



# e-Newsletter

## ISCCP

Member International Federation of Cervical Pathology and Colposcopy

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

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

### From the Editor's Pen

Dear Friends,

Welcome back to this mega edition of the newsletter. It is a bumper issue for two reasons – one it spans two seasons and second, it covers the 12<sup>th</sup> annual conference of the ISCCP, which was held in the city of its inception, New Delhi. It was an academic feast par excellence, attended by delegates and faculty in large numbers, from places far and wide. Truly a testament of how far the society has come in the short span of just over a decade, and a harbinger of how far it will go, under the proficient leadership of the current ISCCP secretariat.

This issue brings you glimpses of the annual conference - for those missed this academic feast, and a chance to spot yourself in action - if you were a part of it. Abstracts of the papers presented are included in this issue to for recordkeeping and as a memory to remind us of the level of academic excellence being followed by ISCCP members in their own hospitals and states and benefitting hundreds of thousands of women nationwide.

This issue also focuses on the guidelines on cervical cancer screening as laid out by the Ministry of Health and Family Welfare, Govt of India and also touches upon ISCCP's own guidelines.

Good work continues to be done by the members of ISCCP and we share details of camps and CMEs organized by members in their respective states. All are welcome to share information about events organized under the aegis of ISCCP and we will try to incorporate them in upcoming issues. Please follow the guidelines given at the end of the newsletter for submitting information to the newsletter.

Until next time, be good and do good.

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### Forthcoming Conference

#### IFCPC Conference 2020

to be held at  
Hyderabad, India

### Announcement

All life members of ISCCP are requested to pay Rs 2,000/- to retain their membership of International Federation of Cervical Pathology and Colposcopy for 5 years. Cheques in favor ISCCP may be sent to:

#### ISCCP

G-367 (Ground Floor)

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# A Paradigm Shift from Opportunistic to Population Based Cancer Screening in India: Opportunities and challenges

Roopa Hariprasad, Sanjay Gupta, Ravi Mehrotra

National Institute of Cancer Prevention and Research (ICMR), I-7, Sector 39, Noida India

The three most commonly occurring cancers in India are those of the breast, uterine cervix and oral cavity. Together they account for approximately 34% of all cancers, and hence are a public health priority in India. At present, screening in India is limited to sporadic opportunistic screening for malignancies of the cervix, breast and the oral cavity. The Ministry of Health & Family Welfare has recently launched operational guidelines for screening and prevention of common cancers to pave the way for shifting from opportunistic screening to population based screening ([http://cancerindia.org.in/cp/images/PDF/Operational\\_Framework\\_Management\\_of\\_Common\\_Cancers.pdf](http://cancerindia.org.in/cp/images/PDF/Operational_Framework_Management_of_Common_Cancers.pdf)). This framework provides mechanisms to operationalize screening and management of common cancers at field level. The framework fulfils the need of complex requirements for screening and management of common cancers viz. breast, oral and cervix. Importantly, cancer screening has been integrated with screening for other non-communicable diseases like diabetes and hypertension.

Appropriate, feasible and cost effective screening modalities proposed in the program include visual examination with acetic acid (VIA) for the cervix, clinical breast examination (CBE) for breast and oral visual examination (OVE) of the oral cavity.

Effective health education and awareness creation in the community is planned as the first step towards catalyzing cancer screening and prevention. Steps to minimize loss to follow up, quality control mechanisms, innovative partnerships, vigorous monitoring and evaluation needed for the success of the programme have been highlighted. This programme is expected to provide leads in community mobilization for combined screening and its implementation at different levels of existing health care infrastructure to prevent and control

the major cancers in India. Implementing population based screening at the facility closer to their residence, would be particularly beneficial to women, given the current abysmal levels of care seeking among women and limited access to health services. Such screening programmes would also address the issue of equity, since population based screening would enable reach to the marginalized, who are also likely to be excluded from health care services on account of poverty and other socio-cultural and economic barriers.

For any organized screening programme to be effective, the screening, diagnosis and treatment protocols should be standardized across the country, with a well-developed system for quality assurance. Potential barriers to prevention, such as cancer stigma, fatalism, and cultural barriers need to be understood and addressed appropriately before initiation of screening. Utilizing the existing human resources in National Health Mission to carry out screening is a major challenge in this program. Auxiliary Nurse Midwives and nurses are assigned to carry out screening in addition to their existing maternal and child health responsibilities. In a few states, where the reproductive and child health load is high, it might be difficult for the health care providers to spare time for cancer screening.

Many practical challenges are anticipated, when evidence based intervention is introduced into a public health setting. However, the good news is that, the guidelines are now available for the states to follow and adapt to their settings to implement cancer screening in a systematic manner. Lessons learnt during the implementation of this program as a pilot in some key states will address many unanswered questions, which can be used to modify this dynamic framework document.

## ISCCP – Recommendations for Cervical Cancer Screening

1. Screening should be opportunistic in all patients coming with any gynae problem.
2. Age of starting screening should be 21 years.
3. Screening should be done at least once every decade.
4. In the age group of 21-30 years, VIA/PAP should be done & repeated 3 yearly if possible.
5. In the age group of 31-40 years, VIA/PAP should be the primary modality. HPV could be used for triage if resources are available.
6. 41-50 – VIA/PAP should be used (If post-menopausal Pap alone should be used)
7. 51-60 years – Screening should be by HPV or Pap
8. If the Pap smear is abnormal, the woman should be referred for Colposcopy and further treatment if feasible.
9. If Colposcopy is not feasible, VIA should be done after applying 5% acetic acid. If on VIA, an acetowhite area is seen, cryotherapy should be performed after taking a punch biopsy provided the squamocolumnar junction is visible. If the SCJ is not visible, the woman should be referred for Loop Electrosurgical Excision of the Transformation Zone at the nearest centre.

