

ISCCPCON 2024

Report of Contributions

Contribution ID: **80**

Type: **not specified**

Workshop 3- Introduction

Saturday, 13 April 2024 09:00 (10 minutes)

Presenter: Dr BAGDE, Nilaj (AIIMS Raipur)

Session Classification: Workshop 3

Contribution ID: 81

Type: **Lecture**

Normal Pap Smear and Evolution of The Bethesda System of reporting

Saturday, 13 April 2024 09:10 (15 minutes)

Presenter: Dr SATARKAR, Rahul (AIIMS Raipur)

Session Classification: Workshop 3

Contribution ID: 82

Type: **not specified**

Pap Smear - Squamous Cell Abnormality

Saturday, 13 April 2024 09:25 (15 minutes)

Presenter: Dr HUSSAIN, Nighat (AIIMS Raipur)

Session Classification: Workshop 3

Contribution ID: 83

Type: **not specified**

Pap Smear - Glandular cell abnormality

Saturday, 13 April 2024 09:40 (15 minutes)

Presenter: Dr GUPTA, Yashita (AIIMS Raipur)

Session Classification: Workshop 3

Contribution ID: 84

Type: **not specified**

Technique of Cervical Sampling and Self Sampling

Saturday, 13 April 2024 09:55 (15 minutes)

Presenter: Dr DAGAR, Mamta

Session Classification: Workshop 3

Contribution ID: 85

Type: **not specified**

Role of HPV in Cervical Screening

Saturday, 13 April 2024 10:10 (15 minutes)

Presenter: Dr GUPTA, Bindiya

Session Classification: Workshop 3

Contribution ID: 86

Type: **not specified**

HPV molecular detection and Update

Saturday, 13 April 2024 10:25 (15 minutes)

Presenter: Dr NEGI, Sanjay

Session Classification: Workshop 3

Contribution ID: 87

Type: **not specified**

Immunohistochemistry for Cervical pathology

Saturday, 13 April 2024 10:40 (15 minutes)

Presenter: Dr NAYAK, Sonali

Session Classification: Workshop 3

Contribution ID: 89

Type: **not specified**

Microscopy station- Cytology slides

Saturday, 13 April 2024 11:10 (1h 30m)

Demonstration of LBC (cytology lab D block first floor)

- Dr. Mousmi Agrawal
- Mr. Manohar

Cytology slides (microscopy station) seminar room deptt of pathology

- Dr P Aruna
- Dr Ankita Simon

Session Classification: Workshop 3

Contribution ID: **90**

Type: **not specified**

Workshop 3 - Post Test

Saturday, 13 April 2024 12:50 (5 minutes)

Session Classification: Workshop 3

Contribution ID: **91**

Type: **not specified**

Workshop 2 - Pre-test

Saturday, 13 April 2024 09:00 (5 minutes)

Session Classification: Workshop 2

Contribution ID: 92

Type: **not specified**

Workshop 2 - Introduction

Saturday, 13 April 2024 09:05 (10 minutes)

Presenter: Dr JAIN, Asha

Session Classification: Workshop 2

Contribution ID: 93

Type: **not specified**

Tissue basic of colposcopy of vulva &vagina

Saturday, 13 April 2024 09:15 (20 minutes)

Presenter: Dr GIRI, Sushil Kumar

Session Classification: Workshop 2

Contribution ID: 94

Type: **not specified**

Normal/ Abnormal Vaginal findings & Tips & Tricks for effective Colposcopy in vulva &vagina

Saturday, 13 April 2024 09:35 (30 minutes)

Presenter: Dr GANESHKUMAR, Priya

Session Classification: Workshop 2

Contribution ID: 95

Type: **not specified**

Nomenclature & Documentation of Colposcopy in vulva &vagina.

Saturday, 13 April 2024 10:05 (20 minutes)

Presenter: Dr SINGH, Pratibha (AIIMS Jodhpur)

Session Classification: Workshop 2

Contribution ID: 96

Type: **not specified**

Normal / Abnormal Vulval findings

Saturday, 13 April 2024 10:25 (20 minutes)

Presenter: Dr MISHRA, Archana

Session Classification: Workshop 2

Contribution ID: 98

Type: **not specified**

Treatment options for Vulva/ Vagina Lesions- Non neoplastic

Saturday, 13 April 2024 10:45 (20 minutes)

Presenter: Dr ., Namrata (AIIMS Raipur)

Session Classification: Workshop 2

Contribution ID: 99

Type: **not specified**

Treatment options for Vulva/ Vagina Lesions- Neoplastic.

Saturday, 13 April 2024 11:05 (20 minutes)

Presenter: Dr NAYAK, Bhagyalaxmi

Session Classification: Workshop 2

Contribution ID: **100**

Type: **not specified**

Question & Answer

Saturday, 13 April 2024 11:25 (10 minutes)

Session Classification: Workshop 2

Contribution ID: **101**

Type: **not specified**

Three ring Vulvoscopy, Colposcopy of Vagina, - VAIN/VIN, - Vulval biopsy, - Treatments

Saturday, 13 April 2024 11:35 (1h 5m)

Presenters: Dr NAYAK, Bhagyalaxmi; Dr ., Chandrashekhar; Dr KEIMEI, Helen; Dr GANESHKU-MAR, Priya; Dr GIRI, Sushil Kumar; Dr SINGH, Vinita

Session Classification: Workshop 2

Contribution ID: **102**

Type: **not specified**

Post Test.

Saturday, 13 April 2024 12:45 (10 minutes)

Session Classification: Workshop 2

Contribution ID: **103**

Type: **not specified**

Pretest

Saturday, 13 April 2024 09:00 (10 minutes)

Session Classification: Workshop 1

Contribution ID: **104**

Type: **not specified**

Introduction

Saturday, 13 April 2024 09:10 (10 minutes)

Presenter: Dr PUSHPA, Pushpawati Thakur

Session Classification: Workshop 1

Contribution ID: **105**

Type: **not specified**

Tissue basis of colposcopy of cervix

Saturday, 13 April 2024 10:10 (20 minutes)

Presenter: Dr SINGH, Nisha

Session Classification: Workshop 1

Contribution ID: **106**

Type: **not specified**

Tips & Tricks For effective colposcopy - with Video Demonstration

Saturday, 13 April 2024 09:45 (25 minutes)

Presenter: Dr GANDHI, Gauri

Session Classification: Workshop 1

Contribution ID: **107**

Type: **not specified**

Workshop 1 –Nomenclature & Documentation & Mounting of Specimen - with Video Demonstration

