the colposcopy clinic using smartphone and colposcopy.	The sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of the smartphone to detect LSIL+ were 96.6% (95% CI, 91.6–99.1), 12.9% (95% CI, 8.06–19.2), 46.2% (95% CI, 39.7–52.4), 83.3% (95% CI, 62.6–95.3), and 0.49% (95% CI, 0.43–0.55), respectively. The sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of smartscopy in diagnosing HSIL+ were 67.6% (95% CI, 55.2–78.5), 85.4% (95% CI, 79.9–90.0), 60.5% (95% CI, 48.6–71.6), 88.9% (95% CI, 83.7–92.9), and 81.0% (95% CI, 0.75–0.85), respectively.	Smartscopy demonstrated remarkable correlation with colposcopy and high diagnostic performance value for detection of pre-invasive cervical lesions.

References

1. M S, D S, M H et al. A pilot study of mobile digital colposcopy in Japanese patients with cervical intraepithelial neoplasm. Mol Clin Oncol, 2021 Oct

2. Natarajan J, Mathur S, Vishnubhatla S et al. Can portable Colposcopes Replace Standard-of-care Colposcopes? A Crossover Trial of Two Portable Colposcopes with a Standard-of-Care Video Colposcope. Asian Pac J Cancer Prev APJCP, 2022 Dec

3. Phoblap T, Temtanakitpaisan A, Aue-angkul A et al, Predictive value of 'Smartscopy' for the detection of preinvasive cervical lesions during the COVID-19 pandemic: a diagnostic study. Obstet Gynecol Sci, 2022 Jul 28

Vaccine drive by Rotary Bombay, Beautiful Tomorrow Trust- AOGIN India

"Fast Trace, Healthy Space"

A cervical cancer vaccine and awareness drive was conducted by Rotary Bombay Pier district 3141, Beautiful Tomorrow Trust and AOGIN India in July and August 2025. The All India car rally was flagged off from Mumbai on 12 the July and covered 20 citiesacross the country covering North , East , South and West India. AOGIN India members in each city organized the onsite program. 50 girls vaccinated at each site; and a total of 950 doses Single dose of Gardasil -4 was administered to eligible girls.

- AOGIN India CORE TEAM: Dr Neerja Bhatla
  Dr Bhagyalaxmi Nayak
  Dr Latha Balasubramani
  Dr Seema Singhal
  Dr Bindiya Gupta

- Beautiful tomorrow trust: Dr Madhu Gupta (Member AOGIN India)

- Rotary Bombay: Mr Rupen Doshi
  Ms Priya Rajpal

City	Date	AOGIN India
Mumbai	13/7/25	
Ahmedabad	14/7/25	Dr Anjana Chauhan
Bhuj	15/7/25	Dr Divya Tekani
Jodhpur	17/7/25	Dr. Sugandha
Bhatinda	18/7/25	Dr Asha Garg
Amritsar	20/7/25	Dr Shagun Randhawa
Jammu	21/7/25	Dr Minakeshi Rana
Srinagar	22/7/25	Dr Prof Masuma Rizwi
Chandigarh	26/7/25	Dr Preeti Jindal
Agra	28/7/25	Dr Sonal Gupta
Lucknow	29/7/25	Dr Prof Nisha Singh
Guwahati	02/8/25	Dr Debabrata Barmon
Tezpur	07/8/25	Dr Sumita Gogoi
Kolkata	10/8/25	Dr Dipanwita Banerjee
Vishakapatnam	11/8/25	Dr Priyanka
Chennai	13/8/25	Dr Jayashree Natarajan
Nagercoil	15/8/25	Dr Rashmi
Belgaum	19/8/25	Dr Umadi

Glimpse of Vaccine drive by Rotary Bombay, Beautiful Tomorrow Trust- AOGIN India

Forthcoming events

AOGIN India Member activitues

On 17th November, 2025
India Date lights up in teal to mark Cervical Cancer Elimination Day.

AOGIN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

At KGMU,Lucknow Dr Nisha Singh organized an awareness program and felicitation of cervical cancer survivors.

AOGIN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

At Cyto Clinic CAMA Hospital, Dr Usha Saraiya organized awareness event with participation of nurses, poster display and explanation activity with involvement of men and poster exhibition.

AOGIN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

Department of Gynae Oncology, Kalyan Singh , Institute, Lucknow
Dr Sabuhi Qureshi, DR Saumya Gupta and team hosted a successful awareness campaign at Lulu Mall, Lucknow to mark the day. It also included an engaging and thought provoking “Nukkad Natak”, audience quiz , prize distribution and interaction with the Public.

AOGIN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

GKNM Hospital in Coimbatore, Tamil Nadu glows in teal colour for Cervical cancer elimination

AOGIN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

GKNM Hospital in Coimbatore, Tamil Nadu

glows in teal colour for Cervical cancer elimination

The Department of Preventive Oncology, AIIMS, New Delhi

conducted activities with "Advocacy to Action".

Advocacy events

- Technical support in National level Workshop for Editors of Print & Digital Media on Cervical Cancer Vaccination by UNICEF.

- Initiation of dialogue for formulation of "Gorakhpur Declaration" for eliminating Cervical Cancer from Gorakhpur.

Action Drives

- Outreach vaccination programme conducted in Indraprastha Public School.

- Kick started HPV-free Undergraduate Campus at AIIMS.

- Awareness programme at Air Force Bal Bharti School.

- VIA camp in 2 Primary Health Centres for training of ANMs– building their capacity for a sustainable impact.

AOGN India Member activitues

WHO-World Cervical Cancer Elimination Day of Action

The Department of Preventive Oncology, AIIMS, New Delhi

Thank you for reading.
Stay tuned—we'll be back
with more in our next issue.

from

AOGIN INDIA NEWS LETTER TEAM