



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

# AOGS TIMES

JUNE 2025

VOLUME 3

## “SUTRA”

“Thread” of concise knowledge

**Theme :** “Women’s Health : Prevent, Detect & Thrive”

**Motto :** “United in Purpose, Stronger Together”

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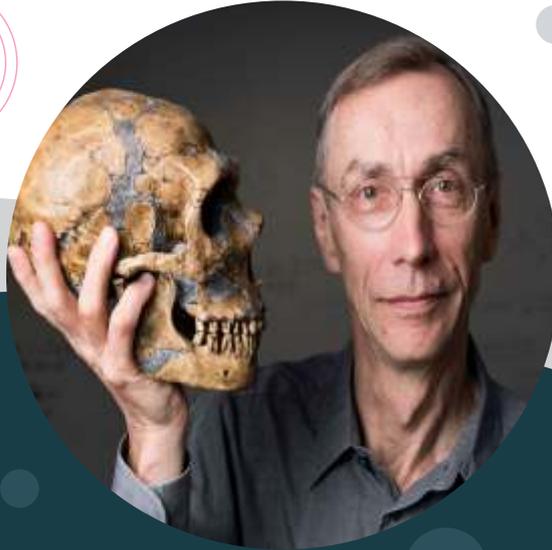
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# TEAM AOGS MESSAGE



**Dr. Nita Thakre**  
President



**Dr. Parth Shah**  
Hon. Secretary

Dear Members,

As we continue our collective mission to improve health outcomes for individuals and communities, I want to take a moment to emphasize two critical areas of focus that demand our ongoing commitment:

**Preconception Care and Cervical Cancer Vaccine Awareness.**

**Preconception care** is a vital component of reproductive health that ensures women and their partners are in the best possible health before pregnancy begins. As healthcare professionals and advocates, we must continue to educate, screen, and support individuals during this crucial period. By addressing underlying medical conditions, promoting healthy lifestyles, and ensuring access to family planning, we can significantly reduce maternal and neonatal risks and improve long-term health outcomes. We hope our members had good 'take home message' from Fogsi's Sampoorna initiative.

Equally important is our role in **raising awareness about the cervical cancer vaccine**, particularly the Human Papillomavirus (HPV) vaccine. Cervical cancer remains a preventable disease when caught early and when effective vaccination strategies are implemented. Yet, vaccine uptake remains suboptimal in many regions due to misinformation and lack of access. Let us use our platforms to champion accurate information, advocate for policy changes, and encourage routine immunization for eligible populations.

Our collective action in these areas can and does save lives. As leaders in health, let us reaffirm our dedication to prevention, education, and equity in care.

Thank you for your continued service and passion for public health.

Sincerely,

**Dr. Nita Thakre**  
President

**Dr. Parth Shah**  
Hon. Secretary

## CENTERSTAGE

### Svante Pääbo



Svante Pääbo was awarded the 2022 Nobel Prize in Physiology or Medicine for his pioneering work in paleogenomics—the study of ancient DNA. He achieved what was long considered impossible: extracting and sequencing the genomes of extinct hominins, such as Neanderthals and Denisovans. Using highly refined techniques to retrieve DNA from ancient bones, Pääbo and his team managed to reconstruct the Neanderthal genome, revealing that modern humans interbred with Neanderthals and inherited portions of their DNA. This breakthrough fundamentally changed our understanding of human evolution and migration.

Pääbo's research illuminated how gene flow between archaic humans and *Homo sapiens* has influenced modern human biology. For example, certain genes inherited from Neanderthals are now known to affect immune responses and susceptibility to diseases, including COVID-19. His work not only bridged evolutionary biology with modern medicine but also opened new scientific avenues in anthropology, genetics, and genomics. By establishing an entirely new field of research, Pääbo's contributions have reshaped how we understand our species' origins and genetic heritage—making him a worthy recipient of the Nobel Prize.



## DEEPEST CONDOLENCES

Our hearts go out to all those affected by the tragic crash of flight Ai171.

Our entire city mourns with you.

May the departed souls find peace, and for those left behind, may God give you strength and healing.

