

Newsletter of Indian Society of Colposcopy & Cervical Pathology (Reg.)



Secretariat: Department of Obstetrics & Gynaecology,
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Dear Friends,

The year 2011 started off with our determined VIA screening camps which were held in various villages of Delhi as shown below:

August 2010	Nangloi, West Delhi
September 2010	Gazipur, East Delhi
October, 2010	Tilaknagar, West Delhi
November, 2010	Okhla, South Delhi
January, 2011	Tuglakabad, South Delhi
March, 2011	Aali village, South Delhi

Colposcopy was also carried out for VIA positive cases in the last camp in March at Aali village.

A highlight of this quarter has been the grand 6th Annual Conference on 26th & 27th February at Jaipur organized by Dr Veena Acharya, Dr Shashi Gupta & Dr Seema Sharma. With 250 delegates from India, Malaysia & Dubai; 50 national & 5 international faculties descending onto the pink city, the meeting proved to be an academic & cultural treat. The Hand-On workshop in collaboration with AICC-RCOG North Zone was hugely popular & interactive. Lively participation & interaction in the live workshop, post-graduate quiz & free paper sessions (initiated in this conference) was stimulating.

Dr Arpna Mathur from Aligarh, UP bagged the prize for the best free paper.

The increasing enthusiasm in cervical screening & colposcopy was also evident at the live colposcopy workshop organized by Dr Gauri Gandhi on 10th March 2011 at Maulana Azad Medical College & Lok Nayak Hospitals, New Delhi

Did you know that India has the highest number of cases of cervical cancer in the world! The number of women dying from cervical cancer every year is the same as the number dying of pregnancy & childbirth every year!

Friends, we have a tremendous load on our hands! Let us do our own bit and spread the message, with 300 members with us, I am sure we can do it!

Saritha Shamsunder
Editor

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Forthcoming Events

RCOG-NZ, India
Post-conference Workshop
Annual Hands-On Colposcopy Course
5th-6th September, 2011
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7th Annual Conference of ISCCP

at
Coimbatore
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FAQs on Human Papillomaviruses and Cervical Cancer

Dr Meena Naik, MD, MRCOG Consultant Gynaecologist, Nova Medical Center and Max Hospital, New Delhi

What are human papillomaviruses, and how are they transmitted?

Human papillomaviruses (HPVs) are a group of more than 150 related viruses. They are called papillomaviruses because certain types may cause warts, or papillomas, which are benign (noncancerous) tumors.

Some HPVs, such as those that cause the common warts that grow on hands and feet, do not spread easily. However, more than 40 HPV types are sexually transmitted, and these HPVs spread very easily through genital contact. Some types of sexually transmitted HPVs cause cervical cancer and other types of cancer. These are called high-risk, oncogenic, or carcinogenic HPVs. Although genital HPV infections are very common, most occur without any symptoms and go away without any treatment within a few years. However, some HPV infections can persist for many years. Persistent infections with high-risk HPV types can cause cell abnormalities. If left untreated, can sometimes develop into cancer.

What are genital warts?

Some types of sexually transmitted low-risk HPVs cause warts to appear on or around the genitals or anus. Most genital warts (technically known as condylomata acuminata) are caused by two HPV types, HPV-6 and HPV-11. Warts may appear within several weeks after sexual contact with a person who is infected with HPV, or they may take months or years to appear, or they may never appear.

What is the association between HPV infection and cancer?

Persistent HPV infections are now recognized as the cause of essentially all cervical cancers. HPVs also cause some cancers of the anus, vulva, vagina, and penis. In addition, oral HPV infection causes some cancers of the oropharynx (the middle part of the throat, including the soft palate, the base of the tongue, and the tonsils)

It has been estimated that HPV infection accounts for approximately 5 percent of all cancers worldwide.

Are there specific types of HPV that are associated with cancer?

Both high-risk and low-risk types of HPV can cause the growth of abnormal cells, but only the high-risk types of HPV lead to cancer. About 15 high-risk HPV types have

been identified, including HPV types 16 and 18, which together cause about 70 percent of cervical cancers. It is important to note, however, that the great majority of infections with high-risk HPV types go away on their own and do not cause cancer.

Can HPV infection be prevented?

Anyone who is sexually active is at risk for a sexually transmitted HPV infection. Being in a long-term, mutually monogamous relationship with an uninfected partner minimizes the risk of genital HPV infection. However, it is difficult to determine whether a partner who has been sexually active in the past is currently infected.

HPV infection can occur in both male and female genital areas that are covered or protected, respectively, by a latex condom, as well as in areas that are not covered or protected. Although the degree of protection provided by condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

Two vaccines approved by the U.S. Food and Drug Administration (FDA), Gardasil® and Cervarix®, are highly effective in preventing persistent infections with some HPV types. Gardasil prevents infection with HPV types 16 and 18, the two high-risk HPVs that cause most (70 percent) cervical cancers, as well as types 6 and 11, which cause most (90 percent) genital warts. Cervarix also prevents persistent infections with HPV types 16 and 18.

