

6th AGM and International Scientific Conference 2023

Date: August 31-September 02, 2023

Venue: Bangabandhu Sheikh Mujib Medical University (BSMMU)



**Know HPV, Throw HPV,
Meet Challenges**



Bangladesh Society for Colposcopy and Cervical Pathology





যে তুমি শুনিয়েছিলে মুক্তির জয়গান,
যে তুমি শিখিয়েছিলে শিকল ভাঙ্গার গান।
শ্রদ্ধাভরে আজ তোমারে স্মরি
জাতির পিতা শেখ মুজিবুর রহমান।

MESSAGE

Message



Minister

Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

I am delighted to know that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is going to hold its 6th Annual General Meeting & International Scientific Conference from 31st August- 2nd September, 2023.

Cervical cancer, poses a significant threat to the well-being of our women. Through forums like this, we have the opportunity to join our collective expertise and share insights on innovative strategies for both prevention and treatment. The collaborative spirit that supports events such as this conference is a demonstration to the strength of our healthcare community.

In our ongoing efforts to enhance women's health, colposcopy stands as a crucial diagnostic tool, enabling precise examination and early detection of cervical abnormalities. By incorporating colposcopy into medical practices, healthcare professionals can detect cervical abnormalities earlier, leading to better treatment outcomes, reduced healthcare burden, and ultimately contributing to a healthier population. And also, Pathologists play a vital role in cervical cancer prevention through their expertise in analysing tissue samples, interpreting test results, and guiding patient management. Their contribution is integral to the overall process of early detection, accurate diagnosis, and effective treatment of cervical cancer.

Soon GOB is going to launch HPV vaccination program under EPI. This program represents a pivotal step towards the reducing the burden of cervical cancer in our nation. By focusing on prevention through vaccination, we are taking proactive measures to safeguard the health and well-being of our women. This initiative holds the potential to save countless lives by preventing the very root cause of a formidable health challenge. I encourage all stakeholders to support and participate in these vaccination efforts.

This conference brings together experts, researchers, and practitioners from various corners of the world. Such interactions foster collaboration, accelerate advancements, and equip our healthcare professionals with the latest tools and knowledge. As we forge ahead, let us remember that our work goes beyond scientific achievements. It is about touching lives, providing hope, and making a difference in the lives of millions of women across Bangladesh.

I congratulate all the gynaecologist, colposcopist and pathologist for their effort in arranging 6th AGM and International Scientific Conference.

In conclusion, let us unite as one force, working tirelessly to protect the health and well-being of women in our nation. Together, we can build a future where cervical cancer is but a distant memory. Working collaborately, we have the potential to shape a Bangladesh where women experience good health & enriching lives.

Joy Bangla, Joy Bangabandhu
Long live Bangladesh

Zahid Maleque, MP

Message



Secretary

Medical Education and Family Welfare Department
Ministry of Health and Family Welfare

Know HPV, Throw HPV- Meet challenges" it is already known that cervical cancer is almost entirely caused by different oncogenic strains of HPV. Cervical cancer is preventable by early detection and treatment of HPV infection and also curable if diagnosed at early stage. Screening allows to detect pre-cancers and provides opportunity for treatment. By reducing HPV infection, we can minimize the huge burden of cervical cancer in the country which is still a great challenge for us to address.

Practice of colposcopy is the cornerstone of cervical cancer prevention as it provides opportunity for evaluation of positive screening tests (VIA, Pap or HPV based tests) and also treatment of pre-cancer at the same setting. But accuracy of colposcopy depends on knowledge, skill and expertise of colposcopists. BDSCCP is the non-government organization dealing with training of health care professionals to perform cervical cancer screening and colposcopy at government and private level using standardized terminology and recommendations. It is helping the government for obtaining the aim of cervical cancer elimination in future.

The Government of Bangladesh (GOB) plays a critical role in addressing the challenges posed by cervical health issues and supporting initiatives like the Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP). The GOB's involvement is crucial in promoting women's health, raising awareness, and providing necessary resources to combat cervical cancer effectively.

I commit my heartiest support and wish the best for the success of the 6th AGM and International Scientific Conference of 2023. It will obviously contribute a lot by sharing views and knowledge among countries which will enrich the practice of cervical cancer screening and management of precancerous cervical lesions according to standard guidelines.

Md. Azizur Rahman

Message



Vice Chancellor
Bangabandhu Sheikh Mujib Medical University

It is my pleasure to congratulate the Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) for holding the 6th AGM and International Scientific Conference scheduled on 31st August to 2nd September, 2023.

About 8068 new cases are diagnosed with cervical cancer each year in our country. Over 5214 die of the disease according to the study of International Agency for Research and Cancer (IARC). Cervical cancer screening program can avoid cervical cancer death by early detection & early treatment. When the disease is detected early it is highly treatable and is often associated with long survival and good quality of life.

BDSCCP is working continuously and aiming to create awareness among women about cervical cancer screening, treatment and follow-up.

Bangabandhu Sheikh Mujib Medical University (BSMMU) plays a pivotal role in advancing healthcare and medical education in Bangladesh. As the premier medical institution of the country, BSMMU has been at the forefront of providing high-quality healthcare services, conducting cutting-edge research and training the next generation of medical professionals.

I strongly believe that BDSCCP will continue to play its role in reducing cancer related death for elimination cervical cancer in Bangladesh.

With a strong focus on women's health, BSMMU actively collaborates with organizations like the BDSCCP to promote awareness, early detection and advanced treatment options for cervical diseases. Furthermore, BSMMU's role in training and nurturing healthcare professionals in colposcopy and cervical pathology cannot be overstated. As we move forward in the pursuit of a healthier future for our nation, BSMMU's continued efforts and collaboration with organizations like BDSCCP will undoubtedly contribute significantly to combat cervical cancer and improving women's healthcare across Bangladesh.

I wish the success of BDSCCP regarding holistic care of the patient with precancerous lesion of the cervix.

Professor Dr. Md. Sharfuddin Ahmed

Message



Director General
Directorate General of Health Services

Cervical cancer (CC) is the fourth most common cancer among women worldwide and the second most frequent cancer among women in Bangladesh. Cervical Cancer screening program with good coverage of the target population and management of screen-positive cases should reduce cervical cancer. The Government of Bangladesh introduced VIA for screening and colposcopy for evaluation of VIA-positive women.

Worldwide, colposcopy societies have shown their role over women's healthcare. The Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is a unique professional body which may work with the government and other organizations to contribute to improve women's health. BDSCCP periodically arrange colposcopy training in the view of disseminating screening program for cervical cancer nationally.

I would like to congratulate BDSCCP for this endeavor and take this opportunity to remind all the members to contribute by awareness creation, training, quality control of services and thereby in the reduction of cervical cancer in our country.

I am very much pleased knowing that the BDSCCP is organizing its 6th AGM and International Scientific Conference on 31st August to 2nd September, 2023.

Prof. Dr. Abul Bashar Mohammad Khurshid Alam

Message



Director General
Directorate General of Medical Education

I am glad to know that the Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is going to organize its 6th Annual General Meeting (AGM) and International Scientific Conference from 31st August to 2nd September, 2023.

Cervical cancer remains a critical public health problem that is second only to breast cancer in overall disease burden for women throughout the world. In spite of the success of cervical cancer screening, Pap cytology screening is yet to be effectively implemented or has failed to reduce cervical cancer rates to an appreciable extent. The establishment of Human Papillomavirus (HPV) infection as the necessary cause of cervical pre-cancers and cancers provides a tremendous opportunity for cervical cancer prevention through vaccination. HPV16 and 18 which cause 70% of cervical cancers worldwide. Thus a prophylactic vaccine to prevent HPV related precancerous lesions and cancers would save lives, reduce the need for costly medical procedures and provide both women and communities throughout the world with substantial benefits. HPV vaccination will reduce the number of women who require colposcopy, biopsy and treatment for precancerous cervical lesions. HPV vaccination targeting young female adolescents, aged 9 to 14 years, would be a strategy to be addressed. Cervical cancer screening strategies with proper surveillance of women and HPV should bring the success..

I congratulate all the gynaecologists, colposcopists and pathologists for their effort in arranging 6th AGM and International Scientific Conference.

Prof. Dr. Titu Miah

Message



Director General (Grade-1)
Directorate General of Family Planning

I am glad to know that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is arranging its 6th Annual General Meeting (AGM) and International Scientific Conference on 31st August to 2nd September, 2023.

BDSCCP is an established and government-registered organization to play vital role in prevention of cervical cancer. Colposcopy is a secondary screening tool in cervical cancer screening. It plays vital role in the confirmatory diagnosis of cervical precancers and early invasive (microscopic) cancers in association of biopsy and histopathology. In our country the screening methods are disseminated in most of the government set-up through organized programme. BDSCCP also has a vital role in implementing the screening methods throughout the country including non- government facilities.

I hope that the AGM and international scientific conference would bring opportunities for sharing experiences. It will aid in the various filed level activities and ultimately will be beneficial to their professional development as well as service for women.

I wish the 6th AGM and International Scientific Conference a success.