## MEDICAL NEWS THIS MONTH

- **Low birthweight remains high**  
Nearly 47% of underweight newborns in India are from UP, Bihar, Maharashtra and WB, per NFHS 5 data analyzed in a recent BMJ Global Health study
- **Health inequality persists**  
A new NFHS 5-based study reveals socio economic and gender health disparities, particularly in Maharashtra—women report nearly double morbidity than men
- **Bharat Biotech advances cholera vaccine**  
Phase III trials of “Hillchol” oral cholera vaccine completed successfully, demonstrating efficacy against major strains
- **Ichcha Mrityu**  
Karnataka recently became the first state to implement "Right to die with dignity,"
- **Once-weekly insulin (Efsitora)**  
ADA presented data show Efsitora is non inferior to daily insulin for type 2 diabetes
- **Lenacapavir for HIV prophylaxis**  
Injectable HIV prevention shot offers 99.9% protection, though affordability remains a concern globally.
- **CRISPR device for TB detection**  
A portable assay powered by CRISPR offers rapid TB testing in under an hour for <\$800
- **Personalized bowel cancer predictors**  
New tool using machine learning technology predicts when bowel cancer drugs may fail, offering scope for tailored therapeutic strategies

## Endometriosis : An Enigma & Novel Approach

Date : 30th May, 2025 - Friday

The clinical meet on endometriosis was an academic feast. The comprehensive management starting from first line medical management of OC pills and only progestin pills to second line GnRH agonists and the newest GnRH antagonist - Elagolix and finally all the aspects of surgical treatments from adhesiolysis to meticulous clearance were discussed in detail. Also associated aspects like proper patient counselling, egg freezing and pain management were also discussed. It was a complete updated course on endometriosis management which was well received by active participation from the audience. As usual it was followed by delicious lunch.

# Endometriosis : An Enigma & Novel Approach

Date : 30th May, 2025 - Friday



# “DO TIKE ZINDAGI KE”

Date : 13th June, 2025 - Friday



# YOGA DAY CELEBRATION

Date : 22nd June, 2025 - Sunday



# Advancing Cervical Cancer Prevention: Novel self-sampling HPV testing kit



**Dr. Arati Gupte**

## Introduction: Cervical Cancer – A Persistent Global Challenge

Cervical cancer is the **second most common cancer among women worldwide, with over**

**600,000 new cases and 340,000 deaths annually.** India alone accounts for nearly **25% of this global burden**, with approximately **1 in 53 women** expected to develop cervical cancer in their lifetime. Despite being preventable, late detection and limited access to effective screening continue to fuel high morbidity and mortality rates.

Persistent infection with **high-risk Human Papillomavirus (HPV)** is identified in **over 99% of cervical cancer cases**, highlighting the virus’s pivotal role in carcinogenesis. Of the more than 100 HPV types identified, **14 high-risk genotypes**, notably **HPV-16 and HPV-18**, are primarily implicated in cervical neoplasia.

### The Role of HPV Testing in Early Detection

HPV testing has emerged as a vital tool in cervical cancer prevention due to its ability to detect infections **prior to the onset of cytological abnormalities** or clinical symptoms. Key benefits include:

- **Early risk identification:** Detects women with persistent high-risk HPV infections.
- **Guided follow-up:** Enables timely monitoring, triage, and treatment.
- **Increased survival:** Early intervention significantly improves prognosis, as reflected in stage-based 5-year survival rates.

### WHO Strategy: Global Roadmap to Elimination

The World Health Organization’s Global Strategy to eliminate cervical cancer as a public health problem calls for a three-pronged approach by 2030:

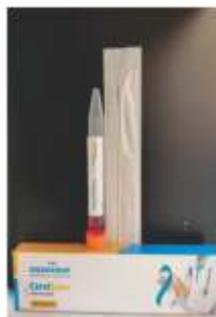
- **90%** of girls fully vaccinated with the HPV vaccine by age 15
- **70%** of women screened with a high-performance test by ages 35 and 45
- **90%** of women with positive screening results appropriately treated

To meet these targets, scalable, **sensitive**, and **cost-effective** HPV DNA testing is essential, particularly in resource-limited settings.

### Current Gaps in Screening Practices

Despite advances, current HPV testing strategies face several limitations:

1. **High Cost:** Many commercial HPV tests are prohibitively expensive for low-income populations.
2. **Limited Genotypic Information:** Most tests detect only HPV-16 and HPV-18 individually, while reporting other high-risk types collectively.
3. **Clinician Dependence:** Most validated tests require clinician-collected cervical samples, which can discourage participation due to discomfort or logistical barriers.
4. **Low Awareness:** Cultural stigma and insufficient education about HPV and cervical cancer hinder widespread uptake.
5. **Fragmented Follow-up:** Inconsistent post-test management can delay or obstruct timely treatment.



