



e-Newsletter

ISCCP

Member International Federation of Cervical Pathology and Colposcopy

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

www.isccp.in

President's Address

Dear ISCCP Members,

I look back to the last 3 years as President of this young National Society and am proud of what we have achieved in a short time despite all the challenges of COVID. We set up an online payment gateway for membership & training, recognised new training centres and streamlined training & assessment. Before COVID struck, we organised many hands-on workshops all over India along with the Indian Menopause Society. The COVID 19 pandemic threw more challenges which we overcame by online training and discussions which became very popular.

We organised the IFCPC World Congress, the first in Asia successfully in July 2021 after it's postponement due to COVID. This was the first virtual congress of IFCPC and a grand success.

I sincerely thank all the office-bearers for actively carrying out the work of the organisation; all the Governing body for their constructive suggestions that were very valuable for making the society vibrant with 650+ members and counting.

I request all of you to continue the good work you have been doing and help us reach the goal of Elimination of Cervical Cancer by 2030!

Best wishes to all

Stay Healthy

Dr Saritha Shamsunder
President, ISCCP

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From the Editor's Pen

Dear All

Every day, we wake up with the news of the number of covid cases and deaths. Yes, COVID-19 has caused disruptions to livelihoods, education, overall health, and life opportunities for children and adolescents worldwide. As per predictions, a falling economy is leading to extreme poverty in various countries which will expose young girls to forced sex, early marriages, and increasing sexually transmitted diseases. In the absence of appropriate vaccination strategies, this will further increase the burden of cervical cancer.

Therefore, there is a pressing need to increase awareness regarding vaccination and screening via social media and webinars. We all are well aware that these days students are taking classes mainly online and the majority of the time parents are also there. If all the gynecologists take a pledge to take one public lecture(online) on HPV vaccination in one week per school, I think we can reach most of the target population.

This is my last issue as a Chief Editor. I express my heartfelt thanks to the entire executive committee of ISCCP for giving me this opportunity. I, also on behalf of the whole editorial team is thankful to all the ISCCP members who have always encouraged us by appreciating the contents of the Newsletter. In the current issue, we have included a summary & recommendations of 'IFCPC 2020ne Consensus Satellite Meeting Towards Cervical Cancer Elimination' conducted on 25th June 2021. We have also included the highlights of the extremely successful first virtual IFCPC conference 2021. Once again wishing you all good health.