Sahan Ara Banu , ndc

Message



(Additional Secretary)
Director General

Directorate General of Nursing and Midwifery

I am delighted to know that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is going to hold its 6th AGM and International Scientific Conference.

Cervical Cancer is the second common cause of woman cancer in our country and common cause of cancer related female death in Bangladesh. But this cervical cancer is preventable. The most important preventable way of cervical cancer is screening procedures like VIA, conventional Pap smear and liquid base cytology, HPV DNA testing. Confirmation of diagnosis of precancerous lesion requires colposcopy directed biopsy. So the role of colposcopist and pathologist are an integral part for screening program for the prevention of cervical cancer.

Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) periodically arrange colposcopy training in the view of disseminating screening program for cervical cancer nationally.

This is the 6th AGM and International Scientific Conference of BDSCCP and the society plays an important role for creating awareness regarding the screening methods of cervical cancer among female population.

I congratulate all the gynecologists, colposcopists and pathologists for their effort in arranging 6th AGM and International Scientific Conference.

Maqsurra Noor

Maqsurra Noor, ndc

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Message



OGSB

Past President

Obstetrical and Gynaecological
Society of Bangladesh
(OGSB)

It's my great pleasure to know that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is organizing their 6th AGM and International Scientific Conference from 31st August to 2nd September, 2023. In a developing country like ours cancer cervix is still one of the important causes for women's mortality. Though the prevalence and mortality is declining still cancer is a nightmare when a patient comes in an advanced stage. Prevention is always better than cure. There are so many preventive procedures for prevention of cancer cervix-colposcopy is one of those.

We know that colposcopy is a very good method for prevention of cancer cervix. In our country the colposcopy training is disseminated in most of the government set up through organized program. A good number of non-government organizations and doctors also managing the cancer cervix patients so an organized skilled training may be arranged for them which will also help to prevent cancer cervix no doubt.

I wish the conference great a success.

Shahla Khatun

National Professor Shahla Khatun

Message



OGSB

Past President

Obstetrical and Gynaecological
Society of Bangladesh
(OGSB)

It makes me really happy that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) has arranged its 6th AGM and International Scientific Conference from 31st August to 2nd September, 2023.

Cervical cancer is one of the worst cancers for women and the 4th most common cancer in the world. Virtually, all cervical cancers are linked to Human Papilloma Viruses (HPV). Apart from other environmental factors; women are mainly affected with cervical cancer through HPV infection.

Currently, in almost every country, prevention of cancer is one of the most important challenges to the 21st century. Every year, 6 lakh new patients are reported and more than half of the patients are aged between 15 to 45 years.

About 40% of cancer incidences can be prevented by reducing the exposure to cancer risk factors with appropriate awareness. The disease is widespread and women in Bangladesh are not fully aware of the health issues associated with it.

So, I think, BDSCCP plays a pivotal role in prevention of cervical cancer. Colposcopy and screening methods have been a blessing in our country's cervical cancer diagnosis system as this method successfully diagnoses pre-cancerous conditions, which will reduce the incidence of invasive cervical cancer.

I hope this conference make our doctors more conversant with the modern methods of screening of cervical cancer.

I wish the best for BDSCCP so that it carries out its activities effectively in the future as well.

Prof. Dr. T. A. Chowdhury

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Message



OGSB

President

Obstetrical and Gynaecological
Society of Bangladesh
(OGSB)

I am very happy to know that Bangladesh Society for Colposcopy and Cervical Pathology (BDSCCP) is going to organize, its 6th AGM and International Scientific Conference.

Practice of colposcopy is the cornerstone of cervical cancer prevention as it provides opportunity for evaluation of abnormal screening tests (VIA, Pap or HPV based tests) and also treatment of pre-cancer at the same setting. But accuracy of colposcopy depends on knowledge and skill of colposcopists. BDSCCP is the non-government organization dealing with training of health care professionals to perform cervical cancer screening and colposcopy at government and private level using standardized terminology and recommendations. It is helping the government for obtaining the aim of cervical cancer elimination in upcoming future.

I wish the best for BDSCCP so that it carries out its activities effectively in the future as well.

Prof. Farhana Dewan

Message



President

**Bangladesh Society for Colposcopy and
Cervical Pathology (BDS CCP)**

It is my pleasure as President Bangladesh Society for Colposcopy and Cervical Pathology (BDS CCP) to be able to work together with the Government, development partners, private organizations and international and national NGOs as a professional organization for the betterment of women, mothers and girls of Bangladesh. Together, we have been making significant progress in the fight against cervical cancer and improving women's healthcare in our nation. I want to express my heartfelt gratitude to each one of our members for their dedication and commitment to this noble cause.

BDS CCP was formed in 2009 to provide a platform to bring the colposcopists and pathologists together to enhance the early diagnosis of cervical cancer and treatment of the pre-invasive lesion. BDS CCP steadily progressed by continuous effort of the members and the participating countries. Our international coordination with IFCPC, IPVS, AOGIN and IARC is an excellent example of international network.

Our society's strength lies in the collective expertise and passion of our members. Their relentless pursuit of knowledge and excellence in the fields of colposcopy and cervical pathology inspire us all. I urge them to continue their efforts to enhance skills, stay updated with the latest advancements and share experiences for the greater benefit of our patients.

Over the years, we have accomplished remarkable milestones in education, advocacy, and research. However, there is still much work to be done. Cervical cancer remains a significant health concern and we must intensify our efforts to make a tangible impact on the lives of women across Bangladesh.

I encourage all to actively participate this conference. It is an excellent opportunity to exchange knowledge, engage in fruitful discussions, and foster a strong network of professionals in the field.

I would like to extend our heartfelt gratitude to Md. Azizur Rahman, Secretary, Medical Education and Family Welfare Division, MoHFW for graciously accepting our invitation to be the chief guest at the inauguration of the conference. We would also like to express our sincere appreciation to all the other distinguished guests who have joined us for the inauguration of this conference. I am also obliged to our foreign resource persons who have taken much trouble to come to Bangladesh to be with us and drive inspiration and share scientific knowledge and skills. We are very grateful to you for your presence amongst us in this occasion despite of your busy schedule, which has encouraged us a lot. I hope all delegates will get opportunities to exchange the latest advancements in this subject.

I wish the conference a great success.

Ashrafunnessa

Prof. Dr. Ashrafunnessa

Message



Secretary-General
Bangladesh Society for Colposcopy and
Cervical Pathology (BDS CCP)

Honorable Chief guest Md. Azizur Rahman, Secretary, Medical Education & Family Welfare Division of Ministry of Health and Family Welfare, Respected Chairperson Prof. Dr. Ashrafunnessa, President, Bangladesh Society for Colposcopy and Cervical Pathology, Special guest Prof. Dr. Md. Sharfuiddin Ahmed, Vice-chancellor, Bangabandhu Sheikh Mujib Medical University, Prof. Dr. Abul Bashar Mohammad Khurshid Alam, Director General of DGHS, Prof. Dr. Titu Miah, Director General of DGME, Sahan Ara Banu, Director General of DGFP, Maqura Noor, Director General of DGNM, National Professor Shahla Khatun, Prof. T.A. Chowdhury, Prof. Farhana Dewan, Dr. Partha Basu respected teachers, distinguished foreign faculties, representative from government, different organizations, the members of BDS CCP, distinguished guests and participants Assalamu Alaikum and a very good evening to you all. It is a great pleasure and honor for me to welcome you all to the 6th AGM and International Scientific Conference.

The Government of Bangladesh (GOB) adopted visual inspection of cervix with acetic acid (VIA) method for cervical cancer screening for the women of 30 years and above. The GOB has extended the program to 601 centers and 43 colposcopy centers at BSMMU, NICRH and all medical colleges, districts hospitals and selected upazilas. VIA +ve women are attending the colposcopy clinics of referral centers including private facilities for colposcopic evaluation and management. The GOB took a policy decision to incorporate HPV vaccination as a part of Expanded Program on Immunization (EPI) in last part of this month. Very soon HPV DNA testing could be considered for incorporation in a national cervical cancer screening program.

To prevent cervical cancer, BDS CCP is taking active steps to collaborate with government by awareness creation through different ways as celebration of "Cervical and Breast Cancer Prevention Week." Society is also involved in the training of doctors from private organizations and trying to help Government indirectly through standardization of colposcopy clinics.

I would like to express my appreciation and thanks to the members of the organizing committee, subcommittees, the pharmaceuticals and all the participants to make this International Scientific Conference and 6th AGM a great success.