J Clin Virol. 2016 Dec 12;87:43-48.

### **Association between high risk human papillomavirus infection and co-infection with *Candida* spp. and *Trichomonas vaginalis* in women with cervical premalignant and malignant lesions.**

Ghosh I, Muwonge R, Basu P et al.

**BACKGROUND:** Human papillomavirus (HPV) is the necessary cause of cervical cancer. Cervico-vaginal infection with pathogens like Chlamydia is a likely cofactor. The interactions between HPV, *Trichomonas vaginalis* (TV) and *Candida* spp. are less understood, though inflammation induced by these pathogens has been demonstrated to facilitate oncogenesis.

**OBJECTIVE:** Our study aimed to evaluate the association between *Candida* spp. and TV co-infection with HPV in cervical oncogenesis.

**STUDY DESIGN:** Women with normal cervix who were high-risk HPV-negative (N=104) and HPV-positive (N=105); women with CIN 1 (N=106) and CIN 2/CIN 3 (N=62) were recruited from a community based cervical cancer screening program. Cervical cancer patients (N=106) were recruited from a tertiary care oncology clinic. High-risk HPV was detected by Hybrid Capture II technique; *Candida* spp. and TV were detected by culturing the high vaginal swabs followed by microscopic examination in all. The disease status was established by histopathology in all the women.

**RESULT:** HPV-positive women had significantly higher risk of having precursor lesions (of any grade) and cancer compared to HPV-negative women. *Candida* spp. or TV infection did not alter the risk of low grade or high grade lesions among HPV- positive women. HPV positive women co-infected with TV had higher risk of cervical cancer but not those co-infected with *Candida* spp.

**CONCLUSION:** The higher risk of cancer observed in the women co-infected with HPV and TV without any enhanced risk of CIN 3 suggests secondary infection of the malignant growth by TV rather than any causal role. Co-infection with *Candida* spp. and/or TV infection did not increase the carcinogenic effect of HPV on cervix.

J Clin Diagn Res. 2016 Jul;10(7):QC18-21.

### **Comparison of Vaginal versus Oral Estradiol Administration in Improving the Visualization of Transformation Zone (TZ) during Colposcopy.**

Beniwal S, Makkar B, Batra S et al.

**INTRODUCTION:** Colposcopy is an important diagnostic

tool in the evaluation of patients with abnormal pap smears. However, in 10-20% transformation zone (TZ)/ squamo-columnar junction is not completely visualized and these patients are deemed to have an incomplete colposcopy examination. Such patients usually require conization, a procedure associated with significant morbidity. Various agents like misoprostol, estrogens and laminaria tents have been used in the past to overcome the non-visualization of TZ.

**AIM:**The present study was conducted with the aim to compare the efficacy of vaginal versus oral estradiol administration in overcoming incomplete colposcopy.

**MATERIALS AND METHODS:** Forty patients with non/partially visualized TZ during colposcopy were recruited for the study. These patients were randomly distributed into two groups: In Group I, 25µg estradiol was administered intravaginally daily for seven consecutive days followed by a repeat colposcopy on day 8. In Group II, a seven day course of 25µg oral estradiol was followed by a repeat colposcopy on day 8. The efficacy of the two regimens in improving visualization of the TZ on colposcopy and their adverse effect profile was compared.

**RESULTS:** Vaginal estradiol had an overall efficacy of 70% in improving visualization of the TZ as compared to oral estradiol which was effective in 50% of patients (p-value-0.19). Major adverse effects in both the group of patients were nausea and vaginal discharge with no significant differences among the two groups.

**CONCLUSION:** Both vaginal and oral estrogens had comparable efficacy and similar adverse effect profile in improving visualization of the TZ.

Indian J Med Res. 2016 Aug;144(2):169-180.

### **Current global status & impact of human papillomavirus vaccination: Implications for India.**

Sankaranarayanan R, Bhatla N, Basu P

The review addresses the effectiveness and safety of human papillomavirus (HPV) vaccines, the current status of its introduction in the National Immunization Programmes (NIPs) and its relevance to India, which contributes a fifth of the global burden of cervical cancer. The vast literature on efficacy, acceptability and safety of HPV vaccination and its impact after population level introduction was reviewed and discussed. The efficacy of HPV vaccines in preventing high-grade precancerous lesions caused by vaccine-targeted HPV infections

was 90 per cent or higher in HPV naive women in randomized clinical trials. Two doses at 6 or 12 months apart are recommended for 9-14 yr old girls and three doses over six months to one year period for those aged above 15 yr. More than 80 countries or territories have introduced HPV vaccination in their NIPs, of which 33 are low- and middle-income countries (LMICs); in addition, 25 LMICs have introduced pilot programmes before a phased national expansion. Significant reductions in the frequency of HPV 16 and 18 infections, genital warts and cervical premalignant lesions in vaccinated cohorts

and herd immunity in general populations have been reported from countries that introduced vaccination in NIPs as early as 2007. More than 280 million doses of HPV vaccines have been administered worldwide with the excellent safety profile with no serious adverse events linked to it. The high burden of cervical cancer and the high efficacy and safety of HPV vaccination justify its introduction in the Indian NIP at the earliest possibility to substantially reduce the cervical cancer burden in future.