Saturday, 13 April 2024 09:20 (25 minutes)

Presenter: Dr AMIN, Geethanjali

Session Classification: Workshop 1

Contribution ID: **108**

Type: **not specified**

Treatment protocol-Ablation: With Video Demonstration of Thermal Ablation and Cryo Therapy

Saturday, 13 April 2024 10:50 (25 minutes)

Presenter: Dr DHANASEKARAN, Kavitha (ICMR)

Session Classification: Workshop 1

Contribution ID: **109**

Type: **not specified**

Treatment protocol - Excision : Video Demonstration LLETZ, NETZ, Conization

Saturday, 13 April 2024 11:25 (25 minutes)

Presenter: Dr VAMSI, Pinnaka (HBCHRC Visakhapatnam)

Session Classification: Workshop 1

Contribution ID: **110**

Type: **not specified**

Treatment protocol: Surgery - Choosing the correct case of invasive lesions for Surgery

Saturday, 13 April 2024 11:50 (20 minutes)

Presenter: Dr SEKHON, Rupinder

Session Classification: Workshop 1

Contribution ID: 111

Type: **not specified**

Question & Answer

Saturday, 13 April 2024 12:40 (10 minutes)

Session Classification: Workshop 1

Contribution ID: 112

Type: **not specified**

Video Demonstration: Normal & Abnormal Colposcopy

Saturday, 13 April 2024 10:30 (10 minutes)

Presenter: Dr SINGH, Nisha

Session Classification: Workshop 1

Contribution ID: **113**

Type: **not specified**

Post Test

Saturday, 13 April 2024 12:50 (10 minutes)

Session Classification: Workshop 1

Contribution ID: 114

Type: **not specified**

Debate - For Primary HPV Screening Against VIA for screening

Saturday, 13 April 2024 15:25 (6 minutes)

Presenter: Dr SINGHAL, Seema

Session Classification: Debate

Contribution ID: 115

Type: **not specified**

Debate - For Self Sampling Against Physician collected sample for HPV

Saturday, 13 April 2024 14:40 (6 minutes)

Presenter: Dr BALASUBRAMANI, Latha

Session Classification: Debate

Contribution ID: 116

Type: **not specified**

Debate - Screening and Treatment protocol For Resource based Against Uniform

Saturday, 13 April 2024 14:55 (6 minutes)

Presenter: Dr JAISWAL, Jyoti

Session Classification: Debate

Contribution ID: 117

Type: **not specified**

Debate - HPV Vaccination 9-14 Yrs For One Dose Against Two Doses

Saturday, 13 April 2024 15:10 (6 minutes)

Presenter: Dr SINGH, Nisha

Session Classification: Debate

Contribution ID: **118**

Type: **not specified**

Inauguration

Saturday, 13 April 2024 17:00 (1 hour)

Contribution ID: **119**

Type: **not specified**

GBM of ISCCP

Saturday, 13 April 2024 18:00 (1 hour)

Contribution ID: **120**

Type: **not specified**

Cultural presentation

Saturday, 13 April 2024 19:00 (1 hour)

Contribution ID: **121**

Type: **not specified**

Gala Dinner

Saturday, 13 April 2024 20:00 (2 hours)

Contribution ID: **122**

Type: **not specified**

Introduction

Sunday, 14 April 2024 09:00 (10 minutes)

Presenter: Dr JAIN, Asha (CPRS)

Session Classification: Scientific Block

Contribution ID: 123

Type: **not specified**

Experience with Screening in India

Sunday, 14 April 2024 09:10 (15 minutes)

Presenter: Dr SHAM SUNDAR, Sarita

Session Classification: Scientific Block

Contribution ID: 124

Type: **not specified**

Most effective screening protocol in India -What is new in screening

Sunday, 14 April 2024 09:25 (15 minutes)

Presenter: Dr CHATURMOHTA, Arpan

Session Classification: Scientific Block

Contribution ID: 125

Type: **not specified**

Safety & efficacy of vaccines

Sunday, 14 April 2024 09:40 (15 minutes)

Presenter: Dr AGRAWAL, Sarita

Session Classification: Scientific Block

Contribution ID: **126**

Type: **not specified**

Experience with vaccines

Sunday, 14 April 2024 09:55 (15 minutes)

Presenter: Dr RANI, Anju

Session Classification: Scientific Block

Contribution ID: 127

Type: **not specified**

Keynote: Role of AI and Apps in achieving WHO global targets of 90:70:90

Sunday, 14 April 2024 11:00 (20 minutes)

Presenter: Dr R, Sankaranarayan

Session Classification: Keynote

Contribution ID: 128

Type: **Panel Discussion**

Suggestions and strategy to fill the gaps in Elimination of Cervical Cancer

Sunday, 14 April 2024 10:10 (50 minutes)

- Moderator: Dr Asha Jain
- Moderator: Dr. Monika Pathak
- Panelists: Listed as speakers below

Presenters: Dr JAIN, Asha; Dr PATHAK, Monika; Dr DIGUMARTI, Leela; Dr SINGLA, Rimpi; Dr GANESHKUMAR, Priya; Dr GS, Jyothi; Dr ABHYANKAR, Bharati; DHANASEKARAN, Kavitha (ICMR); Dr SINGH, Nisha; Dr NAYAK, Bhagyalaxmi; Dr GIRI, Sushil Kumar; Dr SIRCAR, Sumedha; Dr ., Chandrashekhar

Session Classification: Panel Discussion

Contribution ID: **129**

Type: **not specified**

New Paradigms in Cervical pathology and Colposcopy

Saturday, 13 April 2024 14:00 (40 minutes)

Presenter: Dr SARAIYA, Usha

Session Classification: Oration

Contribution ID: **130**

Type: **not specified**

QUIZ

Sunday, 14 April 2024 12:20 (40 minutes)

Presenters: Dr RAJBHAR, Sarita; Dr VERMA, Sushma; Dr SINGH, Vinita

Contribution ID: 132

Type: **not specified**

Bullets - Postpartum Vaccination?

Sunday, 14 April 2024 14:00 (15 minutes)

Presenter: Dr GS, Jyothi

Session Classification: Scientific Block

Contribution ID: 133

Type: **not specified**

Bullets - Vaccination beyond 26 y?

Sunday, 14 April 2024 14:15 (15 minutes)

Presenter: Dr ABHYANKAR, Bharati

Session Classification: Scientific Block

Contribution ID: 134

Type: **not specified**

Bullets - Screening before/after vaccination?