Afzalunnessa Chowdhury

Prof. Afzalunnessa Chowdhury

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Scientific Program



Bangladesh Society for Colposcopy and Cervical Pathology

Scientific Program

Chairperson : Prof. Ashrafunnessa
Prof. Rehana Perveen
Prof. Mohammed Kamal
Prof. Fawzia Hossain

Moderator : Dr. Rifat Ara
Dr. Lutfu Begum Lipi

Date: 31st August 2023, Thursday

Session-Virtual: 7:00pm - 9:00pm

Time	Topic	Speaker
7:00pm-7:20pm	Cervical cancer elimination in the LMICs	Dr. Ida Ismail-Pratt
7:20pm-7:40pm	World Perspective: Challenges with cervical cancer screening	Dr. Neerja Bhatla
7:40pm-8:00pm	One Less Worry – Improving access to screening to prevent HPV-related cancer	Dr. Anna-Barbara Moscicki
8:00pm-8:20pm	Challenges with HPV test in LMICs	Dr. R. Sankarnarayana
8:20pm-8:40pm	Management of pre-invasive lesions of vulva and vagina	Dr. Sushil Kumar Giri
8:40pm-9:00pm	Artificial Intelligence in lower genital lesions	Dr. Ashfaq M Khan

Date: 1st September (Friday), 2023 | Venue: Milon Hall, BSMMU

Session-Memorial Lecture, Time: 8:30am- 9:10am

Chairperson : Prof. Latifa Shamsuddin
Prof. Rowshan Ara Begum
Prof. Anowara Begum

Moderator : Dr. Mala Banik
Dr. Nasrin Hossain

Time	Topic	Speaker
8:30am-8:40am	Biography of Dr. Khoorsheed Jahan Maula (Late)	Prof. Sameena Chowdhury
8:40am-9:10am	Elimination of cervical cancer in SEARO-Progress and challenges	Dr. Partha Basu

Session-Plenary-I, Time: 9:10am-10:10am

Chairperson : Prof. Sabera Khatun
Prof. Mohammed Kamal
Prof. Shahin Rahman Chowdhury

Moderator : Dr. Chowdhury Shamima Sultana
Dr. Tahsin Zaman

Time	Topic	Speaker
9:10am-9:30am	Role of colposcopy in elimination of cervical cancer	Dr. Ranajit Mandal
9:30am-9:50am	Evolution of ablative treatment in the management of pre-cancerous lesions of the uterine cervix.	Dr. Jaydip Bhaumik
9:50am-10:10am	Progress of electronic data tracking of Cervical cancer screening in Bangladesh and way forward	Prof. Ashrafunnessa

Tea Break: 10:10am-10:20am

Session- Performance of Colposcopy Centers, Time: 10:20am-12:00pm

Chairperson : Dr. Partha Basu
Dr. Uma Singh
Prof. Afroza Khanom
Prof. Munira Ferdousi
Prof. Sartaj Begum

Moderator : Dr. Farhana Haque
Dr. Quayuma Khanam Keya

Time	Medical College	Topic
10:20am-10:30am	Rajshahi Medical College Hospital	Dr. Monira Naznin
10:30am-10:40am	Khulna Medical College Hospital	Dr. Zannatul Ferdous Jesmin
10:40am-10:50am	Faridpur Medical College Hospital	Dr. Kaniz Fatema
10:50am-11:00am	Rangpur Medical College Hospital	Dr. Yeasmin Dil Jannat
11:00am-11:10am	Shahid Ziaur Rahman Medical College Hospital	Dr. Most. Runa Parvin
11:10am-11:20am	Chittagong Medical College Hospital	Dr. Shahana Begum Shelly
11:20am-11:30am	Dhaka Medical College Hospital	Dr. Lutfa Begum Lipi
11:30am-11:40am	National Institute of Cancer Research & Hospital	Dr. Taslima Nigar
11:50am-12:00pm	Bangabandhu Sheikh Mujib Medical University	Dr. Noor-E-Ferdous

Session –Plenary-II, Time: 12:00pm-1:30pm

Chairperson : Dr. Jaydip Bhaumik
Dr. Ranajit Mandal
Prof. Fatema Ashraf
Prof. Nazma Haque

Moderator : Dr. Farhana Khatoon
Dr. Mehriban Amatullah

Time	Topic	Speaker
12:00pm-12:15pm	Impact of COVID-19 pandemic on Cervical cancer screening in Bangladesh	Prof. Shirin Akter Begum
12:15pm-12:30pm	Elimination of cervical cancer: Does colposcopy really matter in low resource setting?	Prof. Jannatul Ferdous
12:30pm-12:45pm	Management of Glandular Neoplasia	Prof. Begum Rokeya Anwar
12:45pm-1:00pm	Update on fertility preserving methods in cervical cancer	Prof. Fawzia Hossain
1:00pm-1:15pm	Single dose vaccine: A new hope elimination of cervical cancer in Bangladesh	Prof. Afzalunnessa Chowdhury
1:15pm-1:30pm	Surgery of cervical cancer-consensus & controversy	Prof. Shahana Pervin

Prayer & Lunch: 1:30pm-2:30pm

Poster Session, Time: 1.30:00pm-2:30pm

Time	Topic	Speaker
	Diagnostic accuracy of Pipelleendometrial sampling versus fractional curettage procedure for evaluating the patient of postmenopausal bleeding.	Dr. Salma Akhtar Walida
	Participation patterns and associated factors in national cervical cancer screening Bangladesh, 2018-2022	Dr. Md Foyjul Islam
	Cervical cancer elimination by 2030 & creation of cervical cancer elimination sub-committee of OGSB Chattogram branch, Bangladesh	Prof. Rowshan Morshed
	Importance of training on cancer epidemiology	Dr. Lutfa Begum Lipi
	Paget's disease – a case report	Dr. Tahsin Zaman
	Pattern of cervical cancer screening test results among women with vaginal discharge at a tertiary care hospital	Dr. Dilruba Yeasmin
	Knowledge, practice and barriers towards cervical cancer screening among women in Bangladesh	Dr. Farhana kalam

Policy Session, Time: 2:30pm-3:30pm

Chairperson : Md. Abdus Salam Khan
Joint Secretary
Medical Education and Family Welfare Division
Ministry of Health and Family Welfare

Moderator : Dr. Kashefa Khatun
Dr. Sadia Mahbuba Ripa

Topic: Elimination of cervical cancer from Bangladesh

Panelist	
Prof. Dr. Md. Robed Amin Line Director (NCDC) Directorate General of Health Services	Md. Nasir Uddin (Deputy Secretary) Director (Administration) Directorate General of Nursing and Midwifery
Brig. Gen. Md. Nazmul Haque Director Dhaka Medical College Hospital	Prof. (Dr.) Md. Nizamul Haque Director Cum Professor, Radiotherapy National Institute of Cancer Research & Hospital
Dr. Mohammed Nizam Uddin Line Director (MNC&AH) Directorate General of Health Services	Dr. Mahbuba Khan National Professional Officer, WHO
Prof. Dr. Md. Mazharul Hoque Line Director (HSM) Directorate General of Health Services	Dr. Md. Abu Sayed Hasan SRHR, UNFPA, Bangladesh
Dr. Md. Mahamudur Rahman Director (MCH Services) & Line Director (MCRAH) Directorate General of Family Planning	Prof. Ashrafunnessa President Bangladesh Society for Colposcopy & Cervical Pathology

Session-Debate, Time: 3:30pm-4:30pm

Chairperson : Prof. Ferdousy Begum
Prof. Shirin Akter Begum

Moderator : Dr. SM Shahida
Dr. Farhana Kalam

Judges: Dr. Partha Basu, Dr. Uma Singh, Prof. Khodeja Begum, Prof. Nahreen Akhter

Time	Topic	Speaker
3:30pm-4:30pm	Treatment of low grade intraepithelial lesions of the cervix is mandatory	For: Dr. Lutfa Begum Lipi Dr. Jakanta Faika
		Against: Dr. Rifat Ara Dr. Taslima Nigar

AGM: 4:30pm-5:30pm

Prayer & Tea Break: 5:30pm-7:00pm

Inaugural Session, Time: 7:00pm-8:00pm

Moderator: Prof. Jannatul Ferdous and Dr. Afroza Khanam Rumu

Time	Session	Speaker
	Recitation from Holy Quran	Dr. Afroza Khanom Treasurer Bangladesh Society for Colposcopy and Cervical Pathology
	Welcome Address	Prof. Afzalunnessa Chowdhury Secretary-General, BDSCCP
	Address by President	Prof. Ashrafunnessa President, BDSCCP
	Address by guest of honor	Dr. Partha Basu Head Early Detection, Prevention & Infection Branch International Agency for Research on Cancer (IARC), WHO
	Address by special guest	Prof. Farhana Dewan President Obstetrical and Gynaecological Society of Bangladesh (OGSB)
	Address by special guest	National Prof. Shahla Khatun Past President, OGSB
	Address by special guest	Prof. T.A. Chowdhury Past President, OGSB
	Address by special guest	Maqsura Noor, ndc (Additional Secretary) Director General Directorate General of Nursing and Midwifery
	Address by special guest	Sahan Ara Banu, ndc Director General, (Grade-1) Directorate General of Family Planning
	Address by special guest	Prof. Titu Miah Director General Directorate General of Medical Education
	Address by special guest	Prof. Abul Bashar Mohammad Khurshid Director General Directorate General of Health Services
	Address by special guest	Professor Dr. Md. Sharfuddin Ahmed Vice-Chancellor Bangabandhu Sheikh Mujib Medical University
	Address by Chief guest	Md. Azizur Rahman Secretary Medical Education and Family Welfare Division Ministry of Health and Family Welfare