## ISCCP Activities

### CME on Preventive Oncology

**A Comprehensive conference on "Preventive Gynaecology & Beyond..."** was organized by Department of Obstetrics & Gynecology Sant Parmanand Hospital under the aegis of Indian Society of Colposcopy & Cervical Pathology & Oncology Committee of AOGD on 10<sup>th</sup> & 11<sup>th</sup> September 2016 in the auditorium of the hospital. The



Conference was also accredited by DMC 10.5hrs. CME credits. The CME was attended by total of 114 doctors. We had Dr Theresa Freeman Wang as the international faculty from Whittington Hospital, London and 56 National Faculties from all over India. The conference was attended by 57 Delegates. The organizing team was headed by Dr Nirmla Agarwal together with Dr Sonal Bathla, Dr Sweta Balani & Dr Praveen Kumar.

The Programme was an academic feast with various lectures on Cervical Cancer Screening, HPV Vaccination, Colposcopy & Management of Abnormal smears including CIN. The panel discussion on the Challenges on Ovarian Cancer, Adnexal Mass and Endometrial Cancer was actively participated by audience. The workshop was followed by Hands on workshop on Colposcopy & LEEP. The workshop was highly appreciated by delegates and was a great learning experience.

### Breast & Cervical Cancer Screening Camp

Medical camp was organised at Khaneja Women Care and Sai Colposcopy Centre on 10th Dec 2016 by Dr Neelu Khaneja & team. Main objective was Cervical and Breast Cancer awareness and prevention. All the doctors and staff wore blue and pink ribbon bows. There were ten doctors (4 gynaecologists, 2 physicians, a pathologist, 2 paediatricians, a dermatologist), a dietician and nursing staff. Along with free testing of Hb, blood sugar and TSH, VIA and VILI was done in all patients. Patients requiring Colposcopy were selected. In addition BMD & Breast light was done. There were lectures & video presentations on cervical cancer, breast self-examination, vaccinations, importance of nutrition & ANC check up. Cervical cancer vaccine was given on discounted rates. The camp was inaugurated by some senior members & GOGS president. Other doctors Dr Aruna Agarwal, Dr Alpana Kansal and Dr Parul Goel were also involved in gynae check-up. Over 150 patients benefitted from the camp.



## Workshop at Hathras, UP

This workshop was carried out on 23<sup>rd</sup> April, 2017 at Hathras (UP) on Cervical Cancer prevention and awareness. Dr Meenakshi from Hathras and Dr Rashmi from New Delhi did colposcopy in 40 cases free of cost. Patients were advised for Pap smear follow-up, cervical biopsy and cryotherapy accordingly. Awareness was also spread about breast cancer simultaneously, helping many women in the society.



## Cervical Cancer Awareness Rally

A Cervical Cancer Awareness Rally was organized and sponsored by Sant Parmanand Hospital, with full support of Dr Shekhar Agarwal and vibrant gynae team headed by Dr Nirmla Agarwal, in association with AOGD, DGF (North), ISCCP, RCOG(NZ), IMS on 2<sup>nd</sup> April 2017, Sunday in North Delhi. The 2 km walk started from Bonta Kamla Nehru Ridge, Delhi University and culminated at Sant Parmanand Hospital. There was active participation of Innerwheel District 301, Friends of Parmanand, Bonta Runners & Okti Foundation. The rally was a great success, 450 people walked for this noble cause. On reaching Sant Parmanand Hospital an awareness programme was conducted for the public. Public awareness talks were given on causes, symptoms and prevention of cervical cancer, and vaccination related myths by eminent gynaecologists. In addition poetry recitation by the staff was excellent. The message was clearly given to the public that cervical cancer can be prevented by early vaccination & cervical cancer screening.

Friends of Parmanand in association with Sant Parmanand Hospital registered 70 women for free Gynae Health Check.



## Cancer Awareness Forum at HIMSR

The Department of Obstetrics and Gynaecology, HIMSR organized a public forum on 'Cancer awareness' on 10th April, 2017 at HAH Centenary Hospital from 10-11am. Public forum was attended by approximately 125 patients. Lectures on cervical cancer, endometrial and ovarian cancer and breast cancer were given by various faculty members. Free Pap Smear was done for around 30 patients.



# Highlights of Annual Conference of ISCCP, New Delhi

The 12<sup>th</sup> Annual Conference of ISCCP was held from 3<sup>rd</sup> – 5<sup>th</sup> March 2017 in MAMC Auditorium, New Delhi. The conference was attended by 180 delegates and over 40 national and international faculty members who shared their experiences. The Secretary General of IFCPC, Dr. James Bentley, attended the conference and had an interactive discussion with the audience. Dr Partha Basu from IARC France, Dr Adeola Olaitan and Dr. Theresa Feeman Wang, Senior Gynaecologist from United Kingdom enlightened the delegates with their experience in cervical cancer management with the audience.

The academic feast was spread over 3 days, with a Colposcopy Workshop on 3<sup>rd</sup> march 2017 where delegates enhanced their skills on “Hands –on Colposcopy and LEEP Workshop”. The conference was inaugurated on 4<sup>th</sup> March 2017. The chief guests were Dr. Siddharth Ramji, Dean, Maulana Azad Medical College and Dr. Passey, Medical Director, Lok Nayak Hospital and Guest of Honour, Dr. Kirti Bhushan, Director, Delhi Health Services. It was followed by a cultural program by the disciples of renowned Kathak maestro Shovana Narayan and enthusiastic students of Maulana Azad Medical College.