Sunday, 14 April 2024 14:30 (15 minutes)

Presenter: Dr JAIN, Shalini

Session Classification: Scientific Block

Contribution ID: 136

Type: **not specified**

Bullets - When to start/ stop screening?

Sunday, 14 April 2024 14:45 (15 minutes)

Presenter: Dr PUSHPA, Pushpawati Thakur

Session Classification: Scientific Block

Contribution ID: 137

Type: **not specified**

Bullets - Obstetric complications after Treatment for CIN

Sunday, 14 April 2024 15:00 (15 minutes)

Presenter: Dr SHRIVASTAVA, Mala

Session Classification: Scientific Block

Contribution ID: 138

Type: **not specified**

Bullets - Speculum examination- Mandatory?

Sunday, 14 April 2024 15:15 (15 minutes)

Presenter: Dr MUNDHADA, Shubhangi

Session Classification: Scientific Block

Contribution ID: 139

Type: **Panel Discussion**

Medicolegal issues in screening and vaccination

Saturday, 13 April 2024 15:45 (45 minutes)

- Moderator: Dr. M.C Patel
- Expert: Dr Tripti Nagaria
- Expert: Dr. Pinnaka Vamsi
- Panellists: Listed as speakers below

Presenters: Dr PATEL, M.C.; Dr NAGARIA, Tripti; Dr ARMO, Meena; Dr VAMSI, Pinnaka; Dr SAHU, Sarita; Dr JAIN, Shalini; Dr KUJUR, Avinashi; Dr NAGAR, Jagriti Kiran; VERMA, Sushma; Dr DALLA, Tabassum; Dr MASI, PHEBE WALLACE; Dr JINDAL, Mamta

Session Classification: Panel Discussion

Contribution ID: **140**

Type: **not specified**

Counselling for HPV positives

Sunday, 14 April 2024 15:30 (15 minutes)

Presenter: Dr DIGUMARTI, Leela

Session Classification: Scientific Block

Contribution ID: **141**

Type: **not specified**

Screening & Vaccination of HIV Positives

Sunday, 14 April 2024 15:45 (15 minutes)

Presenter: Dr BALANI, Sweta

Session Classification: Scientific Block

Contribution ID: **142**

Type: **not specified**

Prize distribution & valedictory

Sunday, 14 April 2024 18:00 (30 minutes)

Contribution ID: 143

Type: **not specified**

Keynote: Primary HPV Screening for Cervical Cancer

Sunday, 14 April 2024 11:20 (20 minutes)

Presenter: Dr BHATLA, Neerja

Session Classification: Keynote

Contribution ID: 144

Type: **not specified**

Keynote: Way to achieve SDG Goals for Cervical Cancer elimination by 2030, and the available HPV tests for Screening

Sunday, 14 April 2024 11:40 (20 minutes)

Presenter: Dr DÍAZ, Elsa (Secretary IFCPC)

Session Classification: Keynote

Contribution ID: 145

Type: **not specified**

Keynote Address

Sunday, 14 April 2024 12:00 (20 minutes)

Presenter: Dr MAHAPATRA, P.C.

Session Classification: Keynote

Contribution ID: **147**

Type: **not specified**

Purpose of public forum

Sunday, 14 April 2024 16:30 (5 minutes)

Presenter: Dr JAIN, Asha

Session Classification: Public Forum

Contribution ID: **148**

Type: **not specified**

WHO Goal

Sunday, 14 April 2024 16:40 (5 minutes)

Presenter: Dr AGRAWAL, Sarita

Session Classification: Public Forum

Contribution ID: **149**

Type: **not specified**

Etiology

Sunday, 14 April 2024 16:35 (5 minutes)

Presenter: Dr GANESHKUMAR, Priya

Session Classification: Public Forum

Contribution ID: 150

Type: **not specified**

Screening mothers and promoting vaccination of daughters

Sunday, 14 April 2024 16:45 (5 minutes)

Presenter: Dr PAL, Anjali (AIIMS Raipur)

Session Classification: Public Forum

Contribution ID: **151**

Type: **not specified**

Treatment of Pre-cancer

Sunday, 14 April 2024 16:50 (5 minutes)

Presenter: Dr PUSHPA, Pushpawati Thakur

Session Classification: Public Forum

Contribution ID: 152

Type: **not specified**

Role of other Specialties in achieving SDG goals

Sunday, 14 April 2024 16:55 (5 minutes)

Presenter: Dr GUPTA, Rakesh (IMA)

Session Classification: Public Forum

Contribution ID: 153

Type: **not specified**

Pediatrician Vaccination of daughters and promoting screening of their mothers

Sunday, 14 April 2024 17:00 (5 minutes)

Presenter: Dr SARABHAI, K.P.

Session Classification: Public Forum

Contribution ID: 154

Type: **not specified**

How to implement screening and Vaccination in all

Sunday, 14 April 2024 17:05 (5 minutes)

Presenter: Dr AGRAWAL, Vikas

Session Classification: Public Forum

Contribution ID: 155

Type: **not specified**

Barriers for implementation in Screening and vaccination

Session Classification: Public Forum

Contribution ID: **156**

Type: **not specified**

Role of media to increase vaccination & screening

Sunday, 14 April 2024 17:10 (5 minutes)

Session Classification: Public Forum

Contribution ID: **157**

Type: **not specified**

Q&A

Sunday, 14 April 2024 17:15 (5 minutes)

Session Classification: Public Forum

Contribution ID: 158

Type: Paper

Diagnostic Accuracy of Triple Test versus Colposcopy for the Detection of Precursors of Cervical Carcinoma

Background: The gold standard for identifying cervical cancer precursors is a biopsy taken by colposcopy, followed by histological examination. In high-resource settings, this approach is highly successful. Thus, in low-resource settings, the World Health Organization recommends using other tests, including Lugol's iodine or visual inspection with 3-5 percent acetic acid (VIA), for the detection of precursors of cervical carcinoma. For the detection of precursors of cervical carcinoma, we evaluate the diagnostic accuracy of the triple test versus colposcopy in this study.

Methods: A cross-sectional study was conducted on 178 women who visited AIIMS Raipur's gynaecology clinic between November 2021 and May 2023. Initially, a cervical cytology smear was taken from each individual. Visual inspection with acetic acid and Lugol's iodine was performed according to the established protocol. After that, a colposcopy was performed on each individual, biopsy samples were collected, and histological characteristics were examined. Lastly, the results were compared by statistical analysis.