How are HPV infections detected?

Cervical cells can be tested to identify high-risk types of HPV that may be present. HPV DNA tests look for viral DNA from multiple high-risk HPV types and can detect the presence of a viral infection before any cell abnormalities become visible. The FDA has approved HPV DNA tests for follow-up testing of women with equivocal cell abnormalities on a Pap test (a screening test to detect cervical cell changes). HPV DNA tests are also approved for general cervical cancer screening of women over the age of 30 when done together with a Pap test. There are currently no approved tests to detect HPV infections in men.

HPV DNA Testing is Used for:

- Triage of ASC-US, Reflex LSIL cytology
- Post-colposcopy surveillance (histology negative or LSIL)
- Post-treatment surveillance

- Resolving inter-procedural clinical disparities
- Primary screening age ≥ 30

What are the treatment options for HPV infection?

Although there is currently no medical treatment for HPV infections, the cervical lesions and warts that can

result from such infections can be treated. Methods commonly used to treat cervical lesions include cryosurgery (freezing that destroys tissue), LEEP (loop electrosurgical excision procedure, or the removal of tissue using a hot wire loop), and conization. Topical agents may be used for external genital warts.

Ref: CDC information website on STD's and HPV.

ISCCP Conference



ISCCP Making News

पैप स्मीयर टेस्ट नहीं हो पाया अधिक लोकप्रिय

नगर प्रतिनिधि
जयपुर, 27 फरवरी। महिलाओं के गर्भाशय मुंह का कैंसर यानि सरवाइकल कैंसर को जंच और निदान के लिए होने वाला पैप स्मीयर टेस्ट अधिक लोकप्रिय नहीं हो पाया है। विशेषज्ञों के मुताबिक इस टेस्ट का महंगा होना ही इसकी लोकप्रियता कम कर रहा है। यह जानकारी बरिष्ठ स्पे रोग विशेषज्ञ डॉ. वीणा अचर्या के द्वारा बताया कि एचआईवी और एचसीवी में खतरे में जानकारी देते हुए बताया कि पैप स्मीयर टेस्ट नया बड़ा ज्ञान को इंडियन सोसाइटी ऑफ कोलपोस्कोपी एवं सरवाइकल पैथोलॉजी के संस्थापन समारोह में कही। उन्होंने बताया कि जो अर्द्ध शताब्दी के

वाज्य दस-बोस पैसे की लागत में हो जाता है और इसमें हाथोहाथ मरीज को ठण्डी मशीन या ट्यूप द्वारा सम्पूर्ण इलाज किया जा सकता है। सामेलन अयोग्य को अथवा डॉ. वीणा अचर्या ने बताया कि एचआईवी और एचसीवी में खतरे में जानकारी देते हुए बताया कि पैप स्मीयर टेस्ट नया बड़ा ज्ञान को इंडियन सोसाइटी ऑफ कोलपोस्कोपी एवं सरवाइकल पैथोलॉजी के संस्थापन समारोह में कही। उन्होंने बताया कि जो अर्द्ध शताब्दी के

एडे गए। जिसमें कैंसर को पूर्व अवरुध में निदान एवं उपचार करने की तकनीक पर विचार विमर्श किया गया।

दो दिवसीय अनशन समाप्त
प्रताप मोगाई व मिल्कस्ट के विरोध में जन जागरण तैयार करने के लिए पेशवाजी जैन का उद्योग मंडल पर दो दिवसीय अनशन समाप्त हो गया। जैन ने बताया कि अनशन के माध्यम से पार्टी ने शक्तिपूर्ण और अहिंसक तरीके से अपनी बात सरकार तक पहुंचाई है।

CONFERENCE ON CERVICAL PATHOLOGY

HT Correspondent
htraj@hindustantimes.com

JAIPUR: Indian Society of Colposcopy and Cervical Pathology (ISCCP) will be organising its sixth national conference at Hotel Clarks Amer on February 26 and 27, 2011.

Organising committee chairperson Dr Veena Acharya said this conference is being organised for intensive study of cervical cancer in women. She said approximately 5 lakh women get affected with this cancer and around 270 lakh die every year in the world.

In India approximately 1.32 lakh new are reported every year and around 75,000 women die of cervical cancer. According to an estimate every day around 200 women die of this cancer in India therefore it is necessary to stop this.

She said if this disease is diagnosed at the early stage then it is 100% curable.

ISCCP Camp at Aali Village, Delhi



ISCCP Certified Hands-on Training in Colposcopy

Type & Duration of training
Basic training (Post-MBBS): 2 Months
Basic & Advanced training (Post MD/DGO): 1 Month

Number of training sessions in 1 year: 3
1. Feb. / March
2. Aug. / Sept.
3. Oct. / Nov.