The conference had a session on Free Papers and Poster presentation in which young gynecologists presented their research. The winners of these sessions were:

## Free Paper

1 <sup>st</sup> Prize -	-	-	-	Dr Aarzo Malik, VMMC, Delhi
2 <sup>nd</sup> Prize-	-	-	-	Dr Kanika Batra, Rajiv Gandhi Cancer Institute, Delhi
3 <sup>rd</sup> Prize--	-	-	-	Dr Jeeva Selvaraj, PSGIMSR, Tamil Naidu

## Poster Presentation

1 <sup>st</sup> Prize--	-	-	-	Dr Vaishnavi Seshan, VMMC, Delhi
2 <sup>nd</sup> Prize-	-	-	-	Dr Ginni Arora, Artemis Hospital, Gurugram
3 <sup>rd</sup> Prize--	-	-	-	Dr Ankita Srivastava, MAMC, Delhi

A quiz was organised for post graduates and senior residents. Dr Rupali Bhatia from BJRM Hospital and Dr. Sonal Waghela from MAMC won the 1<sup>st</sup> prize.

With a host of national and international faculty, this year’s conference was an educational delight. The highlights included video and live workshop, update on recent advances in cervical cancer screening, vaginal & vulval lesions and HPV infection. The conference was well appreciated by all.



### Comparison of Cervical Biopsy Using Punch Biopsy Forceps Vs. Loop Electrode

Malik A, Arora R, Zutshi V

VMMC & Safdarjung Hospital, New Delhi

**Objectives:** To compare the histopathological parameters and clinical outcome of cervical biopsy obtained using punch biopsy forceps versus loop electrode.

**Methods:** Women were screened for cervical pathology and colposcopy was done for those who screened positive. Patients who required cervical biopsy after colposcopy were allocated into 2 group; one undergoing LEEP biopsy and other half biopsied with Punch forceps. During procedure patients were evaluated for the intra-op pain and bleeding and their severity. The histo- pathological diagnosis was carried out and the sample was studied for its size, adequacy, and presence of any thermal or crush artefacts.

**Results:** The two methods of biopsy were comparable in intra-op parameters except for the increased requirement for additional haemostasis in LEEP biopsy. There was no case of bleeding from biopsy site at the follow-up visit. LEEP biopsy was associated with continued vaginal discharge more often than punch biopsy. An adequate sample for histopathological diagnosis was obtained in 91.25% of all cases. The findings were reflective of comparable efficacy of both methods in providing an acceptable tissue sample for diagnosis.

**Conclusion:** After analysing and comparing the aforementioned parameters, we opined that neither method can be deemed clearly superior to the other as a cervical biopsy procedure. Patients should be educated about risks of both procedures and a decision should be made on the basis of patient preference, the ease of the doctor performing the procedure and the availability of the corresponding equipment.

### Analysis of the predictive role of lymph node density, negative lymph node and LODDS on the survival of cervical cancer patients

Batra K, Sekhon R

Rajiv Gandhi Cancer Centre, New Delhi

**Objective:** To evaluate the impacts of the negative lymph nodes (NLNs) count on the prognostic prediction of the ratio of positive and removed lymph nodes

(LND) and log odds of positive LNs (LODDs) in cervical cancer patients after radical hysterectomy and pelvic lymphadenectomy (RHPL).

**Methods:** 283 patients who underwent radical hysterectomy and pelvic node dissection followed by adjuvant treatment were analyzed retrospectively. The patients had International Federation of Gynecology and Obstetrics (FIGO) stage IA-IIB. LND is the ratio of positive LNs to harvested LNs, Negative lymph node (NLN) LODDs is log odds between positive LNs and negative LNs. The 1-year, 3-year and 5-year survival rate (5-YSR) was examined according to clinicopathologic variables. Cox regression was used to identify independent prognostic factors.

**Results:** The sample size was 283 patients. The median no. of lymph nodes removed being 17. The median DFS was 39 months, OS being 40 months. A statistically significant LND, analysed by cut point analysis, was found at a value over 15%. NLN was found to be significant predictor of 5-year survival at over 25. LODDS was found significant for predicting recurrence at  $>-0.8081$  and for predicting mortality at  $>-0.6734$ .

**Conclusion:** LND  $>15\%$ , NLN  $> 25$  and LODDS are associated with an impaired disease-free and overall survival. Lymph node density may be used as an independent prognostic parameter in patients with lymph node-positive cervical cancer.

### Colposcopic evaluation of postmenopausal women with cervical cytology showing inflammation or epithelial cell abnormalities

Pathak S, Gandhi G, Jain SL, Agarwal K

Maulana Azad Medical College & Lok Nayak Hospital, New Delhi

**Objective:** We undertook this study to evaluate postmenopausal women with cervical cytology showing inflammation or other epithelial cell abnormalities and comparing cytology with colposcopy and cervical biopsy.

**Methods:** In this study performed at Lok Nayak Hospital from November 2014 to April 2016, 60 post menopausal women with Pap smear showing inflammation or epithelial cell abnormalities were included. Pap smear, VIA/VILI was done for all women followed by colposcopy and directed biopsy. HPV DNA testing was done as an additional screening test, when kits were available. When colposcopy was inadequate, vaginal estradiol cream was prescribed.

**Results:** When cytology was compared with colposcopy, it was seen that colposcopy corroborated with biopsy findings in 86.7% (for any grade of CIN – Cervical Intraepithelial Neoplasia) but Pap smear accurately predicted severity of lesion only in 65%. Thus, colposcopy was seen to be a better modality than Pap smear for detection of high grade CIN (CIN2+) in this postmenopausal group. On colposcopy, 21.7% women had Type.3TZ. Percentage of Type.1 TZ was seen to decrease with age (48.6% to 12.5%) and percentage of Type.3 TZ increased with increasing age (8.5% to 62.5%) (p value=0.009). Satisfactory colposcopic examination could be achieved in 76.9% women with Type.3 TZ after a course of vaginal estradiol therapy.