Results: Participants ranged in age from 25 to 65, with a mean age of 41.22 ± 7.79 years for the study population. 21 (11.8%) of the 178 women had reached menopause. 23 patients (12.9 percent) had abnormal cervical cytology, 110 patients (61.8 percent) had positive VIA results, and 125 patients had positive VILI results (70.2 percent). 114 (64.0 percent) had positive Triple test and 99 (55.6 percent) had abnormal results on colposcopy, and 80 (44.9 percent) had abnormal histopathology reports. The sensitivity and specificity of the triple test in the detection of precursors of cervical carcinoma was 95.00% and 61.22%, respectively. The sensitivity and specificity of colposcopy in the detection of precursors of cervical carcinoma was 86.25% and 69.39%, respectively. The diagnostic accuracy of the triple test and colposcopy in the detection of precursors of cervical carcinoma was 76.40% versus 76.97%.

Conclusion: According to study results, the triple test may be utilised in low-resource settings and places where colposcopy is not readily available since its diagnostic accuracy is comparable to that of colposcopy.

Primary author: Dr BAGDE, Harshad (MS obgy)

Co-authors: Dr RAJBHAR, Sarita (Associate professor OBG); Dr MISHRA, Shweta (MS OBG); Dr BAGDE, nilajkumar (additional professor, OBG); Dr THAKUR, pushpawati (additional professor, OBG); Prof. AGRAWAL, sarita (head of department of obgy)

Presenter: Dr BAGDE, Harshad (MS obgy)

Contribution ID: 159

Type: Paper

Topical Imiquimod treatment versus large loop excision of the transformation zone (LLETZ), an open-label randomized controlled trial in newly diagnosed Cervical Intraepithelial neoplasia.

Introduction: Cervical cancer is a significant global health concern, particularly in regions lacking comprehensive screening and treatment programs. Cervical Intraepithelial Neoplasia (CIN) is a precursor to cervical cancer, often caused by Human Papillomavirus (HPV) infection. This study compared the efficacy and safety of topical Imiquimod therapy with the standard Large Loop Excision of the Transformation Zone (LLETZ) procedure in treating CIN 2/3 lesions, aiming to provide evidence for more accessible and non-invasive management options.

Methodology: This was a randomized controlled trial conducted in India over a period of 18 months. Colposcopy and histologically confirmed HPV-positive and negative patients with CIN 2/3 were assigned to receive either Imiquimod or LLETZ. Adherence, adverse effects, and treatment outcomes were closely monitored and analyzed.

Results: Imiquimod demonstrated histopathological regression to CIN1 or lower in 94.4% of cases, with HPV clearance at 100%. The LLETZ group exhibited 100% regression and 85.7% HPV clearance. Imiquimod therapy showcased 100% compliance. Imiquimod-associated adverse effects were mild and manageable, with low-grade fever being the most common (59.09%). Whereas in comparison to the LLETZ group, watery vaginal discharge was the significant adverse effect of the treatment.

Conclusion: The study revealed the high efficacy of Imiquimod therapy compared LLETZ in regressing CIN 2/3 lesions. Our study emphasizes the need for tailored interventions based on age, desire for fertility, and availability of surgically specialized personnel. Addressing socioeconomic and cultural barriers to cervical cancer screening participation in India seems to be the need of the hour.

Primary author: Dr P K, Adhithya Raj (All India Institute Of medical Sciences Raiput)

Presenter: Dr P K, Adhithya Raj (All India Institute Of medical Sciences Raiput)

Contribution ID: 160

Type: Paper

PREVALENCE OF PREINVASIVE LESIONS OF CERVIX IN HUMAN PAPILLOMA VIRUS (HPV) POSITIVE WOMEN AT A TERTIARY CARE INSTITUTION - A RETROSPECTIVE STUDY

INTRODUCTION: Cervical cancer is the most common gynecological cancer worldwide. In resource limited countries it is the 3rd most common cause of cancer mortality. High Risk HPV infection is the most important risk factor in pathogenesis of cervical cancers. Robust screening with primary HPV test and co testing has decreased the incidence of cervical cancer by allowing precursor lesions to be identified early and treated specifically.

AIMS AND OBJECTIVES: To determine the prevalence of Preinvasive lesions of cervix in women who had HPV infection.

MATERIAL AND METHODS: Patients who had come with symptoms of persistent discharge per vagina and who had positive screen for HPV infection were subjected for colposcopic guided biopsy. Prevalence of HPV strains and Preinvasive lesions of cervix was studied.

RESULTS: HPV 16 is the most prevalent strain causing infection in reproductive age group women. Most common histopathological report observed in the HPV infected population in the study were CIN 2 and Chronic cervicitis contributing 20% each while 1 in 8 patients of HPV infected patients had normal histopathology report on cervical biopsy.

CONCLUSION: HPV infection is the strong causative factor in genesis of cervical cancer. As it has good sensitivity it is approved for screening. Early detection of preinvasive lesions helps in prevention of cancers and impacts significantly in decreasing the cancer related morbidity and mortality.

Primary author: Dr KAMAGOUDA, Rohit Mallappa (PG JR3 AIIMS Raipur)

Co-author: Dr THAKUR, Pushpawati (Additional Professor)

Presenter: Dr THAKUR, Pushpawati (Additional Professor)

Contribution ID: 161

Type: Paper

Reid Colposcopic Index Versus Swede Score For Cervical Cancer Screening- A Comparative Prospective Study

Abstract

Introduction: Cervical cancer is the second most common malignancy among women in India. The pap smear being the most commonly used screening tool has low sensitivity. Colposcopy determines the location, size and extent of abnormal cervical lesions. Guided biopsy can be taken. The Colposcopic scoring systems are Reid's colposcopic index (RCI) and Swede score with later also incorporating the lesion size as a variable.

Aims and objectives: To assess the comparative efficacy of RCI and Swede score as a screening tool for cervical cancer with histopathology as a gold standard.

Methodology: Women with abnormal screening result were enrolled and subjected to colposcopy. RCI and Swede score was calculated. Biopsy taken from abnormal areas. Performances of both the scores were calculated.

Result: For prediction of cervical lesions, RCI Score at a cutoff score of ≥ 3 has a sensitivity of 80%, specificity-66%, Positive predictive value (PPV)-66%, Negative predictive value (NPV)-80% and Diagnostic accuracy (DA)-73% while Swede Score at a cutoff of ≥ 4 has a sensitivity of 88%, specificity-63%, PPV-66%, NPV-86% and DA-74%.

Conclusion: Swede score had better sensitivity and a better NPV for higher grade lesions. It has better histopathological correlation allowing us to directly approach for 'SEE AND TREAT PROTOCOL' if the score is ≥ 8 in countries like India which has limited resources for histopathology.