## Our Innovation: A Comprehensive, Accessible HPV Screening Solution

To address these challenges, we developed and evaluated a novel HPV test kit characterized by:

- **Affordability:** Designed to be cost-effective without compromising diagnostic accuracy.
- **Validated Self-Sampling:** Enables home collection of samples with sensitivity and specificity equivalent to clinician-collected samples.
- **Broad Genotypic Coverage:** Accurately identifies all 14 high-risk HPV genotypes, providing precise risk stratification.
- **Rapid Results:** Delivers outcomes within 2 hours, facilitating prompt clinical decisions.
- **Integrated Support:** Offers follow-up recommendations and referrals to specialists when necessary.

### Clinical Validation and Key Findings

HC			Our kit		%Sensitivity	%Specificity
HPV Positive	HPV negative	Total Samples	HPV Positive	HPV negative	98.82 % (95 % CI:93.62-99.97 %)	99 % (95 % CI:96.43-99.88 %)
85	200	285	84	198		

Self-collected samples (n)			Clinician collected sample (n)			κ (99%CI)	Sensitivity	Specificity
HPV positive	HPV negative	Total samples	HPV positive	HPV negative	Total			
80	183	263	49	184	203	0.88 κ: 0.85	98.1% (99% CI: 86.7-99.9%)	99.3% (99% CI: 88.3-99.7%)

Concordance for HPV detection between self-samples and clinician-collected samples

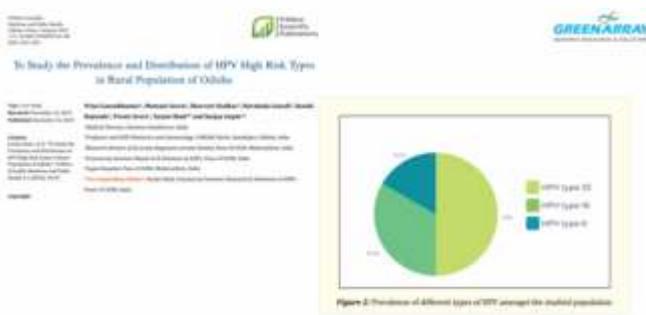
We conducted a study at our center, where we compared our novel self- sampling HPV testing kit with the Hybrid Capture 2 test kit (Roche). Both kits showed equivalent sensitivity of 98.82%. The analytical specificity was also observed to be 100%.

To confirm the validity of self-collection vs clinician collected samples, we tested samples collected by patients using our kits, against those collected by clinicians. The number of HPV positive samples were equivalent in both with a sensitivity of 98% and specificity of 99%

Another crucial finding has been the strain of HPV types detected during testing. In our study where more than 7000 samples were screened, what we found was, that although the most common strain was HPV 16 (33% of total positive samples), the second most commonly found strain was HPV 66 (17% of total positive samples), which is not routinely tested for.

To reiterate this, we published 2 papers on studies conducted in Madhya Pradesh and Orissa. Both these studies showed high prevalence of HPV 66 and 33.

Age Group	No. of subjects tested	% positive (HPV overall)	% positive (HPV 16)	% positive (HPV 18)
18-24	1000	12.5	4.5	1.5
25-29	1000	15.0	5.5	2.0
30-34	1000	18.0	6.5	2.5
35-39	1000	22.0	8.0	3.0
40-44	1000	28.0	10.0	4.0
45-49	1000	35.0	12.0	5.0
50-54	1000	42.0	14.0	6.0
55-59	1000	50.0	16.0	7.0
60-64	1000	58.0	18.0	8.0
65-69	1000	65.0	20.0	9.0
70-74	1000	72.0	22.0	10.0
75-79	1000	78.0	24.0	11.0
80-84	1000	85.0	26.0	12.0
85-89	1000	90.0	28.0	13.0
90-94	1000	95.0	30.0	14.0
95-99	1000	98.0	32.0	15.0



This emphasizes the importance of testing all 14 HPV types for cervical cancer screening.