Cultural Program & Dinner: 8:00pm-10:00pm

Date: 2nd September (Saturday) 2023 | Venue: Milon Hall, BSMMU

Plenary Session-III, Time: 8:30am-10:10am

Chairperson : Prof. Farhana Dewan
Prof. Rowshan Morshed
Prof. Begum Nasrin
Prof. SK Zinnat Ara Nasreen

Moderator : Dr. Samina Sultana
Dr. Farhana Tarannum Khan

Time	Topic	Speaker
8:30am-8:50am	Challenges of HPV vaccine implementation in LMICs	Dr. Sabhyata Gupta
8:50am-9:10am	Challenges and dilemmas in the management of CIN-II lesions	Dr. Uma Singh
9:10am-9:30am	Cervical cancer screening in special situations	Dr. Nisha Singh
9:30am-9:50am	Cervical cancer-relationship with Human Papillomavirus Virus	Prof. Sabera Khatun
9:50am-10:10am	Management of high grade intraepithelial lesions of cervix	Prof. Rehana Perveen

Tea Break: 10:10am-10:30am

Session- Free paper, Time: 10:30am-12:00pm

Chairperson : Prof. Saleha Begum Chowdhury
Prof. Masuda Begum
Prof. Salma Rouf
Prof. Fatema Rahman

Moderator : Dr. Dilruba Ferdous
Dr. Mina Chowdhury

Time	Topic	Speaker
10:30am-10:42am	Evaluation of attitude, knowledge, acceptability of Bangladeshi parents of 9 to 15 year's girls about HPV vaccine in prevention of cervical precancer and cancer	Dr. Asma Akter Sonia
10:42am-10:54am	Role of p16/Ki-67 dual Immunohistochemical (IHC) staining for the diagnosis of high grade cervical intraepithelial neoplasia (CIN II and CIN III)	Dr. Shamima Nasrin
10:54am-11:06am	Correlation between colposcopy grading with histopathology	Dr. Nazneen Ara
11:06am-11:18am	Prevalence of high-risk Human Papillomavirus genotypes and co-infection among women with colposcopic diagnosis of cervical intraepithelial neoplasia	Dr. SM Shahida

Time	Topic	Speaker
11:18am-11:30am	Stratification of challenges, experienced from colposcopy clinic	Prof. Nasreen Banu
11:30am-11:42am	Comparison of the frequency of multi-viral & rare-subtype(s) high-risk HPV infection in glandular and squamous lesions of the uterine cervix in Bangladesh: A retrospective PCR-based study	Dr. Shabnam Akhter
11:42am-11:54am	Evaluation of risk factors of non-regression of low grade cervical intraepithelial neoplasia (CIN I) one year after expectant management	Dr. Rumana Afroz

MDT Session, Time: 12:00pm-1:30pm

Moderator: Dr. Mahenaz Afroz, Dr. Mirza Md. Asaduzzaman

Title	Speaker
3 Cases	Panelist : Dr. Nisha Singh Prof. Rehana Perveen Prof. Sharmin Sultana Prof. Shahana Pervin Prof. Mohammad Kamal Dr. Farida Arjuman Prof. Sufi Hunnan Zulfiqar Rahman
	Presenter: Dr. Humayra Haque Dr. Mohuwa Parvin

Closing Session: 1:30pm-2:00pm

Abstract



One Less Worry- Improving access to screening to prevent HPV-related cancer

Anna-Barbara Moscicki, MD

Professor, Department of Pediatrics, University of California, Los Angeles

Abstract:

In high income countries (HIC), the primary reason associated with cervical cancer diagnosis is lack of screening. In low to middle income countries, this association is magnified since access to screening remains a significant problem. The barriers to access are complex and country specific but include structural and health systems (e.g., getting health care to remote areas, cost, test equipment availability), cultural and social (e.g., stigma and cultural beliefs) and individual (e.g., lack of education). This session will discuss on overview on ways to improve access to screening that targets many of these barriers. Given the limitations associated with cytology and VIA, there has been recent enthusiasm regarding self-testing for primary HPV screening as well as devices that can visualize and interpret photographic images with artificial intelligence (AI). Self-sampling alleviates the need for a clinic visit which is more adaptable to rural areas or pelvic examination which cut costs and, in some cultures, ease the embarrassment of pelvic examinations. Both vaginal self-sampling and urine for HPV testing show excellent sensitivity close to provider collected samples and both are more sensitive than cytology. New HPV tests can also give results within several minutes to hours making follow-up more reliable. Although HPV tests have a very high negative predictive value (if negative the chances of cervical cancer are minimal), its low positive predictive value requires a relatively robust triage test which is currently not affordable for most LMIC. Many countries use VIA as a triage test but VIA also results in over and undertreatment. Diagnostics using AI are now being developed and several studies are in trial. Accurate diagnosis of precancers would allow more targeted treatment strategies than VIA currently offers. Data related to self-sampling, AI and accuracy will be presented.

Recent advances in cervical and breast cancer screening in Bangladesh

Ashrafun Nessa¹, Md Shahadat Hossain², Sheikh Md Nazim Uddin³, Mohammad Abdul Hannan Khan³

1.Department of Gynaecological Oncology, Bangabandhu Sheikh Mujib Medical University, 2.Management Information System, Directorate General of Health Services, 3. HiSP Bangladesh Foundation

Abstract:

Background: Cervical and breast cancers are the two most prevalent cancers among Bangladeshi women. The Government of Bangladesh introduced national cervical and breast cancer screening program on women aged 30 to 60 years since 2005 using VIA (Visual Inspection of Cervix with Acetic Acid) and Clinical Breast Examination (CBE) methods respectively. The paper-based data collection system was migrated to electronic aggregated data collection in 2013. Subsequently in 2018, case-based electronic data collection was initiated. The lowest level data collection source for aggregated data is upazila (sub-district) level hospitals, but that for case-based data collection is further down up to the community clinic level. The District Health Information System 2 (DHIS2) is used for both aggregated and case-based data collection.

Method: Aggregated data on the cervical cancer screening belonging women aged 30 to 60 years, maintained in the DHIS2 database server located at the Management Information System (MIS) of the Directorate General of Health Services (DGHS) of Bangladesh, were presented (2014-2022).

Result: About 600 VIA and CBE centres, 43 colposcopy centres and 16 breast clinics has been developed in the country. A total of 3,358,441 VIA tests and almost similar number of CBE were reported from 465 government hospitals under all 8 divisions of Bangladesh in 9 years. Out of them, 121,687 (3.6%) tests were VIA-positive. The number of tests done under the national screening program showed exponential growth, year after year, with 83.3 percent increase from 2014 to 2022 (from 132,136 to 791,793).

Conclusion: Electronic data gathering system for cervical cancer screening is an effective tool to understand the magnitude of the screening status in any part of the country and referral of suspected cases for evaluation, subsequent treatment if needed and further follow up.

Keyword: Cervical cancer, Cervical cancer screening, VIA, DHIS2 in Bangladesh, Electronic data tracking

VIA and Colposcopy: A comprehensive screening approach for cervical cancer in Rajshahi Medical College Hospital, Rajshahi

Dr. Monira Najnin

Department of Obstetrics and Gynecology, Rajshahi Medical College Hospital

Background: Cervical cancer screening plays a crucial role in early detection and effective management of the disease. This study aimed to see the outcome of visual inspection with acetic acid (VIA), clinical breast examination (CBE) and colposcopy for cervical cancer screening at RMCH, Rajshahi, Bangladesh, from January 2021 to December 2022. In RMCH, VIA start from September 2005 and colposcopy started from June 2006 while the process of electronically gathering data commenced in 2018.

Method: A prospective analysis of screening and case management data were collected. VIA and CBE were used for initial screening while colposcopy was employed for further evaluation. Case management strategies included thermal ablation, loop electrosurgical excision procedure (LEEP), cervical punch biopsy and regular follow-up.

Result: A total of 9,562 women underwent VIA and CBE screening during the study period. Out of those, 418(4.37%) were VIA positive. Screening was temporarily interrupted during COVID-19 pandemic. In 2021, 4,062 women were screened, among them 163 (4.01%) were detected as VIA positive. From January to December 2022, 5,500 women were screened and 255(4.63%) were VIA positive. Colposcopy was performed on 2,964 women throughout the study. Among them 2,094 showed normal results while 603(20.34%) were diagnosed CIN and 46(1.55%) were cervical cancer. Out of total 603 CIN cases 538(89.2%) were CIN-I, 58 (9.61%) were CIN-II and 7(1.16%) were CIN-III. Punch biopsy was taken 619 women. Histopathology showed 438(70.75%) Chronic cervicitis, 65(10.50%) CIN-I, 18(2.9%) CIN-II, 5(0.80%) CIN-III, 1(0.16%) carcinoma in situ and 50(8.077%) were carcinoma of cervix. Case management strategies varied based on individuals. Cold coagulation was the most frequently used intervention with 263 cases throughout the study period. LEEP was performed on 62 cases. Then they were advised for regular follow-up for continued monitoring and treatment.