**Conclusion:** In postmenopausal women, colposcopy was observed to be a significantly better modality (accuracy 86.7%) than cervical cytology (accuracy 65%), for the detection of high grade CIN (CIN2+).

### **Population Based Study of Visual Inspection of Cervix after Application of Acetic Acid (VIA) in Muradnagar, Ghaziabad, U.P., India**

**Vashist S**

Santosh Medical College and Hospital, Ghaziabad, U.P.

#### **Objectives:**

1. To find out the prevalence of cervical dysplasia in Muradnagar, Distt. Ghaziabad, U.P., India.
2. To correlate VIA +ve cases with other various risk factors of cancer cervix.

**Methods:** The study design is cross-sectional in nature, conducted in Community Health Centre, Muradnagar, Ghaziabad, U.P., India. All women above 30 years who attended gynae O.P.D. for five months from 16 May 2016 to 15 October 2016 were taken for the study.

**Results:** Five hundred women who were above 30yrs of age were registered for this study. Majority of participants were having genital infections comprising more Muslim women. It was observed that genital infections were more in women having non-vegetarian diet, but cervical dysplasia is seen more in women having vegetarian diet and belonging to Hindu community. The prevalence of genital infection was more in women having parity two or more whereas cervical dysplasia seen in women with parity five or more, smoking and vaginal deliveries. Few were found to be severely infected. The possibility of cervical dysplasia is more in women who belong to rural areas and statistically it is highly significant. Analysis further showed significant

association between cervical dysplasia and poor genital hygiene.

**Conclusion:** The prevalence of cervical dysplasia among women above 30yrs. of age was .4% in Muradnagar Distt. Ghaziabad, U.P. The socio-demographic and obstetrics factor were found to be associated with cervical dysplasia. To prevent cervical cancer is a challenge in women and it is recommended that studies focusing on the specific etiological agent, are needed to be conducted.

### **Knowledge, Attitude & Practice Study on Screening of Cervical Cancer Among Urban and Rural Population of Women Visiting A Tertiary Care Center**

**Dhiman N, Pattupara A. J \***

Maulana Azad Medical College, N Delhi & \*All India Institute of Medical sciences, Rishikesh, Uttarakhand

**Objectives:** To assess the knowledge, attitude and practice towards screening of cervical cancer among women visiting the outpatient clinic.

**Methods:** A cross-sectional descriptive Knowledge Attitude Practice, (KAP) study including the women who visited the outpatient clinic of All India Institute of Medical Sciences, Rishikesh. The principal investigator interviewed 400 women (18 to 65 years) over three months, with a structured validated pre-tested questionnaire. Informed consent was obtained. Statistical analysis used: The mean age and knowledge-attitude score with standard deviation was calculated using MS Excel. Mann-Witney test was used to compare scores between plains and hills.

**Results:** Ninety three percent (372/400) of the respondents had no knowledge regarding cervical cancer. The remaining 7% (28/400) had a mean score of 35.60% (9.97/28). There was no significance in the difference in mean scores between respondents from plains and the hills. Only 3.25% (13/400) respondents had knowledge about Pap smear as a screening technique but none had undergone the test voluntarily.

**Conclusion:** The awareness about cervical cancer and its screening is extremely poor. There is a dire need to generate awareness as accessibility; logistics and education already pose a negative impact in making implementation of screening programmes effective in this low resource setting with a high incidence of cervical cancer.



### **Chronic Vulval Problems : A Diagnostic Approach** **Sharma A<sup>1</sup>, Shamsunder S<sup>2</sup>, Zutshi V<sup>2</sup>, Khanna G<sup>2</sup>, Khunger N<sup>2</sup>**

<sup>1</sup>Lok Nayak Hospital & <sup>2</sup>Safdarjung Hospital, New Delhi.

**Objectives:** The aim of this study was to assess the role of various diagnostic modalities in evaluation of chronic vulval problems.

**Methods:** We evaluated 100 women presenting with chronic vulval symptoms (i.e.  $\geq 3$  months duration). All of them had a thorough clinical history, a general and gynaecological examination followed by a careful examination of the vulva with and without magnification. Vulval scrape cytology was taken followed by colposcopy of the vulva and vulval biopsy was taken from suspicious areas and further management was based on histopathology report.

**Results:** The histopathology was abnormal in 77 patients; the most common histopathological finding was non-neoplastic epithelial disorders in 64 women. Vulvar Intra-epithelial Neoplasia (VIN) was seen in 6; squamous cell carcinoma was seen in 3; malignant melanoma, benign appendiceal tumor, angiofibroma and neurofibroma in 1 woman.

Examination without magnification had sensitivity of 25.97% and with magnification was 29.87% and specificity was 100% for both of them. Cytology had sensitivity and specificity of 58.4% and 13% respectively and sensitivity and specificity of colposcopy was 77.92% and 17.39% respectively.

**Conclusion:** Clinical examination with and without magnification had low sensitivity but were highly specific in diagnosing vulvar lesions. A normal vulval smear and colposcopy have a high negative predictive value and are quite reassuring. Though, colposcopy and biopsy is the gold standard for diagnosis, however, if colposcope is not available, clinical examination with naked eyes and magnifying glass are invaluable and can diagnose most of the neoplastic lesions.

### **Correlation of Pap Smear, Colposcopy and Histopathology in Patients with Unhealthy Cervix**

**Srivastava A, Natu N, Thakur R**

Sri Aurobindo Institute of Medical Sciences and PG Institute, Indore, M.P.