**Comparative Advantages of Our HPV Test Kit**

Feature	Our Kit	Conventional Kits
Sensitivity	98.82%	Comparable
Specificity	99%	Variable
High-Risk HPV Types Detected	All 14 individually	HPV-16, HPV-18 specific; others pooled
Sample Collection	Validated self-sampling	Clinician-collected only
Turnaround Time	< 2 hours	24- 72 hours
Cost	Affordable, scalable	High cost, limited availability
Post-test Support	Integrated follow-up and treatment guidance	Often not standardized

**Why Testing All 14 High-Risk HPV Types Matters**

**1. Enhanced Epidemiological Surveillance**

Full genotypic profiling enables a better understanding of HPV type distribution across regions, informing targeted public health strategies.

**2. Improved Vaccine Development**

By capturing the prevalence of lesser-known high-risk genotypes, data can guide the design of **next-generation vaccines** tailored to regional needs, potentially improving protection beyond the coverage of current vaccines like Gardasil 9.

**Potential Applications and Public Health Impact**

Our HPV testing solution is well-suited for integration into diverse healthcare ecosystems:

- **Primary Healthcare Providers:** Enabling community-level deployment and increasing access in underserved areas.
- **Diagnostic Laboratories:** Easy integration into existing workflows to enhance diagnostic precision.
- **Corporate and Occupational Health Programs:** Targeting working women through employer-supported wellness initiatives.
- **Public Health Programs:** Aligning with government and NGO-led cervical cancer elimination campaigns.

**Conclusion**

Cervical cancer is preventable, yet it remains a global threat due to gaps in screening and accessibility. Our novel HPV test kit offers a promising, patient-centered approach that addresses key limitations in existing methods—through affordability, full genotypic detection, and validated self-sampling. By enabling early diagnosis and improving participation, especially in resource-constrained settings, this innovation can significantly contribute to the global goal of cervical cancer elimination.

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## Medical Quiz

### HPV and Cervical Cancer Quiz

**1. Which types of HPV are most commonly associated with cervical cancer?**

- A. HPV 6 and 11
- B. HPV 16 and 18
- C. HPV 1 and 2
- D. HPV 31 and 33

**2. What is the primary mode of transmission of HPV?**

- A. Blood transfusion
- B. Airborne droplets
- C. Sexual contact
- D. Fecal-oral route

**3. The HPV vaccine is most effective when administered:**

- A. After the first sexual encounter
- B. During pregnancy
- C. Before the onset of sexual activity
- D. After diagnosis of cervical dysplasia

**4. Which of the following screening methods is used for early detection of cervical cancer?**

- A. Mammography
- B. Colonoscopy
- C. Pap smear (cytology)
- D. Chest X-ray

**5. What is the recommended age to begin cervical cancer screening for average-risk women?**

- A. 15 years
- B. 21 years
- C. 25 years
- D. 30 years

**6. Which of the following statements about HPV infection is TRUE?**

- A. Most HPV infections lead to cancer.
- B. HPV only infects females.
- C. Most HPV infections clear spontaneously within 1–2 years.
- D. Once vaccinated, screening is no longer necessary.

**7. Which of the following HPV vaccines protects against the most HPV types?**

- A. Bivalent vaccine
- B. Quadrivalent vaccine
- C. Nonavalent vaccine
- D. Monovalent vaccine