Conclusion: Regular screening and appropriate case management strategies and regular follow-up can prevent the cervical cancer.

Performance status of cervical cancer & breast cancer screening program in Khulna Medical College Hospital

Zannatul Ferdous Jesmin, Mst. Dalia Akhter, Anjuman Ara, Nargis Monjura, Mukti Kaniz Fatima

Department of Obstetrics and Gynaecology, Khulna Medical College Hospital

Background: Since year 2009 Khulna medical college hospital VIA centre has started journey under the National centre for Cervical and Breast cancer screening program. At present Khulna district has 12 VIA centers and 2 colposcopy clinics, target population in 30- 60 years were 2,95346 and total community registration were 26118(8.8%). From 2018 Electronic data tracking for target population has reported to DHIS2. Performance of screening program is one of the measures to assess progress in prevention of cervical cancer by early diagnosis and treatment of precancerous lesions.

Objective: To evaluate the performance of the Cervical and breast Cancer screening program in a tertiary center for VIA and colposcopy referral. To find out problems and to strengthen the performance of center.

Methodology: This is a retrospective observational study conducted at VIA and Colposcopy clinic of Khulna Medical College Hospital from January 2018 to December 2022. Data was collected from daily data input to MIS and monthly clinic registry book. Cervical cancer screening was done by VIA with 5% Acetic Acid and VIA positive cases were referred for Colposcopy evaluation and treatment. VIA -ve test results were advised for 5 yearly follow up. Clinical Breast Examination (CBE) was done for screening of Breast cancer.

Result: Total 25322 women underwent VIA and CBE and among them 1028 (4.05%) were VIA +ve. Total colposcopy evaluation was performed in 4544 cases and among them 1027(22.60%) were colposcopically abnormal. Colposcopy diagnosis revealed 750 (73.02) had CIN I, 281(27.36%) had CIN II and 57(5.55%) had CIN III or above. Among the women who received treatments, 170 had LEEP (16.55%), 505(49.07%) had Thermal ablation. During study period histopathology report were available in 224(45.71%) cases. Histopathological report showed 100 had CIN I, 50 had CIN II, 13 had CIN III.

Conclusion: Accuracy of histological and colposcopic diagnosis range from 1 in 4 for High grade lesion, and 1 in 7 in low grade lesion. Screening coverage is still low with low rate of follow up and histopathological correlation of report. Strengthening of the program is necessary for more effective screening aiming elimination of cervical cancer.

VIA and Colposcopy: A comprehensive screening approach for cervical cancer in Bangabandhu Sheikh Mujib Medical College, Faridpur

Dr. Kaneez Fatema

Department of Obstetrics and Gynaecology, Bangabandhu Sheikh Mujib Medical College
Faridpur, Bangladesh

Background: Cervical cancer screening plays a crucial role in early detection and effective management of the disease. This study aimed to assess the implementation and outcomes of Visual Inspection with Acetic Acid (VIA), Clinical Breast Examination (CBE), and Colposcopy for cervical cancer screening at Bangabandhu Sheikh Mujib Medical College in Faridpur, Bangladesh, from March 2019 to April 2023. The implementation of VIA and colposcopy began in 2008, while the process of electronically gathering data commenced in 2019.

Method: A prospective analysis of screening and case management data was conducted. VIA and CBE were used for initial screening, while Colposcopy was employed for further evaluation. Case management strategies included Thermal ablation, Loop Electrosurgical Excision Procedure (LEEP), cervical punch biopsy and regular follow-up.

Result: A total of 6,173 women underwent VIA and CBE screening during the study period. Out of these, 198 (3.21%) were VIA positive. In 2019, 1,516 women were screened, with 45 (2.97%) identified as VIA positive. Screening was temporarily interrupted in 2020 due to the COVID-19 outbreak, resulting in 802 screenings and 24 (2.99%) VIA-positive cases. In 2021, another disruption occurred due to the second wave of the pandemic, leading to 925 screenings and 28 (3.03%) VIA-positive cases. In 2022, 1,935 women were screened, with 80 (4.13%) identified as VIA positive. From January to April 2023, 737 women were screened, and 21 (2.85%) were VIA positive. Colposcopy was performed on 1,343 women throughout the study. Among them, 234 (17.42%) showed normal results, while 44 (3.28%) were diagnosed with cervical cancer. The majority of the diagnosed cases were identified in 2022, with 10 (22.73%) cases, followed by 2019 (15 cases), 2020 (13 cases), 2023 (6 cases), and 2021 (6 cases). Case management strategies varied based on individual needs. Cold Coagulation was the most frequently used intervention, with 220 cases throughout the study period. LEEP was performed on 5 cases, while Cryotherapy was administered in 5 cases. A significant number of women (145) were advised regular follow-up for continued monitoring and management.

Conclusion: The introduction of VIA, CBE, and Colposcopy for cervical cancer screening at Bangabandhu Sheikh Mujib Medical College in Faridpur has shown promising results in the early detection and management of cervical cancer cases. Regular screenings and appropriate case management strategies, including Thermal ablation, LEEP, cervical punch biopsy and regular follow-up, have contributed to improving outcomes. Continuous monitoring and further research are necessary to optimize the effectiveness of these screening methods and ensure better overall outcomes for women's health.

Prevalence and management of CIN by colposcopy among VIA positive cases in a tertiary level hospital of Bangladesh

Dr. Yeasmin Dil Jannat

Department of Obstetrics and Gynaecology, Rangpur Medical College and Hospital

Objective: To evaluate the prevalence of CIN among the VIA positive cases and performance of the clinic for Colposcopy management of CIN.

Materials and Method: This retrospective observational study was conducted in Rangpur Medical College Hospital, Bangladesh. Study period was 1 year from January to December, 2022. All data were collected from 'Colposcopy register' of Colposcopy clinic, RpmCH.

Result: A total of 2088 VIA tests were done. VIA positive were 224 (10.72%). Colposcopy was done in 512 cases. Among them 130 (25.3%) were low grade squamous intraepithelial lesion (CIN – I) and 07 (1.36%) were high grade squamous intraepithelial lesion (CIN – II and III). Treatment was given in 117 (22.8%) colposcopy diagnosed CIN cases. Treatment procedures included Thermocoagulation (109 cases) and Loop Electrosurgical Excision Procedure (08 cases).

Conclusion: From this study, we found the prevalence of CIN among VIA positive cases. We adapted 'See and treat' protocol for management, which is well accepted, feasible and useful in Bangladesh.

Keyword: Cervical Intraepithelial Neoplasia (CIN), Visual Inspection with Acetic Acid (VIA), Colposcopy, Loop Electrosurgical Excision Procedure (LEEP).

Colposcopy evaluation of VIA positive cases in SZMCH, Bogura

Dr. Most. Runa Parvin

Department of Obstetrics & Gynaecology, Shaheed Ziaur Rahman Medical College, Bogura

Background: Cervical cancer is the commonest form of cancer in women in virtually all developing countries. It is the fourth most common cancer among women worldwide. Almost 80% of cervical cancer occurs in developing countries. In developed nations, the figure of cervical cancer are much lower due to adaptation of different screening tests. All sexually active women are at risk of acquiring HPV infection which may lead to cervical cancer in the future. Cervical cancer is a preventable disease as the different screening, diagnostic and therapeutic procedures are effective. The screening procedure are VIA, Pap's smear and HPV DNA test. Colposcopy is the triage in screening, taking colposcopy directed biopsy as well as treatment of CIN such as thermocoagulation, cryotherapy and LEEP.

Objectives: To study the role of colposcopy in the evaluation of VIA positive cases, to localize the lesions, to obtain biopsy from the selected area and detection of precancerous lesion of cervix for early management.

Material and method: This was a prospective observational study done in 879 VIA positive cases aged between 30-60 years in colposcopy center of SZMCH from 2021 January-2022 December. Colposcopy evaluation done in VIA positive cases and colposcopy directed punch biopsy was taken from suspected areas.

Result: Total 879 VIA positive cases attending the Colposcopy centre was included. Colposcopy directed biopsy revealed that 511(58.13%) cases were diagnosed as CIN or preinvasive lesion. Among them 144 cases (61.41%) had no preinvasive lesion. Out of the positive lesions 82.38% had CIN I, 13.30% had CIN II and 2.3% had CIN III. Total 9.58 % cases were treated with thermalcoagulation and LEEP.

Conclusion: It is evident that colposcopy plays a very important role in the evaluation of VIA positive cases. Early diagnosis and treatment of preinvasive and early invasive carcinoma of cervix is possible. Therefore, wide use of colposcopy in screening program of Bangladesh specially in the VIA positive cases can reduce many young women's morbidity and mortality.

Colposcopy performance of Chittagong Medical College Hospital

Dr. Shahana Begum Shelly

Department of Obstetrics and Gynaecology, Chittagong Medical College Hospital, Chattogram

Background: Carcinoma cervix is one of the most important causes of women's death specially in the third world country like Bangladesh. Though there are different types of screening system to prevent carcinoma cervix but still it is alarming in our country so our main objectives to observe and find out the appropriate screening method that will helps us to prevent cervical cancer in Bangladesh.