**Objectives:** Cancer cervix is a preventable disease as it

is associated with a long pre-invasive stage making it amenable to screening and treatment. As the different screening, diagnostic and therapeutic procedures are effective, so it is essential to detect it at the earliest.

**Methods:** In the present study done on 200 patients, maximum patients presenting with unhealthy cervix belonged to the age group of 41-50 years. Frequency of premalignant and invasive lesions was increasing with high parity. Lower age at marriage and more number of married years and sexual activity had high association with neoplastic and preinvasive lesions.

**Results:** Majority of patients presented with white discharge with hypertrophied or eroded cervix. Sensitivity of Pap Smear in our study was 50%. Specificity of Pap Smear was 86.62%. In our study sensitivity of Pap Smear was lower(50%) than colposcopy which had high sensitivity(96.42%) and Specificity of Pap Smear was higher (86.62%) than colposcopy (39.53%) Sensitivity of Pap Smear can be increased by eliminating high false negative results by proper technique of slide preparation, fixation and reading.

**Conclusion:** As there is a strong correlation, so Pap Smear, Colposcopy and directed Biopsy together are useful and complementary in arriving at a correct diagnosis.

### **Uterine Carcinosarcoma: A 4 yr Review of cases at a Tertiary Cancer Care Hospital**

**Sehra D, Sekhon R, Rawal SK**

**Objective:** To study the demographic characteristics, risk factors, clinical profile and prognostic factors of patients with carcinosarcoma uterus and to analyse their treatment outcome.

**Materials and Methods:** This is a retrospective observational study conducted at RGCI from May 2010 to May 2014 which included 18 patients. Diagnosis of carcinosarcoma was based on 2009 FIGO system for endometrial cancers. All patients underwent primary surgery followed by adjuvant treatment, if required according to the stage.

**Results:** Mean age at presentation was 63.2 yrs. Mean BMI was 30.4. DFS was 53.3% at the end of 2 yrs, and OS at the end of 2 yrs was 88.8%. 8 patients had either recurrence or progression of the disease. DFS and OS was significantly influenced by myometrial invasion and stage at presentation.

## Prevalence of Human Papillomavirus in women with normal cytology in Indian population

Arora, G, Vasdev, N, Kumar, A, Jaggi, N, Ganguly, N.K, Neyaz, M.K.

Artemis Hospital, Gurugram, Haryana

**Objectives:** Human Papillomavirus (HPV) is the most common sexually transmitted infection and known as a cause of cervical cancer along with other risk factors. In this study, we intended to study HPV prevalence in Indian population with normal or abnormal cytopathological/histopathological findings.

**Method:** Cervical swabs were collected from 209 women attending Gynecology OPD with different cervical abnormalities at Artemis Hospital, Gurgaon during random population screening. HPV was detected by PCR DNA targeting L-1 gene (Luciano Marques-Silva, et.al. 2012).

**Results:** In the present study with a total number of 209 participants in the age group of 21-65 years (average age of 40.1 years), HPV was detected in 33/209 (15.7%) patient samples. Cytopathological/histopathological findings showed that 26/33 (78.6%) sample had normal cytology, while 2/33 (6%) had CIN1, 2/33 (6%) had CIN III, 2/33 (6%) had ASCUS, 1/33 (3%) had HSIL.

**Conclusion:** Our findings confirm the importance of HPV DNA detection in women with or without cytological damage. These findings highlight the clinical significance of HPV DNA co-testing with Pap smear for effective cervical cancer screening in Indian population.

## Primary Vaginal Carcinoma, Tales of Tragedy

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**Objective:** To analyse symptoms, varied presentation and evaluation of primary vaginal carcinoma.

**Case 1:** 50 year old P2L2, post menopausal woman, presented with history of profuse non foul smelling white discharge for 3 months. On examination, general condition and abdomen was normal. On speculum examination cervix was healthy. On vaginal examination uterus was normal size, nodularity was felt in right fornix. Ultrasonography was normal. Liquid based cytology showed high grade squamous cell abnormality. On Colposcopic examination cervix was healthy, extensive papillary growth seen in the anterior and left fornix. Biopsy was taken from growth which showed papillary squamous cell carcinoma of vagina.

**Case 2:** 54 year old P2L2, postmenopausal for 5 years

presented with history of bleeding. On examination general condition and abdomen was normal. On speculum examination cervix was healthy. On vaginal examination uterus was bulky. Ultrasonography was normal. On Colposcopic examination type III TZ, proliferative growth arising from the lower 1/3rd of anterior vaginal wall and bleed on touch. Posterior vaginal wall was free. Biopsy showed moderate to poorly differentiated squamous cell carcinoma of vagina.

**Results:** Two cases of primary vaginal carcinoma in advanced stage were reported with varied clinical presentation. They were confirmed by histopathology and exclusion of carcinoma of cervix, endometrium and ovary.

**Conclusion:** Primary carcinoma of vagina is a rare (<2%) entity when compared to carcinoma of cervix. Diagnosis is often missed on routine gynaecological examination. High index of suspicious on thorough examination of vaginal walls especially if cervix is healthy.

## A Rare Case Report of Vaginal Mass in an Adolescent Girl: A Diagnostic Dilemma

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**Objectives:** Vaginal leiomyoma are very uncommon primary tumors of vagina. They are extremely rare in adolescent age group with very few reported cases in the literature so far. Here we report an extremely rare and novel case of primary vaginal leiomyoma with hyaline degeneration in an adolescent girl which was primarily misdiagnosed as partial transverse vaginal septum with hematocolpos.