Primary authors: Dr SINGH, Akriti; Dr PRAGYA, Pragya Jain

Co-authors: Dr ADITYA, Adhithya Raj; Dr HARSHAD, Harshad Bagde; Dr PUSHPA, Pushpawati Thakur; Dr AGARWAL, Sarita; Dr SAYAN, Sayan Sarkar

Presenters: Dr SINGH, Akriti; Dr PRAGYA, Pragya Jain

Contribution ID: 162

Type: **Poster**

Laser conization : Possibilities and limitations

Background: Cervical intraepithelial lesion (CIN) can be treated with surgical excision or ablative methods. Laser can be used both ways i.e to excise the tissue as well do ablative vaporization. Laser conization combines the best of two approaches, however currently we have limited literature for its use in the Indian setting.

Aim and Objectives

To evaluate the effectiveness of Laser cervical conisation for cervical intraepithelial lesions in terms of:

- negative margins after conisation
- size of the cone
- blood loss

Methods

Laser conisation was done in 2 females in a Tertiary care cancer institute as a pilot to assess the efficacy of Laser Conization in terms of blood loss, pain, HPE adequacy.

Results

Two cases were done using laser. In the first case cone was 2.0 X 1.07 X 1.0cm. Blood loss was 20ml. HPR reported as HSIL with ectocervical and deep margin negative. In the second case cone size was 2.7 x 2.2 x 1.0 cm. Blood loss was 15-20cc. HPR reported HSIL with ectocervical margin and deep margin negative for dysplasia/ malignancy.

Conclusion

Laser conisation is a good alternative for conisation that may include benefits of both LEEP and cold knife excision. It also adds the benefits of marginal ablation in form of vaporization which adds on to additional safety . Advantages are minimal margin artefact, effect on HPE reporting and minimal post procedure complication. Limitations include the learning curve and expense of the machine.

Primary authors: Dr KUMAR, Neha (HBCHRC Visakhapatnam); Dr VAMSI, Pinnaka (HBCHRC Visakhapatnam); Dr JAIN, Neha (HBCHRC Visakhapatnam)

Presenter: Dr KUMAR, Neha (HBCHRC Visakhapatnam)

Contribution ID: 163

Type: **Poster**

Cervical cysts - Nabothian or Pre-Invasive? - Lobular endocervical glandular hyperplasia (LEGH) in a premenopausal woman

Lobular endocervical glandular hyperplasia (LEGH) is an uncommon benign glandular proliferation that frequently affects premenopausal women. LEGH is associated with Peutz-Jeghers syndrome and germinal mutations in STK11 gene. Although it usually presents as an incidental finding, well demarcated multicystic masses with watery vaginal discharge rarely occur. Microscopically, LEGH shows a lobular architecture with tall mucinous glands and abundant pale cytoplasm resembling pyloric gastric glands. This condition is the benign form within the spectrum of gastric-type endocervical glandular lesions. Particularly, it has been associated with well differentiated gastric-type endocervical adenocarcinoma (GAS), previously known as adenoma malignum. We would like to present a case of a 40 years woman with persistent discharge per vaginum and multiple vaginal cysts, incidentally found to have atypical glandular cells on routine liquid based cytology. Subsequent colposcopy directed cervical biopsy showed LEGH. Preoperative MRI done showed bulky cervix with multiple vaginal cysts, but no parametrial involvement. She underwent cone biopsy and vaginal cyst excision. Final histopathology of the specimen showed adenocarcinoma of the gastric subtype. The lesion was negative for p16 and MUC6 marker, while P53 expression was normal. Post surgery she was advised radiotherapy evaluation for cisplatin based chemoradiation after a multidisciplinary department consensus. Currently she has received external beam radiation therapy and is receiving vault brachytherapy.

Primary author: GARG, Akshi (Department of Obstetrics and Gynecology, PGIMER Chandigarh)

Co-authors: Prof. JAIN, Vanita (Department of Obstetrics and Gynecology, PGIMER Chandigarh); Dr ARORA, Aashima (Department of Obstetrics and Gynecology, PGIMER Chandigarh); Prof. SRINIVASAN, Radhika (Department of Cytopathology and Gynecological Pathology, PGIMER Chandigarh); Prof. GUPTA, Nalini (Department of Cytopathology and Gynecological Pathology, PGIMER Chandigarh); Dr RAI, Bhavana (Department of Radiotherapy, PGIMER Chandigarh); Dr SINGH, Tulika (Department of Radiodiagnosis and Imaging, PGIMER Chandigarh)

Presenter: GARG, Akshi (Department of Obstetrics and Gynecology, PGIMER Chandigarh)

Contribution ID: **164**

Type: **not specified**

Technique of LBC

Saturday, 13 April 2024 10:55 (15 minutes)

Presenter: Dr AGRAWAL, Mousmi

Session Classification: Workshop 3

Contribution ID: **165**

Type: **Lecture**

ISCCP Journal

Sunday, 14 April 2024 16:00 (10 minutes)

Presenter: Dr SHAMSUNDAR, Sarita

Contribution ID: **166**

Type: **Lecture**

ISCCP Training

Sunday, 14 April 2024 16:10 (10 minutes)

Presenter: Dr DAGAR, Mamta

Contribution ID: 167

Type: Paper

THE ROLE OF ARTIFICIAL INTELLIGENCE IN CERVICAL CANCER SCREENING: A SYSTEMATIC REVIEW AND META ANALYSIS

TITLE : THE ROLE OF ARTIFICIAL INTELLIGENCE IN CERVICAL CANCER SCREENING: A SYSTEMATIC REVIEW AND META ANALYSIS

NAME OF AUTHORS : Dr. PATEL MIT ALPESHKUMAR (2nd year PG Result), Dr. PROF MADHU JAIN (Proffesor and Head), Dr. VIBHA MISHRA (Assistant professor)

BACKGROUND: This study examines the impact of cervical cancer on underdeveloped nations and underscores the urgent need for rapid, cost-effective, and accurate screening and treatment technologies.

AIMS & OBJECTIVES: It aims to analyze the current utilization, effectiveness, and challenges associated with incorporating artificial intelligence (AI) into cervical cancer screening.

METHODS: Utilizing a dual-phase methodology, the study systematically searched major electronic databases for research articles specifically investigating AI in cervical cancer screening. Seventeen studies conducted between 2013 and 2023 were identified, employing various approaches such as dynamic scene and object examination.