Method: A retrospective observational study was conducted in CMCH from January 2021-May 2023, all VIA +, and abnormal report of Pap's smear patients who come into colposcopy center of CMCH were included. Some of the patients came here after doing primary screening and some of the patients directly or were referred to by some other doctors were included in this study.

Result: During the two and half years, 2217 women attended for colposcopy, among them 1067 (48.128%) were colposcopically normal, 445 (20.072%) had CIN I, 34 (1.533%) had CIN II, 8 (0.361%) had CIN III, and 43 (1.93%) were diagnosed as carcinoma of cervix. Among 487 women with CIN, 208 (42%) were treated with thermal ablation and 8(41%) were treated with LEEP. Only 224 (45%) women came for follow up among 487 CIN treated patients.

Conclusion: Carcinoma cervix is a 100% preventable cancer, so if we aware our population to come for screening and get treated early we can make a cancer free Bangladesh.

Colposcopic evaluation and management of precancerous lesions of cervix-at colposcopy clinic of Dhaka Medical College Hospital, Dhaka

Dr.Lutfa Begum Lipi, Prof. Nazma Haque, Dr. SM Shahida, Dr. Samina Sultana, Dr.Rawshan Ara Jesmin, Dr. Mahbulul Haque

Department of Obstetrics and Gynaecology, Dhaka Medical College Hospital, Dhaka

Background: Cervical cancer has the highest incidence of the three major gynaecological malignancies in Bangladesh. It is a preventable disease as it has prolonged precancerous stage which can be identified by screening tests like VIA, Papssmear, HPV DNA and colposcopy. Colposcopy is used to identify the site, severity & extent of abnormality as well as to aid directed biopsy, plan treatment and allow use of conservative methods to treat the precancerous lesions. It is also used to follow up after treatment.

Objective: To evaluate the role of coplposcopy for diagnosis of precancerous lesions of cervix (CIN) and to observe the performance of colposcopic management of CIN by ablative & excisional methods.

Methodology: This is a retrospective observational study conducted at colposcopy clinic of Dhaka Medical College Hospital from January to December, 2022. Data was collected from VIA & colposcopy Register book and documentation from MIS.

Result: A total 2800 VIA test and Paps smear were done in 2022. Among them 884(31.57 %) were VIA positive and 704 (25.14%) had abnormal pap smear. Colposcopy was performed in all VIA positive and abnormal pap smear cases. Out of them, 263 (20.75 %) were CIN 1, 69 (7.81%) were CIN 2, 4 (0.45 %) were CIN 3 and 6(0.68%) were cervical cancer. Most of them were treated by See & Treat approach. 94(27.48%) cases were treated by thermal ablation and 76 (22%) cases were treated by LEEP. Cervical cancer patients were admitted for proper management and rest of the patients were advised for follow up.

Conclusion: Colposcopy can be used as an effective secondary testing tool for diagnosis and management of cervical precancerous lesions.

Colposcopic evaluation of cervix at National Institute of Cancer Research and Hospital

Dr. Taslima Nigar

Gynecological Oncology, National Institute of Cancer Research and Hospital

Background: To evaluate the performance status of colposcopy at NICRH in discovering the premalignant lesions of the cervix.

Methodology: This is a retrospective descriptive type of study conducted at NICRH from January 2022 to December 2022. Data was collected from record book.

Result: Total 402 women was screened positive among 1210 women. Colposcopy was done in 346 women and 56 women were missed. Colposcopy finding was normal among 152 women, CIN I in 122, CIN II in 31, CIN III in 12, unsatisfactory in 23 and carcinoma in 6 women. Biopsy was taken from 171 women which included all CIN II, CIN III, carcinoma and 4 in normal, 100 in CIN I and 18 in unsatisfactory colposcopy findings. The HPR was normal in 4, CIN I in 95, CIN II in 41, CIN III in 13 and carcinoma in 6 women. LEEP and Cone were done in 37 and 8 women respectively. LEEP was done in 35 women with CIN II and 2 in CIN III. Cone was done in 8 women with CIN III. Among women with CIN II, 6 women and among women with CIN III, 3 failed to receive the treatment.

Conclusion: The simultaneous usage of colposcopy may complement the primary screening test and make the screening test more reliable for early detection of pre-invasive lesion at tertiary center.

Colposcopy clinic performance of Bangabandhu Sheikh Mujib Medical University in 2022

Dr. Noor-E-Ferdous, Prof. Ashrafunnessa

Department of Gynecological Oncology, Bangabandhu Sheikh Mujib Medical University

Background: Cervical cancer is virulent and a global problem of female genital tract diseases. Now it is recognized as fourth most common cancer developed over a period of time from well-defined cervical intraepithelial neoplasia (CIN) to cancer. CIN are usually precancerous conditions but if left untreated can develop into invasive cervical cancer.

Objective: Colposcopy is a diagnostic tool used for the detection of preinvasive lesions of cervix. It is typically performed following abnormal cervical cancer screening, such as visual inspection of cervix with acetic acid (VIA). Bangabandhu Sheikh Mujib Medical University (BSMMU) has established a dedicated Colposcopy Clinic. The aim of this study was to provide an overview of the clinic's performance in 2022.

Method: This study presents a retrospective analysis of the records of the Colposcopy Clinic from January to December 2022. Women underwent screening using VIA, and those with positive VIA results underwent further evaluation through colposcopy and management. In addition, patients referred from different district hospitals, Upazila Health Complexes (UHCs), Mother and Child Welfare Centers (MCWC) and community clinics, underwent direct colposcopy evaluation. The patients received management interventions such as thermal ablation, loop electrosurgical excision procedure (LEEP) and cone biopsy, and appropriate referral was conducted if needed.

Result: In this study, 12,322 women underwent VIA, and among them, 1,664 (13.5%) tested positive and proceeded to undergo Colposcopy. Additionally, 1,796 patients were referred from various hospitals, resulting in a total of 3,182 patients attending the Colposcopy Clinic. Out of these patients, 1,150 (36.1%) were diagnosed with CIN-I, 195 (6.1%) with CIN-II, and CIN-III, and 274 (8.6%) were found to have cervical cancer. The clinic managed 3,460 patients, with 784 (23.6%) receiving thermal ablation, 363 (11.4%) undergoing LEEP, and 2 (0.1%) undergoing Cone Biopsy. Patients with cervical cancer were referred to Gynecology Outpatient Department for further management.

Conclusion: Colposcopy can differentiate a normal cervix from precancerous cervix with reasonable accuracy. The Colposcopy Clinic showed effective performance in detecting and managing preinvasive lesions of cervix with appropriate interventions and follow-up for patients, which will help us to reduce the burden of carcinoma cervix.

Impact of COVID-19 pandemic on cervical cancer screening in Bangladesh: A registered based study

Prof. Dr. Shirin Akter Begum

Chairman Department of Gynaecological Oncology, Bangabandhu Sheikh Mujib Medical University

Background: Corona Pandemic imposes great impact on health system worldwide. As a non-emergency health service cervical cancer screening has been withheld or scaled down in many countries. African countries even in the UK, women were not invited for their visit from April 2020 on wards of June 2020. Bangladesh is one of the few countries that continued cancer screening during COVID pandemic.

Objective: To evaluate the impact of COVID-19 pandemic in cervical cancer screening programme in pre, post and during COVID period.

Methods: We tried to evaluate the number of screenings done during COVID-19. We compared the results of screening during COVID pandemic (2020-2021) with pre (2019) and post COVID (2022) period from the registered cases.

Result: In Bangladesh a strategy of cervical cancer screening was made to cover the target population (age 30 or above) within 10 years period 2012 to 2022. Total target population was 22,030,703. During pre-COVID time in 2019 46.07% (n=394,666) were screened, during COVID 2020 44.54% (n=381,563) and in 2021 screening done 79.54% (n=681,457), in post COVID period 2022 screening done 95.08% (n=814,612). It is obvious that during COVID percentage of screening coverage is less than the coverage done during pre and post COVID period. For COVID our screening was scaled down to some extent. WHO adopted a new strategy for screening within 2030 for 70% coverage. We should perform screening of 15,421,492 populations within time frame of 2030. According to census in 2022 target population is 24 million. Number of screenings within 2022 was performed 3,675,007. Remaining screening should be done 11,746,485+ 1969297 (previous remaining portion of target population) = 13715785. Within the 8 years up to 2030 per year new 13715782 cases should be screened out to cover the backlog.

Conclusion: Deviation and interruption of cervical cancer screening will lead to delays in cancer identification. Which leads to additional advanced cancer staging along with cancer deaths. Proper planning and strategy should be adopted for those women who could not attain the screening programme during COVID. All barriers should be sort out. It is due to lack of knowledge, awareness and attitude. Family taboo and superstition should be eradicated. Therefore, we must address all the problems to enhance our screening programme to achieve the target goal of WHO by 2030 to eliminate cervical cancer.

keyword: COVID-19 pandemic, cervical cancer screening study, deviation of screening, A new strategy.