**8. What cellular abnormality does HPV typically cause in cervical epithelial cells?**

- A. Metaplasia
- B. Dysplasia
- C. Necrosis
- D. Hyperplasia

**9. Which protein from high-risk HPV types contributes to oncogenesis by inactivating p53?**

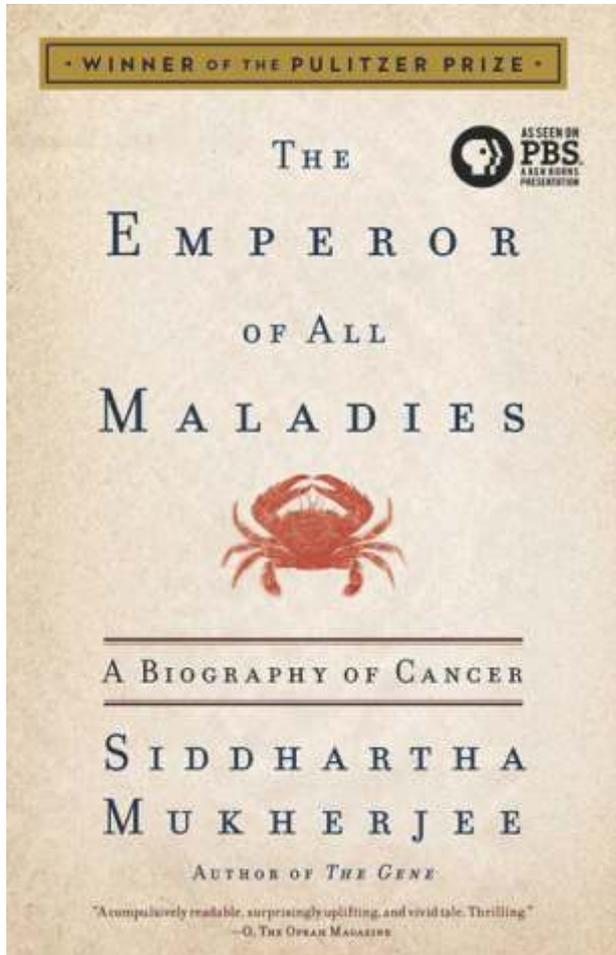
- A. E1
- B. E2
- C. E6
- D. E7

**10. In low-resource settings, which alternative to Pap smear is often used for cervical cancer screening?**

- A. Serum HPV antibodies
- B. Visual inspection with acetic acid (VIA)
- C. MRI
- D. Ultrasound

**Answers : 1.B., 2.C., 3.C., 4.C., 5.B., 6.C., 7.C., 8.B., 9.C., 10.B.**

## READER'S CORNER



### Book Review: *The Emperor of All Maladies* by Siddhartha Mukherjee

Siddhartha Mukherjee's *The Emperor of All Maladies: A Biography of Cancer* is a sweeping, ambitious, and deeply humane chronicle of one of medicine's most formidable foes—cancer. Winner of the Pulitzer Prize for General Nonfiction in 2011, the book stands out not only for its rigorous scientific detail but also for its narrative grace and emotional depth. Written by a physician-scientist who brings the dual perspective of a clinician and researcher, the book reads like a biography—not just of a disease, but of humanity's centuries-long battle to understand, treat, and survive it.

Mukherjee begins the story in ancient times, tracing the earliest recorded cases of cancer in Egyptian scrolls and Greco-Roman writings. He then walks readers through pivotal moments in oncology's evolution—from crude surgical interventions to radical mastectomies, from the development of chemotherapy in the mid-20th century to the modern promise of targeted therapies and immunotherapy. Along the way, he brings in the voices of patients, researchers, activists, and policymakers, framing cancer not as a single disease, but as a collection of complex biological malfunctions influenced by genetics, environment, and chance.

One of the most compelling aspects of the book is how it demystifies the science of cancer. Mukherjee explains complex concepts—such as cell division, mutations, oncogenes, and the role of the human genome—with clarity and elegance. He does not shy away from the failures, controversies, and ethical dilemmas that have shaped cancer research. The reader is reminded that progress has often been slow, painful, and uncertain.

The book also explores the cultural, political, and economic dimensions of cancer. It documents the rise of cancer advocacy in the United States, especially during the 1970s "War on Cancer," and critically examines the influence of pharmaceutical industries, government funding, and public perception. Mukherjee challenges the notion of a "cure" as a singular goal, suggesting instead that cancer treatment is a continuum shaped by evolving knowledge.

While densely informative, *The Emperor of All Maladies* is ultimately a work of narrative nonfiction, and Mukherjee's prose is lyrical and deeply empathetic. His personal stories from the clinic humanize the disease and highlight the resilience of patients. These vignettes prevent the science from becoming abstract, grounding it in lived experience.

Overall, the book is both sobering and hopeful. It does not offer easy answers or dramatic victories but paints a nuanced picture of cancer as a disease that is intimately tied to the very mechanisms of life. For college readers—particularly those interested in medicine, biology, public health, or history—Mukherjee's work is a masterclass in how science can be communicated with both intellectual rigor and emotional resonance.

#### Verdict:

A powerful and essential read, *The Emperor of All Maladies* is as much a meditation on life and mortality as it is a history of disease. Mukherjee succeeds in transforming cancer from an abstract terror into something comprehensible, without losing sight of its profound human impact.



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