RESULTS & CONCLUSIONS : Data analysis revealed sensitivities and specificities ranging from 0.22 to 0.93 and 0.67 to 0.95, respectively, with fusion procedures achieving a 68% accuracy rate for four cervical lesion classes. Notably, a smartphone solution demonstrated reliability with 0.9 sensitivity and 0.87 specificity. The review underscores AI's potential in deciphering patterns, addressing challenges, and offering innovative solutions globally. Superiority was noted in support vector machine (SVM) and deep learning algorithms, suggesting a promising trajectory for AI in cervical cancer diagnostics. Overall, these findings underscore the transformative potential of AI in cervical cancer screening, emphasizing the need for continued research and implementation efforts.

Primary authors: Prof. MBBS,MD, MADHU JAIN (PROF AND HEAD); Dr OBGYN, PATEL MIT ALPESHKUMAR (2nd YEAR PG RESIDENT); Dr MBBS,DGO,DNB,FIAGE,FELLOWSHIP IN GYNAEONCOLOGY, VIBHA MISHRA (ASSISTANT PROFESSOR)

Presenter: Dr OBGYN, PATEL MIT ALPESHKUMAR (2nd YEAR PG RESIDENT)

Contribution ID: 168

Type: Paper

SOCIAL DETERMINANTS AFFECTING INCIDENCE OF CERVICAL CANCER.

Cervical cancer is second commonest cancer in India. In November 2017, WHO called for elimination of cervical cancer. The incidence and mortality of cervical cancer shows a global disparity. In developed countries it is 5-6/100000 whereas in developing countries it is still 20-25/100000. The incidence and mortality are both related to human development index in a particular location. It is very important to bring down the incidence of cervical cancer for it to be eliminated. The sociodemographic determinants contributing to high incidence of cervical cancer in India have to be eliminated to bring down the incidence ex. early age at coitus, education, nutrition immunity, vaccination, housing sanitation, menstrual hygiene. For achieving this we need to bridge the gap between screening and its uptake by overcoming various barriers. This can be done when its available at all levels and not only gynecologists but other health professionals also take part in this.

Primary author: SHAIKH, DR MANZER (AMWI, CYTOLOGY CLINIC, AMS NEOLIFE CLINIC)

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Contribution ID: 169

Type: Poster

Risk factors of residual disease after cold knife conization and optimizing cone size to predict positive surgical margins: A single centre experience

Introduction: Goal of treatment of precancerous lesion is to remove the cervical lesion with adequate surgical margins as well as whole transformation zone. Positive margins after cold knife conization are a risk factor for residual disease and failure of treatment.

Methodology: It is an ongoing prospective study done in our institute since January 2022 including all the patients undergoing cold knife conization. We measured the diameter and height of cone biopsy specimen preoperatively and followed up the histopathological report for margins, postop complications, final management and follow up test of cure.

Result: A total of 32 women underwent CKC after positive screening test. 30 women [93.75%] were margins negative and 2 women [6.25%] were margins positive. Indication of CKC is post LLETZ margins positive and HR HPV positive at 1 year in 2 [6.25%], ASC-US with Type 3 TZ in 3 [9.375%], LSIL with high grade lesion on colposcopy in 2 [6.25%], HSIL in 20 [62.5%] and ASC-H in 4 [12.5%] women. Mean age of margin negative women was 49.2 years and margins positive were 38.4 years. All margin positive women were premenopausal. Mean diameter and height of cone was significantly lesser in margin positive women [2.6 cm vs 2.5cm; 1.9 vs 1.8 cm]. All the margin positive women had more than 3 quadrants involvement. Quadrant wise involvement of precancerous lesions is 1 quadrant in 7 [21.87%], 2 quadrants in 13 [40.63%], 3 quadrants in 5 [15.63%] and more than 3 quadrants in 13 [40.625%] women. 2 [6.25%] women came out to be stage 1A1 and 1B2 squamous cell carcinoma and underwent Total abdominal hysterectomy and Type B hysterectomy respectively. 2 [6.25%] women had endocervical margins positive and have undergone robotic assisted hysterectomy. Rest women were still on follow up with cytology NIELM.

Conclusion: Margin positive status is related lesser diameter and height of cone and strongly associated with more than 3 quadrants involvement of precancerous lesion. However, in present study postmenopausal status was not found to be associated with residual disease.

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Contribution ID: 170

Type: **Poster**

AN UNUSUAL PRESENTATION OF GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CASE REPORT

Abstract:

Background: Gestational trophoblastic disease (GTD) refers to a group of tumors defined by abnormal trophoblastic proliferation. The non molar or malignant forms of GTD are called gestational trophoblastic neoplasia with an incidence rate of <1% among all tumors and include invasive mole, choriocarcinoma, placental site trophoblastic tumor and epithelioid trophoblastic tumor.(1) Any woman who develops persistent vaginal bleeding after pregnancy is at risk of having GTN and may develop after a molar pregnancy, a non-molar pregnancy or a live birth. Women with GTN may be treated with single-agent or multi-agent chemotherapy.

Case Introduction: A 26 year old P1L1 women with UPT positive presented with complaint of swelling in the vulval region since 1 month .Her LMP was on 7/7/23 in which bleeding was continued for 18-20 days. At private hospital Swelling was mistaken as Bartholin cyst ,I & D done and HPE report from swelling s/o persistent gestational trophoblastic disease. Usg (Abdomen +Pelvis) was done s/o multiple cystic lesions in uterus with no fetal tissue. CECT (Abdomen+ Thorax + Pelvis) s/o gestational trophoblastic disease with vaginal and pulmonary metastasis followed by CECT brain s/o no brain metastasis .By increasing trend of b hCG and GTN score 10 (>7) she was diagnosed with high risk GTN and started with multidrug therapy EMACO with weekly b hCG follow up which was in falling trend.

Conclusion: The management of GTN requires multidisciplinary approach and is the main cause for reduced mortality over time. Multiagent chemotherapy (EMACO) is responsible for remission in 93 % of high risk GTN patients. Up to 40% of patients with high risk GTN may have incomplete responses and platinum based multiagent chemotherapy can be tried.(1) Future randomized controlled trials must be conducted to assess alternate regimens in these cases.