Elimination of cervical cancer: Does colposcopy really matter in low resource setting?

**Prof. Jannatul Ferdous, Dr. Shahana Rahman, Dr. Nazneen Choudhury,
Dr. Jakanta Faika, Prof. Ashrafunnessa**

Department of Gynaecological Oncology, Bangabandhu Sheikh Mujib Medical University

Abstract

Background: Cervical cancer is the second most common malignancy among women in Bangladesh which is linked to infection with 'high-risk' types of HPV and it is preceded by a precancerous phase called CIN. This facilitates early detection of CIN by screening modalities and thereby making cervical cancer preventable. Colposcopic scoring systems can select patients who require treatment. This study was performed to compare between two colposcopic scoring system (Reid colposcopic index and Swede score) for selecting the patients with cervical pre-cancer for treatment as a single visit approach.

Method: This prospective study enrolled 300 women aged 18 years or over with abnormal cervical screening test. All women underwent colposcopy by both Reid colposcopic index and Swede score. Biopsy was taken in all cases irrespective of colposcopic findings. The performance of both scores was assessed.

Result: A total of 54 (18%) CIN2+ lesions were detected. Reid colposcopic index at a cutoff of 5 had sensitivity, specificity, positive predictive value, and negative predictive value for detecting CIN2+ of 87.62%, 94.71%, 87.62%, and 94.71%, respectively. Using Swede score at a cutoff 5 sensitivity, specificity, positive predictive value, and negative predictive value were 96.59%, 89.58%, 77.27%, and 98.62%, respectively and at cutoff 8 were 68%, 98.03%, 94.44%, and 86.2%, respectively. By Pearson's Correlation coefficient, the strength of correlation between Reid colposcopic index and Swede score was 0.603 that indicates good correlation between the two scoring systems.

Conclusion: There was a good association between Reid colposcopic index and Swede score for predicting premalignant lesion of cervix. Swede score cut off 5 can be used for screening, whereas cut off 8 can be used for treatment purpose as single visit approach. Thus colposcopy really matters in eliminating cervical cancer in low resource setting where the high performance test for the screening are still evolving.

Keyword: Colposcopy, Reid colposcopic index, Swede score, Cervical pre-cancer, Elimination of cervical cancer.

Management of glandular lesion

Begum Rokeya Anwar, Mahenaz Afroz, Afroza Khanom

Gynaecological Oncology, National Institute of Cancer Research Hospital

Abstract:

Malignant and premalignant endocervical glandular lesions are relatively rare but incidence is increasing. Glandular lesions of cervix present unique diagnostic and therapeutic challenges. The glandular and squamous lesions commonly co-exist. Primary cervical adenocarcinomas comprise a heterogeneous group of different morphological types. Glandular abnormalities are atypical endocervical cells of undetermined significance/ atypical glandular cells of undetermined significance (0.04% of cytology), possible high-grade intraepithelial lesion (.02-.03%), AIS (0.01%), and Adenocarcinoma (<0.01%). An estimated 78% of adenocarcinomas are related to HPV 16 and 18. Cervical screening based on cytology is less effective in preventing cervical adenocarcinoma than squamous cell carcinoma, due to sampling and interpretation issues. Colposcopy is often less reliable for assessment of glandular lesions. Primary HPV screening has been found to be more effective than cytology for the prevention of adenocarcinoma. But in about 15-20% of cases cervical adenocarcinomas are HPV independent, typically present in advanced stages at clinical evaluation, resulting poorer prognosis. The overall and disease-free survival of glandular lesions is lower than that of squamous lesion. Treatment options require definitive treatments as fertility-sparing/conservative management is not recommended for rare histological types (NCCN and ESGO recommendation). On the other hand, impact of HPV vaccination and primary HPV screening is less likely to affect these lesions less. In clinical practice management of adenocarcinoma is a challenge. Only few studies have assessed treatment for cervical adenocarcinoma, they are treated similarly to squamous cell carcinoma. Molecular characterization may be an option for proper management.

Update on fertility preserving methods in cervical cancer

Prof. Dr. Fawzia Hossain

Department of Gynaecological Oncology, Bangabandhu Sheikh Mujib Medical University

Background: Cervical cancer, a preventable and curable malignancy, holds global significance as the fourth most common cancer among women. In the context of Bangladesh, it stands out as the second most prevalent cancer type. The International Agency for Research on Cancer (IARC) reports that over 50 million Bangladeshi women are at risk of developing cervical cancer, with an annual toll of 17,686 new cases and 10,362 fatalities. The prediction was that without any intervention a total of 505,703 women in Bangladesh will die from cervical cancer by the year 2070 and the number will rise to 1,042,859 by 2120. In Bangladesh it affects women aged 35-44 and younger, highlighting the need for fertility preservation with increasing survival rates. Treatments like surgery, radiotherapy, and chemotherapy impact fertility. Onco-fertility unites specialists for young patients, guided by ASCO's guidelines. Surgical methods like trachelectomy preserve fertility without compromising survival. Radiotherapy's effects vary; ovarian transposition is considered. Chemotherapy's gonadotoxicity varies; gonadotropin suppression helps mitigate damage. In case of women requiring radiotherapy, degree and damage depend on dose, irradiation field, and age at the time of exposure. Ovarian transposition is considered if ovarian involvement is unlikely. Gonadotoxic effects of chemotherapy are related to agent's type, cumulative doses, age, and ovarian reserve. Some agents are highly toxic. Sometimes, rendering follicular development quiescent by suppression of gonadotropins does reduce the ovarian damage.

Outcome: Disadvantages of radical trachelectomy may be, cervical stenosis, preterm labour, premature rupture of membranes and 2nd trimester loss. Boss et al reported 70% conception with 49% term delivery. Plante et al reported 46% conception with ¾ term deliveries.

Conclusion: Fertility preservation requires greater patient and clinician communication. They must discuss individual risk factors, depending upon the cancer type, patient's age, her desire for fertility. Treatment plan and classify risk, whether she has high, medium, or low risk. Her fertility status before cancer may also be assessed. However, larger amounts of data and longer follow-up periods are needed. Fertility-sparing surgery is a viable tool to enable cervical cancer patients of young age to fulfill their family building without impairment of oncological outcome. Cervical cancer patients of reproductive age should undergo fertility counseling to analyze this sensitive subject. Further studies are needed to investigate the role of fertility-sparing treatment and combined adjuvant therapy in higher-grade cancers.

Keyword: fertility preservation, cervical cancer.

Single dose vaccine: a new hope in elimination of cervical cancer in Bangladesh

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Former Professor of Shaheed Suhrawardy Medical College Hospital

Abstract:

Cervical cancer is often called “a silent killer” because there are no obvious early signs. According to WHO, in 2020 about 3420,000 women died due to cervical cancer and 90% of these deaths occurred in low- or middle-income countries. More than 95% of cervical cancer are caused by oncogenic types of HPV. The vaccine against HPV is very safe and highly effective in preventing cervical cancer. Thus, a fundamental pillar of the strategy to eliminate cervical cancer is reaching the goal of vaccinating 90% girls with the HPV vaccine by the age of 15 years and uptake of HPV vaccine remains low in many countries

In 2020, the WHO advised switching to a single dose of vaccine. It is efficacious and makes distribution easier, particularly in low- and middle-income countries.

According to Dr. Alejandro Cravioto, Trusted Source, the Chair of the WHO Strategic Advisory Group of Experts on Immunization (SAGE), efficacy of a single dose was the same as multiple doses.

A new study from researchers at the Kenya Medical Research Institute (KEMRI) and Massachusetts General Hospital (MGH) showed a single dose Human papilloma virus (HPV) vaccine was highly efficacious in preventing HPV, in girls and women ages 15-20.

IARC studies contributed significantly to the new single-dose recommendation from WHO and countries in all parts of the world are planning to switch or have already switched to a one-dose schedule. Several National Immunization Technical Advisory Groups in GAVI eligible countries have already recommended a single-dose vaccine.

The option for a single dose vaccine is less costly, less resource-intensive, and easier to administer. It facilitates implementing catch-up campaigns for multiple age groups, reduces the challenges linked to tracing girls for their second dose.

Evaluation of attitude, knowledge, acceptability of Bangladeshi parents of 9 to 15 year's girls about HPV vaccine in prevention of cervical precancer and cancer

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Background: Cervical cancer (CC), linked to human papillomavirus (HPV), is a major concern in low- and middle-income countries (LLMICs). HPV immunization is a key strategy for CC prevention, with bivalent and quadrivalent vaccines targeting HPV types 16 and 18. A pilot HPV vaccination program was initiated in Bangladesh's Gazipur district in 2016, targeting 10-year-old girls through a school-based approach. This program is set to expand through collaboration with GAVI and the GOB.

Objective: This study assessed Bangladeshi parents' attitudes and knowledge regarding HPV and cervical cancer, focusing on willingness to vaccinate their 9 to 15-year-old daughters.

Methods: The study recruited 648 girls aged 9 to 15 from the 'National Centre for Cervical Cancer Screening and Training' and ten Dhaka city schools. Information on socio-demographics, HPV awareness, HPV vaccine knowledge, and parental willingness to vaccinate was collected through voluntary questionnaires.

