



# E-Newsletter

## ISCCP

Member International Federation of Colposcopy

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

[www.isccp.co.in](http://www.isccp.co.in)

### From the Editor's Pen

Dear friends,

This year has been remarkable for ISCCP; we have made a mark in the International Federation and won the bid for the world congress in 2020. We also have a representation in the international council. It also brings on a great responsibility on us to bring down the massive numbers of cervical cancers in our country. With new methods being studied & introduced, the health care provider is always at a dilemma over which method to use.

The WHO in 2013 brought out working guidelines on Cervical Cancer prevention, the message is simple.... use any method which is available in your set up. We bring you a summary of this guideline. Activate this in your practice, you will be doing a great service to your women.

*"Be the change you want to see in your world"*

...Mohandas Karamchand Gandhi

#### Announcement

All life members of ISCCP are requested to pay Rs 1,575/- to retain their membership of International Federation of Colposcopy for 5 years. Cheques in favor ISCCP may be sent to:

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## ISCCP Activities

1. 8<sup>th</sup> October, 2014: A CME & Interactive Discussion on "Cervical Cancer Screening for the modern woman" was held at Metro hospitals, Faridabad, Haryana with the Indian Menopause Society. The practising gynaecologists had an active discussion with the speakers, Dr Saritha Shamsunder, Dr Maninder Ahuja & Dr Manu Noatay.
2. 27<sup>th</sup> October, 2014: An IFPC approved Colposcopy Course cum Hands-On LEEP Workshop was held at Safdarjung Hospital, New Delhi following the Annual Conference of the Delhi Ob/Gyn society. A live Cytology & Colposcopy workshop delighted the 62 delegates who participated.



CME at Faridabad



Workshop at Safdarjung

## ISCCP at IFCPC, London



## ISCCP 2014

### WHO guidelines for Cervical Cancer Prevention 2013

Compiled by Dr Archita Shaleen

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The standard sequence of screening has been cytology, colposcopy, biopsy, and histological confirmation of CIN. However, this requires multiple visits, adequate resources and skilled personnel, all of which are scarce in our country.

In September 2010, the External Review Group (ERG) of the WHO updated the earlier *Comprehensive cervical cancer control: a guide to essential practice (C4-GEP)*<sup>1</sup>. After several meetings guidelines were published in 2014 for screening and treatment of precancerous lesions for cervical cancer prevention.

This guideline provides recommendations for strategies for a screen-and-treat programme which is recommended by the WHO. It is intended primarily for those who have responsibility for choosing strategies for cervical cancer prevention, at country, regional and district levels.

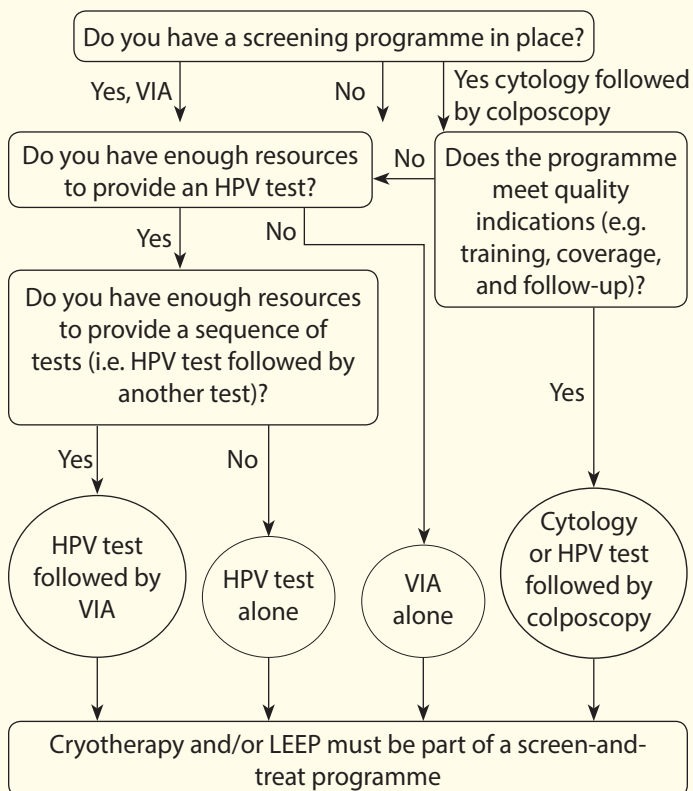
**Age of Screening:** The recommended age to start screening is 30 years of age and older because of their higher risk of cervical cancer. Screening even once in a lifetime with priority to 30-49 years age would be beneficial. However, in HIV positive women screening should start earlier.

**Screening Methods:** Screening methods recommended are any of three screening tests: HPV (cut-off level  $\geq 1.0$  pg/ml), cytology (cut-off level ASCUS+, atypical squamous cells of undetermined significance), and VIA. VIA is appropriate to use in women whose transformation zone is visible (typically in those younger than 50). When using a single test, a positive result indicates the need for treatment.

ALL women who have screened positive with any test (but especially with an HPV test) should be visually

inspected with acetic acid to determine eligibility for cryotherapy and to rule out large lesions or suspected cervical cancer.

The guideline provides nine recommendations for screen-and-treat strategies: 'HPV and treat' or 'HPV followed by VIA and treat' over 'VIA and treat', 'cytology followed by colposcopy and treat' and 'HPV followed by colposcopy' and treat. It also suggests to prefer 'VIA and treat' over 'cytology followed by colposcopy and treat' (see flow chart summary)



All screen-and-treat strategies below involve treatment with cryotherapy<sup>2</sup> (if the entire lesion is visible, the squamocolumnar junction is visible, and the lesion does not cover more than 75% of the ectocervix.) If the lesion extends beyond the cryoprobe being used, or into the endocervical canal, the patient is not eligible for cryotherapy and LEEP is the alternative option.

If the screening test is negative on VIA or cytology, the screening interval for repeat screening should be every three to five years. In women who test negative on an HPV test, rescreening should be done after a minimum interval of five years. Women who have

received treatment should receive post-treatment follow-up screening at one year to ensure effectiveness of treatment. In women who are of HIV-positive status or of unknown HIV status in areas with high endemic HIV infection, if the screening test is negative, the screening interval for repeat screening should be within three years.

These guidelines are not free from lacunae. The primary evidence used to develop these screen-and-treat recommendations is not based on evidence from randomized controlled studies. Instead, these recommendations are based on modelling health outcomes from a series of reviews of the diagnostic accuracy of the available screening tests, and a series of reviews of the effects of the various treatments for CIN. The available evidence is low-quality, and only indirect.

The GDG (guideline development group) will continue to work with WHO in an ad hoc manner, so that the research gaps identified during the process can be addressed. Gynaecologists may make use of these current WHO guidelines according to feasibility and logistics to screen and treat women until a formal screening policy for Indian women comes into effect.

### References

1. *Comprehensive cervical cancer control: a guide to essential practice* (C4-GEP) WHO 2006
2. WHO guidelines: Use of cryotherapy for cervical intraepithelial neoplasia 2011
3. WHO guidelines: Screening and treatment of precancerous lesions for cervical cancer prevention 2013

### Forthcoming Events

#### ISCCP 2015

at Lucknow, UP

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#### National CME of ISCCP

at Jodhpur in February 2015.

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