Stay Healthy

Chief Editor

Prof Aruna Nigam

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Summary & Recommendations

IFCPC 2020ne Consensus Satellite Meeting Towards Cervical Cancer Elimination-

Making a Road Map for India-

Implementing Optimal Screening Strategies - 25th June, 2021

Consensus Meeting Experts

- **Dr Abraham Peedicayil:** Senior Consultant, Sultan Qaboos Cancer Centre, Muscat, Oman
- **Dr Amit Bhanot:** Deputy Director, Family Planning-Sexual & Reproductive Health & Cancer Cervix Program, Clinton Health Access Initiatives
- **Dr Amita Maheshwari:** Head, Dept of Gynaecologic Oncology, Tata Memorial Centre, Mumbai, President Elect-Association of Gynaecologic Oncologists of India
- **Dr Archana Mishra:** Director, National Health Mission, Madhya Pradesh, India
- **Dr Archana Mishra:** Organising Secretary, IFCPC 2020ne World Congress
- **Dr Bhagyalakshmi Nayak:** Associate Professor, Dept of Gynae Oncology, Regional Cancer Centre, Bhubaneswar & Chairperson, FOGSI Oncology Committee
- **Dr Carlos Perez Moreno:** General Director of the San Jose Hospital, Bagota, Columbia, President IFCPC
- **Ms Kausar Kidwai:** Senior Manager, Cancer Cervix Program, Clinton Health Access Initiatives
- **Dr Latha Balasubramani:** Consultant Gynae Oncologist, VN Cancer Centre, GKNM Hospital, Coimbatore & Secretary, Association of Genital Infections & Neoplasia India
- **Dr Neerja Bhatla:** Secretary General, IFCPC & Head, Dept of Obs Gyn, AIIMS, New Delhi
- **Dr Partha Basu:** Deputy Head, Screening Group, IARC, WHO, Lyon, France
- **Dr Patti Gravitt:** Professor, University of Maryland School of Medicine, USA
- **Dr Pratima Mittal:** Professor of Obst & Gynae Vardhmaan Mahaveer Medical College
- **Dr Priya Abraham:** Director National Institute of Virology, Pune
- **Dr Priya Ganesh Kumar:** Chairperson Gyneacologic Oncology committee – FOGSI 2021-2024
- **Dr R Sankaranarayanan:** Senior Visiting Scientist at WHO-IARC, Lyon, France. NHM Visiting Expert for Cancer Programs, Tamilnadu
- **Dr Roma Rattan:** Associate Professor, Dept of Biochemistry, SCB Medical college, Cuttack, Odisha
- **Dr Rupinder Sekhon:** Consultant Gynae Oncosurgeon, Rajiv Gandhi Cancer Hospital, New Delhi & Secretary General, Association of Gynaecologic Oncologists of India
- **Dr Sabhyata Gupta:** Consultant Gynae Oncologist, Medanta Medicity Hospitals, Gurugram, Haryana & President Association of Genital Infections & Neoplasia India
- **Dr Saritha Shamsunder:** Consultant & Professor, Vardhmaan Mahaveer Medical College & Safdarjung Hospital, New Delhi & Organizing Chairperson, IFCPC 2020ne World Congress
- **Dr Shalini Singh:** Director, National Institute of Cancer Prevention and Research, NOIDA, UP
- **Dr Sunita Malik:** Professor of Obst & Gynae, VMMC & Safdarjung Hospital, New Delhi
- **Dr Suzanne Garland:** Director of the Women's Centre for Infectious Diseases and Senior Consultant in Microbiology at The Royal Children's Hospital, Melbourne, Australia
- **Dr Sweta Balani:** Consultant Sant Parmanand Hospital, New Delhi & Secretary, Indian Society of Colposcopy & Cervical Pathology
- **Dr Vijay Zutshi:** Past President ISCCP, Professor of Obst & Gynae, VMMC & Safdarjung Hospital, New Delhi
- **Prof Vijayalakshmi Ramshankar:** Professor and head, Preventive Oncology research, Cancer Institute, Adyar, Chennai
- **Dr Yin Ling Woo:** Consultant Obstetrician and Gynecologist, Faculty of Medicine, University of Malaya

Excerpts

1. Cervical cancer burden and unmet need

Cervical cancer is the second most common cancer reported in women in India. In the world, India has the highest number of new cases and deaths every year

related to cervical cancer. India contributes to about one-fourth of the world's cervical cancer-related mortality, accounting for an estimated 123,907 new cases and 77,348 deaths in 2020 (Globocan 2020). The main reasons for such high mortality rates are the lack of effective screening and access to suitable, well-timed treatment.

Evidence from suggests that the lifetime screening prevalence for 2015-16 for Indian women aged 15 to 49 years was less than 5%. Nearly all cases of cervical cancer are caused due to persistent Human Papilloma Virus (HPV) infection. Globally, HPV types 16 and 18 contribute to almost 70% of cervical cancers and precancerous cervical lesions. The 2016 operational framework for management of cancers released by the Ministry of Health and Family Welfare, Govt of India recommended visual inspection with acetic acid (VIA) for screening for cervical cancers every 5 years. However, World Health Organization's (WHO's) cervical cancer elimination strategy released in 2020 has categorically recommended the use of a high precision test such as an HPV test for cervical cancer screening of at least 70% of women by the age of 35 and 45 years. Cervical cancer is curable if detected early and treated appropriately. In the absence of organized screening programs, India is facing major challenges in detection of cancer at advanced stages leading to high mortality. Hence, adoption of routine screening, preferably using high precision tests like HPV test could help in driving the program more efficiently and effectively through robust implementation of testing facilities across India and help in increasing the coverage of screening programs.