References:1. Shahzadi, M., Khan, S.R., Tariq, M. et al. Review of current literature on gestational trophoblastic neoplasia. J Egypt Natl Canc Inst 35, 37 (2023). <https://doi.org/10.1186/s43046-023-00195-y>

Primary author: AGGARWAL, RAVISHA (JUNIOR RESIDENT)

Co-authors: Dr BAGDE, NILAJKUMAR; Dr PANDA, SHREYA (Senior resident)

Presenter: AGGARWAL, RAVISHA (JUNIOR RESIDENT)

Contribution ID: 171

Type: **Poster**

“Cervical Tuberculosis in a young reproductive age female mimicking Cervical cancer: A rare differential diagnosis”

This is a rare case of a 27 year old young female with complaints of postcoital bleeding associated with abdominal pain since 1 year. On per speculum examination, a large irregular friable growth was seen which used to bleed on touch. A provisional diagnosis of carcinoma cervix was made, but the cervical biopsy revealed granulomatous inflammation with central necrosis, consistent with the diagnosis of cervical tuberculosis. The patient responded well to 6 months of antitubercular treatment. Hence, cervical tuberculosis should be kept as a differential diagnosis of carcinoma cervix.

Primary author: DESHMUKH, Pooja (AIIMS Raipur)

Co-author: Dr THAKUR, Pushpawati (AIIMS Raipur)

Presenter: DESHMUKH, Pooja (AIIMS Raipur)

Contribution ID: 172

Type: **not specified**

Question & Answer

Contribution ID: 173

Type: **not specified**

Video demonstration LSIL

Saturday, 13 April 2024 10:40 (10 minutes)

Session Classification: Workshop 1

Contribution ID: 174

Type: **not specified**

Video demonstration HSIL

Saturday, 13 April 2024 11:15 (10 minutes)

Session Classification: Workshop 1

Contribution ID: 175

Type: **not specified**

Video demonstration: Conization

Saturday, 13 April 2024 12:20 (20 minutes)

Presenter: Dr SHAM SUNDAR, Sarita

Session Classification: Workshop 1

Contribution ID: 176

Type: **not specified**

Video demonstration: Micro Invasive

Saturday, 13 April 2024 12:10 (10 minutes)

Presenter: Dr DIGUMARTI, Leela

Session Classification: Workshop 1

Contribution ID: 177

Type: **not specified**

Debate - For VIA for screening Against Primary HPV Screening

Saturday, 13 April 2024 15:31 (6 minutes)

Presenter: Dr ., Pushpalatha (AIIMS Bhopal)

Session Classification: Debate

Contribution ID: 178

Type: **not specified**

Debate - For Physician collected sample for HPV Against Self Sampling

Saturday, 13 April 2024 14:46 (6 minutes)

Presenter: Dr KEIMEI, Helen

Session Classification: Debate

Contribution ID: 179

Type: **not specified**

Debate - Screening and Treatment protocol For Uniform Against Resource based

Saturday, 13 April 2024 15:01 (6 minutes)

Presenter: SINGH, Anju

Session Classification: Debate

Contribution ID: **180**

Type: **not specified**

Debate - HPV Vaccination 9-14 Yrs For Two Doses Against One Dose

Saturday, 13 April 2024 15:16 (6 minutes)

Presenter: Dr SINGLA, Rimpi

Session Classification: Debate

Contribution ID: 181

Type: Paper

Home Based screening of cervical cancer - A pilot study in a urban slum in Cuttack.

Background: Persistent infection with high-risk human papillomavirus (HPV) causes virtually all cervical cancers. Two high-risk types, HPV 16 and HPV 18 cause 70% of cervical cancers worldwide. Nearly all sexually active people will become infected with HPV at some point in their lives. Most HPV infections go away on their own within a year or two as our immune system controls the infection. High-risk HPV infection lasting for years can lead to changes in the cervical cells, resulting in a precancerous lesion.

Aims & Objectives: Currently the preferred method of screening is HPV-DNA testing which detects HR HPV strains. The aim of this study was to improve coverage of cervical cancer screening and to know the actual prevalence of HPV infection in urban slum population.

Methods: Mass awareness created at community level and home based samples were collected, sample registration done, transported to Centralized laboratory or point of care. Rescreen after 5yrs to be done in screen negative cases. Screen and treat strategy was applied for all screen positive cases. Lesions eligible for ablation underwent thermocoagulation and follow up. Rests were planned for colposcopy, guided biopsy and further management.

Results and Conclusions: Among 37840 population covered at slums of 7 wards of Cuttack urban, 6436 were eligible for screening (women of 30-65yrs). 4896 (76%) screened for cervical cancer among whom 322 (7%) were HPV positive. 42% of them were treated. Screening coverage is 76% & HPV prevalence rate is 7%.

Primary authors: PAL, Anwesa (Resident AHPGIC); Prof. NAYAK, BHAGYALAXMI (HOD GYNE -ONCO AHPGIC CUTTACK)

Presenters: PAL, Anwesa (Resident AHPGIC); Prof. NAYAK, BHAGYALAXMI (HOD GYNE -ONCO AHPGIC CUTTACK)

Contribution ID: 182

Type: Paper

Title: Opportunistic cervical cancer screening in tertiary cancer centre of Eastern India.

BACKGROUND: Cervical cancer is one of the most common cancers among Indian women ,but it is preventable by adequate screening and proper vaccination

OBJECTIVE:To determine the correlation of visual inspection acetic acid (VIA), liquid based cytology (LBC) and human papilloma virus (HPV) testing in opportunistic screening population and also to find out their diagnostic accuracy.

METHODS:From May 2022 to May 2023, we carried out opportunistic cervical cancer screening in 250 patients aged between 25-65 years, with a median age group 41 years, attending gynaecology oncology opd with no known gynaecological cancer. Most of the patients had complaints of vaginal discharge and bleeding and pain in lower abdomen. All patients underwent per speculum examination, VIA, LBC and HPV testing .Colposcopy was done in all patients with hr-HPV or HPV with abnormal LBC.

RESULTS: In 250 patients abnormal cervix was detected in speculum examination and VIA in 23 patients; In LBC 5 patients had ASCUS .No other abnormality.10 patients were HPV positive(7for hr-HPV).Out of 7,five(5) had normal cervical cytology and two(2) had ASCUS. Only one patient with abnormal cervix had positive for both hr-HPV and ASCUS; in rest of the patients with abnormal cervix no abnormality. All patients who underwent colposcopy, no abnormality detected. Among 245 cases diagnosed NILM ,237 were HPV negative and 8 were HPV positive and among 5 ASCUS ,3 cases HPV negative and 2 HPV positive.On statistical analysis correlation results show that HPV and LBC together (cotesting) have significance $p<.001$.