Participants per course: Limited to 4 per session

Training fee: Rs. 15,000/- per candidate by Cheque/DD in favour of ISCCP payable at New Delhi

Inputs

Manpower
Patients from general Gynae OPD of Lok Nayak Hospital
Faculty of the Dept. OBGYN
Nursing staff

Resources
Video colposcope
LEEP unit
Cryotherapy unit
Seminar room for lectures
Audio visual aids

Course Curriculum
Hands on training 80 hours
No. of colposcopies to be done under supervision 40
No. of colposcopies to be done independently 20
Procedures observed/done 5
Lectures 10 hours

Report of Training
Brief report by participants regarding number of cases seen and procedures done.

Post-Course Evaluation

Contact Person: Dr. Vijay Zutshi
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Royal College of Obstetricians & Gynaecologists North Zone, India

RCOG-NZ, India Post-conference Workshop Annual Hands-On Colposcopy Course

(Under Aegis of INDIAN SOCIETY OF COLPOSCOPY & CERVICAL PATHOLOGY)
Approved by International Federation of Cervical Pathology & Colposcopy (IFCPC)



Date: 5th & 6th September, 2011

Venue: Sant Parmanand Hospital, Civil Lines, Delhi

Course Chairperson: Dr. Urvashi P Jha, Dr. Vijay Zutshi

Course Organizer: Dr. Sarita Shamsunder Kale, Dr. Sweta Balani

Invited International Faculty: Dr Theresa Freeman Wang (London,UK)

Session I: **Basics of Cervix**
The Normal Cervix- Structure, transformation zone, changes with age & metaplasia
Cytology- Principles of cytological diagnosis, cytological classifications, effects of hormones, sampling devices, conventional pap vs LBC (lecture & demonstration)

Histology- Principles of histological diagnosis, preparation of specimens, how biopsy taking influences histological interpretation

Cervical Screening- Rationale, risks & limitations, methods pertinent to developing countries-VIA & VILI

Session II **Benign Conditions of the Cervix**
Lower Genital Tract Infections- HPV, Chlamydia, Trichomonas, HIV

Pregnancy & Contraception- Normal cervix in pregnancy, cytology in pregnancy, abnormal cervix in pregnancy, physiological changes, effects of OCPs on cytology & histology, effects of OCPs & IUCD on colposcopy
Managing abnormal smears in **post-menopausal** & colposcopic challenges

women Session III **Basics of Colposcopy**

Tissue basis for Colposcopy- Role of epithelium, stroma, surface configuration.
Indications for Colposcopy

Session IV **Colposcopy equipment & technique**
Equipment-elements, filters, magnifications, focal length
Role & use of saline, acetic acid, lugol's iodine, green filter
Role & use of Monsel's paste
Principles of sterilization of colposcopy clinic equipment
Demonstration of Colposcopy

Session V **Practical tips on buying equipment**

Session VI **Dysplasia- The Basics**
Cervical Dysplasia & Neoplasia- Nomenclature, epidemiology, pathogenesis, natural history, colposcopic & histological features, staging of neoplasia
Vaginal, vulval and Perianal Neoplasia- Nomenclature, epidemiology, pathogenesis, natural history, presentation, histology, diagnosis & management

Session VII **Glandular Abnormalities and CGIN**
Management of Dysplasia
Management of CIN- Principles of management, suspected invasion, proven IA1/IA2/IB follow-up after treatment of CIN

Ablative methods of treatment- Cold coagulation & Cryotherapy

Excisional Treatment Methods

LEEP/LLETZ/conization

Interactive Session with faculty

Session VIII **Practical Demonstration of Cryotherapy & LLETZ**

Session IX **Hands on Session-Practical stations for candidates**

Session X **to practice punch biopsy, cryotherapy & LLETZ**

Session XI **Quiz, feedback and conclusion**

Limited seats only. Log on to aicccognzindia.com for registration form and details.

Dear Colleague,

We invite you to join the Society in large numbers and help us prevent Cancer Cervix.

Life membership gives the benefits of free quarterly newsletter, opportunity to conduct workshops/camps in your city/state under the aegis of ISCCP and an opportunity to be trained as a trainer in colposcopy.

Life members are requested to conduct workshops to spread awareness regarding screening by Visual Inspection by Acetic Acid.

Please fill in the attached form and mail it to address given below.

Vijay Zutshi

President
9818319110

Sumita Mehta

Hon. Secretary
9871014101

Mailing Address:

60-A, Pocket-B, Phase-II, Mayur Vihar, Delhi 110 091, E-mail: drvzutshi@gmail.com

Life Membership Form

Name:

Designation:

Address: (O)

Tel. No.:

(R)

Tel. No.:

Mobile: E-mail:

Life Membership Fee: Rs. 5000/- D/D in favour of ISCCP payable at Delhi.

Members who wish to get their hospital accredited for ISCCP Certified Colposcopy training may send their applications to drvzutshi@gmail.com.

Members who wish to submit articles for the newsletter can email their articles to shamsundersartha@gmail.com.

Report of activities by members carried out under aegis of ISCCP may please be emailed to drvzutshi@gmail.com for inclusion in the newsletter