2. HPV testing as a primary cervical cancer screening method

Currently there are three methods - cytology, VIA and HPV tests - available for cervical cancer screening. Cytology and VIA tests are relatively subjective, with an average sensitivity around 50%. HPV testing is highly reproducible, objective, mechanically measured, and has a very high negative predictive value. It has a relative sensitivity ~85-95%. There is sufficient evidence available that shows higher sensitivity and effectiveness of HPV test than cytology for the early detection of high-grade cervical intraepithelial neoplasia.

In the last decade, HPV testing has been adopted as primary screening and is recommended by various guidelines globally, based on robust evidence establishing its superiority over Pap and VIA testing. Several countries in Europe, Latin America and Asia Oceania have transitioned to HPV testing from

cytology for cervical cancer screening programs. Currently there are more than 400 HPV tests available, however, the use of clinically validated HPV tests is recommended for diagnostic accuracy and clinically utility. The presence of an internal control in certain tests is an additional quality assurance advantage to exclude false negative results.

Along with the clinical effectiveness, various studies from developed countries as well as developing countries have looked into the cost-effectiveness of HPV testing compared to cytology-based screening. The American Society of Clinical Oncology (ASCO) resource stratified clinical practice guidelines recommend HPV testing in all resource settings. Higher sensitivity of HPV testing and stronger negative predictive value compared to cytology allows extension of the screening interval following a negative HPV test, making the test more cost-effective. In fact, the testing interval can even be increased to 10 years without an impact on years of life lost.

Out of all cervical cancer screening models, HPV screen-and-treat is the most cost-effective screening approach for India. Co-testing with HPV and cytology is the least cost effective. Triage testing falls in between.

The screen-and-treat model requires an affordable, feasible and accurate Point of Care (POC) test which is presently not available. The development of an indigenous POC HPV assay validated against the WHO External Quality Assurance Service (EQAS) panel is an important goal in the future.

3. Self-sampling to increase the reach of cervical cancer screening

Self-sampling for HPV testing addresses social and logistic barriers in countries like India. There is a well-established concordance between self-sampling and healthcare professional or healthcare worker (HCP/HCW) sampling for HPV testing sample collection in several research studies done in India. Most studies have used brushes that come with the collection media. However, various collection devices are available for self-sampling such as the Copan brush swab, which can be transported as a dry swab, thus avoiding the possibility of spillage. Liquid media addition can be done once the swab reaches the lab. Locally developed self-sampling swabs can be used after validation.

Learning from countries like Argentina and Malaysia will be helpful in adopting self-sampling for HPV testing with consideration to local setting. This will help to increase the participation of more women

in the community as this gives a lot of flexibility for sample collection. Moreover, once HCPs and policy makers shift the tasks of screening to the community, there will be more focus on colposcopy and treatment as screening uptake increases. Self-sampling increases the coverage of the cervical cancer screening programs at the same time while reducing the number of visits to HCPs/clinics. In countries like Malaysia, self-sampling helped even during the pandemic time whereas, many other screening programs which required HCP or clinic visits came to a halt.

4. Infrastructure building

VIA served a valuable purpose in low and middle-income countries (LMIC) to help introduce the culture of screening, to develop an infrastructure for screening, and to treat women diagnosed with the disease. These infrastructure settings will certainly help in transitioning to and building of HPV-based screening programs. Countries like Thailand, Argentina, Chile, etc. bring this experience where HPV screening programs were mounted on pre-existing cytology program. The pandemic had a positive impact in a way that it helped build the infrastructure for molecular labs in India. Currently there are many labs across India with molecular testing set-up which partially address the issue of access to HPV testing. The centralization approach with establishment of molecular laboratories will help in conducting focused large-scale public screening programs. Training healthcare practitioners, healthcare workers and public awareness (sensitization, advocacy and acceptance) activities are equally important in strengthening the screening programs for cervical cancer.