**Methods:** A 14 year old girl presented with complains of urinary retention and irregular vaginal bleeding. On per rectal examination an ill-defined bulge was felt anteriorly and altered chocolate color blood was coming out of vagina but no bulge was seen at introitus. Her ultrasonography report was suggestive of a cervicovaginal mass or hematocolpos. So, examination under anesthesia (EUA) was planned with probable diagnosis of partial transverse vaginal septum leading to hematocolpos. On EUA a soft cystic vaginal mass was felt arising from anterolateral wall obscuring the cervical os and cervix was felt behind it separately. Biopsy was taken from that mass which was confirmed histopathologically and immunohistochemically as vaginal leiomyoma with hyaline degeneration. Then patient was planned for surgery.

**Result:** Patient was managed successfully with complete tumor resection through vaginal approach followed by vaginal reconstruction.

**Conclusion:** The differential diagnosis of vaginal leiomyoma should always be kept in mind in adolescent girls presenting with vaginal mass. They can be readily and completely cured by surgery if diagnosed timely and appropriately.

### Colposcopic Evaluation of Cervix after Routine Pap Smear and Visual Aid Inspection

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#### Objectives:

1. Screen symptomatic women in perimenopausal age group with Pap smear (cytological examination) and Visual Inspection with Acetic acid (VIA).
2. To assess the sensitivity and specificity of Pap smear and VIA as a screening method for cervical intraepithelial lesions.
3. Compare the results of colposcopic evaluation of cervix in perimenopausal age group with Pap smear and VIA.

**Methods:** Prospective study, 120 perimenopausal women presented in the OPD, irrespective of any gynecological complaints, were included in the study. Exclusion criterion: pregnant women, history of cervical cancer and known case of CIN, cervical myoma, pelvic radiotherapy, previous cervical surgery, prolapse uterus. Detailed history was taken from all the patients followed by a general and systemic examination. An informed consent was taken from all patients. All patients were subjected to: Pap smear, Visual inspection of the cervix with acetic acid (VIA), Colposcopy and Colposcopic directed biopsy, if required.

**Results:** Cervical screening was done in all 120 women by Pap smear, VIA and colposcopy. All the three tests were analyzed with reference to biopsy. On analysis of the three modalities the sensitivity of VIA (92%) was almost as high as that of colposcopy (100%) and was higher than that of cytology (50%). VIA is very sensitive for ectocervical lesions but may miss endocervical lesions for which Pap is a better modality. The advantages of VIA are its low cost, easy to perform, high sensitivity and immediate results which make it possible to "see and treat" at first visit. The disadvantage is a high false positive rate which may result in over treatment if "see and treat" policy is used.

**Conclusion:** Colposcopic examination is an accurate method of evaluation of patients with abnormal Papanicolaou smears. Cytology and colposcopy are supplementary to each other in the diagnosis of cervical neoplasia. Colposcopic directed biopsies can be advocated as a method of making an accurate and safe diagnosis in patients with abnormal Pap smears, if the colposcopy is satisfactory. Thus, the need for diagnostic conization has been greatly reduced.

### A Retrospective Study of Colposcopy in an Urban Private Set Up

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Fortis Memorial Research Institute, Gurugram, Haryana

**Objectives:** To study the trend of abnormal PAP smear, HPV DNA status and associated Colposcopic findings in a private urban setup.

**Methods:** This Retrospective study was spanned over two years, 2015-2016, in Fortis Memorial Research Institute, Gurugram. Inclusion criteria were women presenting in Gynaecology clinic who underwent Colposcopy with persistent symptoms, suspicious cervix, abnormal PAP smear or HPV DNA positivity. 30 such cases were identified and analysed.

**Results:** 83.33% (25/30) of cases were 30 years or more in age with 76.6% (23/30) being symptomatic. HPV DNA testing was done in 46.7% (14/30) cases, same being detected positive in 30%. Cervical biopsy was done in 86.67% (26/30) cases, with histopathology suggestive of Chronic Cervicitis in 61.53% (16/26), Chronic Cervicitis with squamous metaplasia in 7.69% (2/26), HPV associated changes were found in 7.69%(2/26). CIN II was reported on Histopathology in 11.54% (3/26) and Invasive Carcinoma in 7.69% (2/26) cases. Both cases of Adenocarcinoma were found in cases with PAP smear suggestive of HSIL with unhealthy cervix clinically. Out of 9 cases with ASCUS on PAP smear, 6 underwent cervical biopsy with 83.33% (5/6) of them had Chronic Cervicitis and 16.67% (1/6) had CIN II on Histopathology. The associated high risk factors seen in above cases were Premenopausal status and age  $\geq$  30 years.

**Conclusion:** Most cases with ASCUS had benign features in histopathology, so we need to be more judicious in the cervical biopsies. A high positivity of HPV DNA suggests that HPV DNA testing should be offered more often in PAP smears with higher grade cytology in a private urban setup.

## Cytological Screening for Cervical Cancer in Women of Reproductive Age Group

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**Objectives:** To screen for the presence of cervical cancer in women of reproductive age group (21-49 years) and to analyze the cytological smear results with respect to age distribution, age at marriage, parity, symptoms and per-speculum findings.

**Methods:** A cross sectional study of 400 women attending Lady Goschen Hospital and KMC Hospital, Attavar, Mangalore was conducted. Pregnant women and women with active infection of the genital tract were excluded from the study population.

**Results:** The age range was 21 to 49 years. Mean age was 38.14 years. Of the 400 women, 398 were married and majority of these women, 237 (59.5%), got married between 21-25 years. Menstrual irregularities were the most common presenting symptom, 150/400 (37.5%). Abnormal per speculum findings were seen in 102/400 (25.5%). Seventeen of 400 pap smears were abnormal of which 1 (0.25%) was AG-FN, 2 ASCUS (0.5%), 3 (0.75%) ASC-H, 1 (0.25%) LSIL, 7 (1.75%) HSIL and 3 (0.75%) SCC. Mean age for cancer cervix patients was 42.33 years.