Primary authors: TALUKDER, ANIRBAN; Prof. NAYAK, BHAGYALAXMI (HOD GYNE ONCO AHPGIC); Dr NANDA, SONY (SENIOR RESIDENT)

Presenter: TALUKDER, ANIRBAN

Contribution ID: 183

Type: **Poster**

Uterine Leiomyosarcoma: Masquerading as Advanced Carcinoma Cervix

INTRODUCTION:

Uterine leiomyosarcoma is a rare uterine malignancy that arises from the smooth muscle of the uterine wall, making up 2% to 5% of all uterine malignancies. It often presents with abnormal vaginal bleeding (56%), palpable pelvic mass (54%), and/or pelvic pain (22%). The majority of patients (60%) are diagnosed with early-stage disease. However, in a rare case it may mimic cervical cancer both clinically and radiologically and thus growing into an advanced stage.

CASE:

A 56 years old postmenopausal female, P3L3, with all vaginal delivery came to OPD complaining of inability to pass urine for 2 weeks with foul smelling brownish discharge PV. On P/S: a fleshy polypoidal mass (6*5 cm) with irregular surface seen in vagina centrally, cervix not visualised separately. On P/V: firm, irregular, fleshy mass felt (6x5 cm) replacing cervix, cervical rim not felt separately. Her CE MRI was s/o cervical cancer Stage 2b. Clinical suspicion was more towards degenerated prolapsed fibroid polyp. So she was taken for vaginoscopy which revealed an irregular mass of 5x6 cm arising from uterine cavity. Hysteroscopy was not possible due to obstruction from mass. Attempt of removal was not successful due to extension up to rectum. Biopsy from the cervical mass surprisingly revealed leiomyosarcoma, spindle cell subtype. Hence PETCT was done to evaluate the extent of the lesion. Colonoscopic evaluation revealed external bulge in the rectum with normal overlying mucosa. She was taken up for exploratory laparotomy to delineate operability. Intraoperatively, there was a 5x6 cm hard mass at lower uterine segment and cervical region. Anterior and lateral wall of uterus appeared to be free but posteriorly no free plane delineated between vagina and rectum. Hence resection was not done after taking General Surgery and Gynaecology opinion intraoperatively. Thus a diagnosis of advanced leiomyosarcoma uterus stage 4 (paracaval lymph node /rectum infiltration) was made in what appeared to be a case of Carcinoma cervix.

CONCLUSION:

Post menopausal bleeding is usually attributed to Carcinoma Cervix in the presence of cervical mass. However there can be rare causes for it which needs higher level of suspicion i.e. Uterine Leiomyosarcoma. It is therefore of utmost importance to differentiate between the two at an early stage as the treatment modalities are different.

Primary author: Dr TAHSEEN, Tuba

Co-authors: Dr THAKUR, Pushpawati; Dr PATEL, Khyati; Dr VERMA, Akanksha

Presenter: Dr TAHSEEN, Tuba

Contribution ID: 185

Type: Paper

Comparison of VIA with HPV DNA testing as a cervical cancer screening tool in outreach camps.

Cervical cancer is the 4th most common cancer in females worldwide and accounted for 604,000 new cases and 342,000 global deaths in 2020. Most cases were from resource limited regions where ignorance, early age of marriage, increased parity, poor genital hygiene, poor nutritional status and smoking predisposes women to cervical cancer. India accounts for roughly one-third of all cervical cancer deaths worldwide, with 132,000 newly diagnosed cases and 74,000 deaths yearly. In Manipur there is no organization for cervical cancer screening. Cervical cancer can be prevented by early detection by various screening methods. WHO recommends HPV DNA as the Goldstandard screening test for cervical cancer but VIA is still recommended for low resource settings.

This study is a comparison of both the modalities for cervical cancer screening and 297 women were screened, out of which 17 women were found HPV positive and 17 women were found VIA positive.

Conclusion:- Outreach programs help raise awareness, bring screening at doorsteps and play pivotal role in bridging the gap between disease predisposition and treatment.

Primary author: PANIGRAHY, Dr Asmita (Jawaharlal Nehru Institute of Medical Sciences ,Imphal)

Presenter: PANIGRAHY, Dr Asmita (Jawaharlal Nehru Institute of Medical Sciences ,Imphal)

Contribution ID: 186

Type: Paper

COMPARISON OF PAP SMEAR AND VISUAL INSPECTION WITH ACETIC ACID FOR CERVICAL CANCER SCREENING IN LOW RESOURCE SETTINGS

Abstract:

BACKGROUND- Cervical cancer is a preventable disease of significant public health concern especially in developing countries. Early detection of cervical cancer is possible with various screening tests like Pap smear, visual inspection with acetic acid -VIA and HPV sampling, but due to lack of awareness among many women, most of them have been infrequently or never been screened.

AIMS AND OBJECTIVES- To assess the awareness on cervical cancer

-To evaluate the performance of VIA with Pap smear in cervical cancer screening

METHODS- This is a cross sectional observational study conducted at a remote area of Tamenglong District. 264 women between 25-65 years were included in the study. Written informed consent were obtained from all. Awareness talk was given regarding cervical cancer and the various methods of screening for cervical cancer. Participant's sociodemographic information, complaints and history of risk factors were collected. A questionnaire was administered to all participants to assess the knowledge towards cervical cancer. All participants were screened simultaneously by Pap smear and VIA. Among the VIA positive cases, biopsies were taken from those women who consented to the procedure. Women with abnormal Pap smear were counseled and offered further management.

RESULTS- Mean age of screened women was 38.9 years. Mean age at first coitus was 21.8. 92% were parous women. None of the participants had history of smoking. Among 16 cases that were positive to VIA (6%), 3 were confirmed positive with Pap smear and biopsy reported 7 LSIL, 4 HSIL, 1 moderate dysplasia, 1 mild dysplasia , 1 koilocytic atypia and 2 normal report. 12 of those that were negative to VIA were found positive to Pap smear .In my study, VIA showed higher sensitivity as compared to pap smear. 4.5% had knowledge about cervical cancer, 33 participants were comfortable with speculum examination.

CONCLUSIONS- From the findings of this study, it is recommended that VIA can be used to screen for cervical cancer as it is easy, cheap, quick .It can be easily implemented in low resource settings .More awareness and screening program should be conducted in remote areas for early detection and treatment.

Primary author: GARG, Panika (JNIMS, Imphal)

Presenter: GARG, Panika (JNIMS, Imphal)

Contribution ID: **187**

Type: **not specified**

Free Paper and Poster Presentation

Sunday, 14 April 2024 09:00 (2 hours)

Judges:

- Dr. Priya Ganeshkumar
- Dr. Amrit Gupta
- Dr. Sarita Shamsundar
- Dr. Anju Singh

Session Classification: Paper & Poster