5. Guidelines

Operational framework guidelines by the Ministry of Health and Family Welfare, Govt of India, prepared in 2016 are based on VIA testing for screening of cervical cancer. WHO has set a goal of achieving the cervical cancer elimination targets by 2030. It is the right time to align our strategy with WHO and revise the operational framework, by including HPV testing as a primary cervical cancer screening test in a phased manner. Training/awareness of HCP

and HCWs, risk scoring as well as tele-medicine, identification of high-risk HPV genotyping and self-sampling need to be addressed in the revised guidelines to develop strategies that can meet the 70% target of screening.

The latest WHO cervical cancer screening and management guidelines are likely to be available within the next few months, based on HPV testing as a preferred test followed by treatment or triage algorithm. Self-sampling would be the preferred approach for HPV testing in low resource communities with poor access. The Federation of Obstetric and Gynaecological Societies of India (FOGSI) guidelines already include the use of HPV testing in all resource settings.

The experts had a broad consensus on the following for cervical cancer screening in India:

- High precision, clinically validated HPV test should be used for cervical cancer screening both in programmatic and clinical settings.
- The 2016 operational framework for management of common cancers by Government of India should be revised to include HPV testing for cervical cancer screening to align with the WHO's cervical cancer elimination strategy.
- HPV testing is strongly recommended as the primary screening test of choice in clinical settings and should be implemented in mass public screening programs at the earliest.
- Augment and build on the current infrastructure for developing HPV testing screening programs.
- Self-sampling may be encouraged to increase participation in both clinical and HPV screening programmatic settings.
- Women testing positive for HPV DNA may be managed by HPV screen and treat approach in settings where further triage/histopathology services are not available.
- If HPV test is positive, colposcopy/ VIA/genotyping/ cytology is recommended for triage.
- The FOGSI already recommends HPV testing as a primary cervical cancer screening test in all resource settings.

IFCPC 2021: A spectacular success

The 17th World Congress of International Federation of Cervical Pathology and Colposcopy (IFCPC 2021) organized by the Indian Society of Colposcopy and Cervical Pathology from 1st July to 5th July was a spectacular success. This prestigious event was held for the first time in Asia in the 50 year of history of this international organization. It was a proud moment for India to host the first virtual conference of IFCPC which was attended by more than 1,000 delegates and speakers from over 42 countries all over the world. Numerous experts in the field, including gynaecologists, gynaec-oncologists, pathologists and microbiologists attended the conference. There was enthusiastic participation by renowned researchers, world famous experts, medical students, nurses and also by policy makers from Government of India.

IFCPC Satellite Consensus Session on Implementing WHO goal for cervical cancer elimination: Developing road Map for India

A satellite consensus meeting for developing a road map for India for cervical cancer screening was held on 25th of June and inaugurated by Hon'ble Governor of Telangana and Hon'ble Lt Governor of Puducheri Dr (Smt) Tamili Sai Soundararajan, who herself a gynaecologist, delivered her talk on women empowerment. This meeting provided a perfect springboard for interaction of national and international experts with representatives of the Government. Recommendations from this meeting were released at the conclusion of the Congress.



IFCPC satellite consensus meeting: Road Map for India 25th June 2021

Inauguration of IFCPC

The five day long scientific feast IFCPC 2021 was inaugurated by the Hon. Vice President of India, Shri M. Venkaiah Naidu, who called for adopting a multi-pronged strategy and emphasized on collective action to prevent cancer and save lives. He also launched a special edition of 'Indian Journal of Gynaecological

Oncology' during the event.