**Conclusion:** Pap smear screening, which appears to be the most feasible and affordable mode for control of carcinoma cervix in developing countries like India, should be carried out in all women of reproductive age group. However conventional pap smears alone cannot pick up all the epithelial abnormalities and simultaneous HPV DNA testing will complement the detection of cervical cancer.

## Analysis of VIA Positive Women at A Tertiary Centre in North India

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**Objective:** To screen asymptomatic women with VIA & correlation of VIA positive results with histopathology report.

**Methods:** 3000 Asymptomatic non pregnant women attending gynae OPD were screened with VIA for cervical cancer for 2.5 years. VIA positive women were subjected to colposcopy. Women with positive findings on colposcopy were subjected to cervical biopsy. The histopathology report of biopsy was correlated with the VIA findings.

**Results:** The mean age was 35+/- 10 years and mean parity was 2.5. Out of the total number of women

screened 270 were VIA positive and were subjected to colposcopy. 120 women had positive findings on colposcopy and were subjected to cervical biopsy. On histopathological examination of the 120 cervical biopsies, 39 were CIN 1, 31 were cervicitis, 23 were metaplastic changes, 16 were CIN 2, 1 was CIN3, 1 was squamous cell carcinoma. This makes the positive predictive value of VIA as 47.5 %. 54 patients of metaplasia and cervicitis, out of the whole group, were initial cases picked up on colposcopy. This could be due to lack of expertise of colposcopist.

**Conclusion:** VIA is a very useful screening method for our population and can be applied for screening in a busy centre. It should be used as an extension of gynaecological examination to pick up cases of CIN.

## An Analysis of Knowledge, Attitude and Practice (KAP) of Carcinoma Cervix Screening Among Medical Personnel and Women Attending OPD

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**Aims:** The aim of this study is to assess and the KAP among medical personnel and women attending OPD.

**Methods:** This cross sectional prospective study was carried out on 200 women in which 150 women were taken randomly from the OPD and 50 women were from the medical personnel of hospital. After obtaining written informed consent from the women, a structured questionnaire was provided to collect the information.

**Results:** All women from general population were from low socioeconomic group and the women from medical personnel were from middle and high socioeconomic group. The knowledge and awareness of carcinoma cervix and its screening, in the women of general population was 36 % and 100 % in medical personnel, whereas the percentage of women undergoing the actual screening, was 8% in general population and 16% medical personnel. The hindrance of practice in general population is lack of knowledge but in medical personnel it is due to hesitation, embarrassment, lack of time and lack of positive motivation.

**Conclusion:** There is a wide discrepancy in the knowledge of cervical cancer and the actual screening practices, not only in the general population but among the medical personnel also. To bridge this gap, effective information, education and communication strategies are required in both the groups in order to alleviate the morbidity and mortality of this grim disease.

## Pitfalls in the Diagnosis of Carcinoma Cervix

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**Case Presentation:** 48 years old perimenopausal woman with no other co-morbidities presented with complaints of heavy menstrual bleeding with irregular cycles for 3 months. On examination, general condition and per abdomen was normal. On speculum examination cervix was healthy. On vaginal examination uterus was bulky, free fornix. USG pelvis showed bulky uterus, endocervical canal appears normal. LBC done which was reported as atypical endocervical cells favour neoplastic. Colposcopic examination showed type III TZ with faint acetowhite area over 11-1 O'clock position. Swede's score was 4. Colposcopic impression was low grade lesion. Endocervical curetting done which yielded small necrotic tissue sent for histopathological examination was reported as moderately differentiated adenocarcinoma. MRI abdomen and pelvis were showed growth involving the cervix with full thickness stromal invasion, mild bilateral parametrial invasion limited to medial third, more on right side. Multiple enlarged bilateral iliac, paraaortic, aortocaval, retrocaval and left inguinal nodes. No ascites. She was staged as stage IVA. She underwent 8 cycles of chemoradiation. At present she is asymptomatic and on regular follow up.

**Results:** Perimenopausal woman with heavy bleeding was diagnosed with advanced stage of adenocarcinoma of endocervix.

**Conclusion:** Incidence of adenocarcinoma is increasing even though squamous cell carcinoma is most common. Endocervical cancers can be missed at routine screening. Routine colposcopy is not done in all patients. Hence high index of suspicion is required in those patients who are symptomatic and negative on screening.

## Guidelines for Authors

All members of ISCCP are requested to send manuscripts pertaining to (but not exclusively limited to) to cervical cancer prevention/treatment for publication in the newsletter. The matter should be original and not published/under consideration for publication elsewhere. This could be in one of following forms:

1. **Original Article:** Articles from original research (including aim, methods, results and discussion), should not exceed 5-6 typed pages, word limit of 1500 words and not more than 10 references. Tables and Figures could be included as per requirement.
2. **Review Article:** The article should not exceed 3-4 typed pages, word limit 1200 words with not more than 8 references.
3. **Case Report:** An interesting case report which has "take home message", word limit 800 words with not more than 3-5 references.
4. **Report of awareness/training camps:** up to 300 words with 2-3 images

**References:** References should be recent, relevant, indexed and in Vancouver style. References to literature cited should be numbered consecutively and placed at the end of the manuscript. In the text they should be indicated as superscript.

All papers submitted are subject to review process. All accepted papers will be suitably edited before publication.

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