Release of Special Issue of Journal Supplement



Address by Chief Guest Honble Vice President of India Shri Venkaiah Naidu



Address by Dr R Sankaranarayanan President of Organising Committee



Address by Dr Neerja Bhatla Secretary General IFCPC



Inaugural Address by Dr Saritha Shamsunder Organising Chairperson



Kathak at Cultural Program

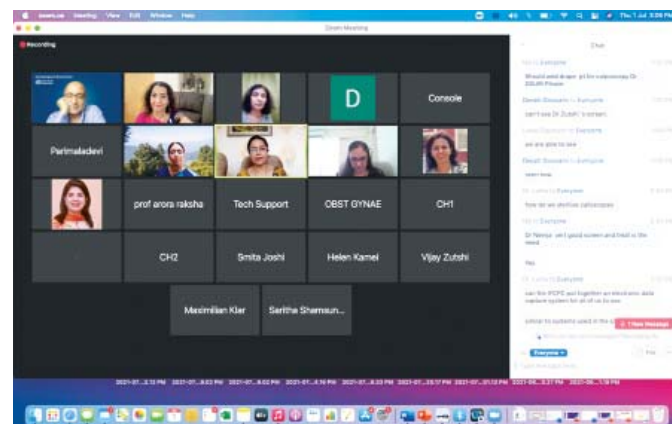


Inaugural Dance by Organising Committee



Vote of thanks by Dr Archana Mishra Organising Secretary

medical students and paramedical staff. The workshop “Comprehensive colposcopy and treatment of precancerous lesion” covered from basics to treatment of difficult cases. The presentations from national and international faculty, and interactive discussion helped budding colposcopists learn the techniques of screening and treatment. A Workshop on “Cytology and HPV” was conducted by illustrious national and international cytologists to highlight the advances on new biomarkers and new techniques of detection of Human Papilloma Virus, that is responsible for 99 percent of cervical cancers. Training of Trainers workshops were an academic feast for trained Colposcopists who will be training other gynaecologists in screening techniques as well as treatment. The “Surgical Options for CIN & Cervical Cancer” was well attended by hundreds of gynaecologists and gnaeconcologists who learnt surgical skills in treatment of precancerous conditions of cervix and cancer from stalwarts with the help of lectures and video presentations.



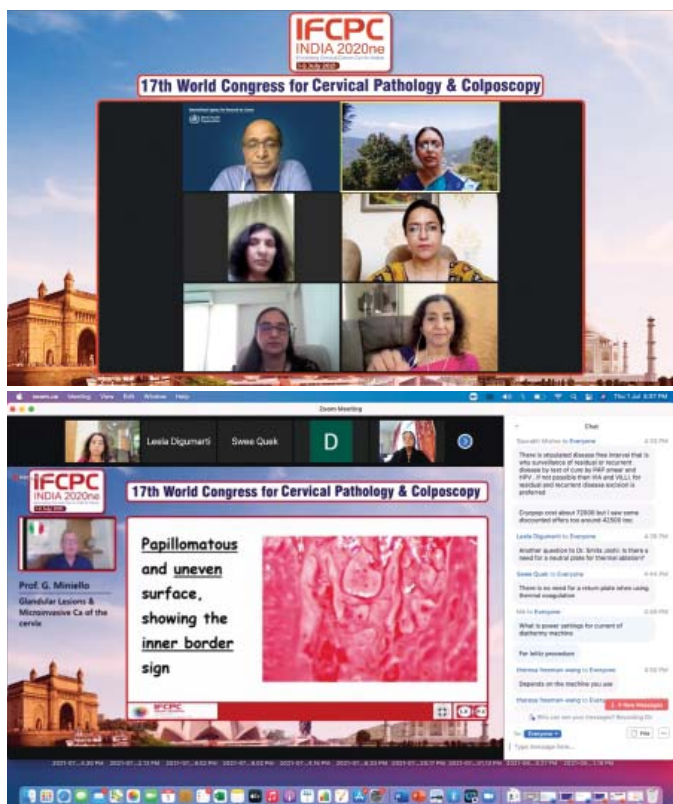
Colposcopy workshop



TOT workshop

Precongress Workshops

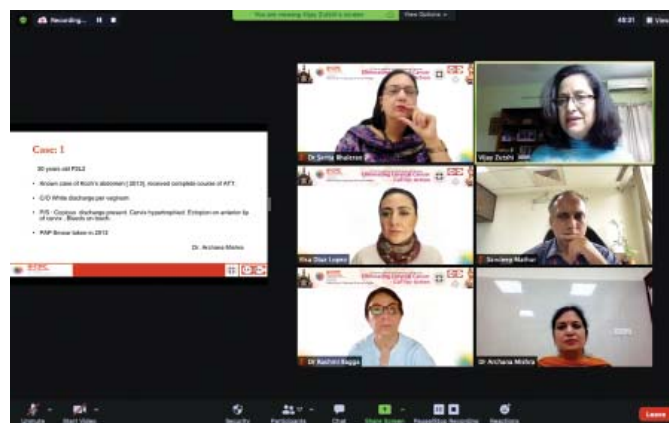
On 1st July, four pre-congress workshops were held that were attended by more than a thousand gynaecologists, pathologists, basic researchers,



Colposcopy workshop

Conference IFPCP 2021

From 2nd July to 4th July scientific deliberations, panel discussions, hot debates and five brainstorming quizzes were the main attractions of the conference. The conference had more than 300 national & international speakers; 257 research papers were presented in the conference. Experiences from different countries regarding screening techniques and HPV vaccination were shared.



Free paper presentations from all continents

Honouring the Legends

Honouring the legends ceremony felicitated senior scientists Dr Walter Prendiville, Dr Usha Saraiya, Dr R. Sankaranarayanan, Dr Lynette Denny, Dr Swaraj Batra, Dr Alpesh Gandhi, Dr Albert Singer and Dr Joe Jordan for their life time achievements.





Honouring the legends ceremony

Highlights of the Conference

Highlights of IFCPC 2021 were discussions over role of Artificial Intelligence in low resource countries where there is scarcity of trained Colposcopists and pathologists. Experts from Australia and Singapore discussed their experiences on how they have moved from cytology-based screening to primary HPV testing, which is a more sensitive test for cervical cancer screening recommended by the WHO. Various studies were presented which showed that presently practiced co-testing that is HPV testing with the Pap smear is not economically beneficial and instead a primary HPV screening should be done. Many countries shared their experiences of self- sampling for cervical cancer screening by HPV testing which is more relevant during the COVID pandemic. "Screen the mother, vaccinate the daughter" at the same visit was the hashtag given by the South Asian Federation of Obstetrics & Gynaecology, a large body of gynaecologists in South East Asia. New options of vaccination like nonavalent vaccine and importance of vaccination of males was highlighted. New classifications for staging of cervical cancer and classification of surgeries based upon that

was discussed. Fertility sparing surgery in early stage of cervical cancer in young woman willing for issue was also discussed.

Public Forum

An Open Forum on 4th July generated a very enthusiastic response from audience consisting of students, teachers, heads of institutions, NGOs and cancer survivors.

Valedictory

At valedictory a large number of Awards were announced. A total of 54 prizes were announced including 12 awards each in Oral e poster category and Oral paper presentation and 3 prizes in E posters without presentation. Each of 5 quizzes also had 3 awards each along with special prizes for videopresentation by MBBS students. At the end of conference the IFCPC flag was handed over by the Immediate Past President of IFCPC, Dr James Bentley to the Present President Dr Carlos Perez Moreno for next conference to be held in Colombia.



On 5th of July 3 post conference on themes "Vulva, Vulvar reconstructive surgery and Screen and Treat were organized and well attended.