Result: Of participant guardians, 89.5% were aware of cervical cancer. Among those aware, 17.4% didn't know its cause, while 37.1% attributed it to early marriage, 30.3% to frequent childbirth, and 12.3% to poor hygiene. Among those who knew causes, 54.3% considered vaccination effective. Major knowledge sources were BSMMU (30%) and neighbors (23.6%). HPV vaccine information was mainly from neighbors (47.2%) and BSMMU (22.6%).

Conclusion: Despite limited knowledge about HPV, most parents expressed willingness to vaccinate their daughters against it, underscoring the significance of parental education and awareness campaigns.

Role of p16/Ki-67 dual Immunohistochemical (IHC) staining for the diagnosis of high grade Cervical Intraepithelial Neoplasia (CIN II and CIN III)

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Background: Cervical cancer is the fourth most common cancer in women around the world. Cervical cancer can be prevented by HPV vaccination and cervical screening. P16/Ki-67 dual staining has been proposed as a reproducible and accurate biomarker for cervical cancer screening

Objective: To evaluate the diagnostic accuracy of p16/ki-67 dual staining in the identification of high grade Cervical Intraepithelial Neoplasia in Bangladeshi women.

Material and Method: The cross-sectional study was conducted in the Department of Gynecological Oncology, National Institute Cancer Research & Hospital (NICRH), Mohakhali, Dhaka, from January 2022 to December 2022. Total 63 women attending at NICRH, Dhaka with any of the three-screening test like Pap smear abnormal (ASC-US, LSIL, HSIL), high-risk HPV (hr-HPV) DNA positive or VIA positive were included in this study. The diagnostic accuracy of p16/Ki-67 in differentiating pre- invasive disease from the benign lesions or cervicitis will be determined by sensitivity, specificity, positive and negative predictive values. The level of significance will be set at 0.05 and p-value < 0.05 will be considered significant.

Result: The mean age was found 38.3 ± 7.6 years with range from 28 to 65 years. Majority 51(81.0%) subjects was found in VIA test positive, 10(15.9%) in Hr-HPV DNA positive and 2(3.2%) in abnormal Pap test. 46(73.0%) subjects were colposcopically positive. Out of them 33(52.4%) had CIN I, 12(19.0%) had CIN II and 1(1.6%) had CIN III. According to histopathology 43(68.3%) had CIN I, 10(15.9%) had CIN II and 8(12.7%) had chronic cervicitis. About 12(19.0%) patients were P16/Ki-67 dual stain positive, 17(27.0%) were only Ki-67 positive and 34(54.0%) were P16/Ki-67 dual stain negative. Among the dual stain positive subject 9(75.0%) cases were found Hr-HPV DNA positive, 2(16.7%) in Non Hr-HPV DNA positive and 1(8.3%) in Hr-HPV DNA negative. Which was statistically significant ($p < 0.05$). The sensitivity of p16/Ki67 dual stain for histopathology findings was 80.0%, specificity 92.5%, accuracy 90.5%, positive and negative predictive values were 66.7% and 96.1% respectively. The sensitivity of VIA positive for p16/Ki67 dual stain was 83.3%, specificity 9.8%, accuracy 23.8%, positive and negative predictive values were 17.9% and 71.4% respectively. Specificity of p16/Ki67 dual stain for pap smear was 94.1%, accuracy 76.2% and negative predictive values was 80.0%. Sensitivity of p16/Ki67 dual stain for Hr-HPV DNA positive was 75.0%, specificity 80.4%, accuracy 79.4%, positive and negative predictive values were 47.4% and 93.2% respectively.

Conclusion: Most of the women who tested positive for Hr-HPV DNA also tested positive for p16/Ki67. The combination of assessing Hr-HPV DNA with the intensity of p16 and Ki-67 staining may improve the sensitivity of identifying high grade Cervical Intraepithelial Neoplasia.

Correlation between colposcopy grading with histopathology

Dr.Nazneen Ara

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Background: Worldwide cervical cancer is the 4th most common cancer in women. Each year around 17,686 new cases and 10,362 deaths occur in Bangladesh due to cervical cancer. It is preventable and curable at its pre-invasive stage. Colposcopy directed biopsy is used in the evaluation and management of patients with cervical lesions and describes as gold standard for diagnosis of cervical pre cancer.

Objective: To estimate the diagnostic accuracy of colposcopy and to determine the correlation between colposcopy and histopathology findings.

Material and Method: This was a cross sectional study carried out at gynaecological oncology, unit-1, National Institute of Cancer Research and Hospital (NICRH) during one year period. A total of 240 women included in this study. All women underwent colposcopy directed biopsy was obtained from the abnormal area.

Result: Among 240 cases CIN1-75 (31.25%), CIN2-27 (11.25%), CIN3-01 (.41%), Carcinoma cervix-02 (.83%). Histological results in 240 cases were: 74 (30.83%) cases CIN1, 17 (7.08%) Cases CIN2, 01 (.41%) were Carcinoma cervix. sensitivity, specificity, positive predictive value and negative predictive value of colposcopy as a disease threshold was 87.15%, 91.19%, 87.15% and 91.19 respectively.

Conclusion: One-degree difference between the biopsy and the surgical histologic interpretations, is permissive. In this study, the discrepancy between colposcopy and directed biopsy is within one degree, which is statistically significant.

Prevalence of high-risk Human Papillomavirus genotypes and co-infection among women with colposcopic diagnosis of cervical intraepithelial neoplasia

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Background: The incidence of cervical cancer is high in Bangladesh and there is a high prevalence of preinvasive lower genital tract disease among women of reproductive age. Persistent high-risk Human Papilloma Virus (HPV) infection is the main underlying cause of cervical cancer and its precursor, cervical intraepithelial neoplasia (CIN). The co-infection among HPV genotypes is frequent, but the clinical significance is controversial.

Objective: The aim of the study was to identify the prevalence high-risk HPV genotypes and co-infection among women with the colposcopic diagnosis of cervical intraepithelial neoplasia in Bangladesh.

Method: This cross-sectional observational study was conducted in the colposcopy clinic of Dhaka Medical College Hospital over a six-month period. Married women, between 30-60 years of age, having colposcopically diagnosed cervical intra epithelial neoplasia were enrolled. Women with chronic illness, pregnancy, and women unable to consent were excluded from this study. After counseling, colposcopically directed punch biopsies were taken from each CIN case concurrently with high-risk HPV testing by polymerase chain reaction (PCR).

Result: The mean age of the patients was 38.69 (SD±7.76) years. CIN 1 was diagnosed in 57% of participants, while 24% had CIN II and 19% had CIN III lesions. High-risk HPV was present in 52 patients. HPV 16 was the most common identified in 28 (53.84%) and HPV 18 was the second most common with 20 (38.46%) either singly or in combination with other high-risk subtypes. The other HPV strains, HPV 31, 33, 35, 52, 56 and 58, were also detected either as mono or co-infections. Multiple infections were found in 44.2% of HPV positive women, in which dual infection was more prevalent. Among them 56.5% cases developed high grade CIN.

Conclusion: HPV 16 and 18 genotypes were more prevalent genotypes among eight different genotypes detected in our research. Large number of co-infection with multiple HPV genotypes were found which were associated with high grade cervical lesions in most of the cases. Our results indicate that HPV vaccination with the current 9-valent HPV vaccine, which contains HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58 will be an effective public health measure to eradicate cervical cancer in Bangladesh.

Stratification of challenges, experienced from colposcopy clinic

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Introduction: To eliminate cervical cancer (cx ca) by 2030, needs multidimensional approaches. This study based on challenges obtained from health care providers in colposcopy clinic.

Objective: To stratify a few challenges gathered from different health care providers.

Method: Series of cases were selected to evaluate the procedure to diagnose disease, the treatment plan and management. Five cases were discussed. The difficulties arose during the treatment procedure and the measures taken were narrated.

Result: Case series; 2014-2022; colposcopy clinic in Chattogram metropolitan area.

Case 1. A 34 yrs lady, recalled for biopsy report & found she had Hysterectomy by general surgeon.

Case 2. A 47yrs, patient referred for vaginal bleeding with H/O hysterectomy for HSIL She had neither Colposcopy nor histopathology & her diagnosis was vault carcinoma.

Case 3. A 22 yrs woman referred for post coital bleeding & intermenstrual bleeding. Speculum examination revealed an endocervical polyp.

Case 4. A 52 yrs unmarried woman working at corporate sector underwent yearly health check-up. She experienced trauma for pap's smear.

Case 5. While observing cervical cancer awareness month, many doctors were found unaware about national cx ca prevention programme & screening going on by GO, NGO & Professional bodies.

Challenge: i) unethical practice. ii) reluctant to follow the guideline in patient management. iii) vaginal speculum examination is replaced by colposcopy. iv) many health care providers are unaware about national cx ca elimination programme & lack of basic knowledge about screening methods. v) all Ob-Gyn specialists are not very much oriented in this issue.

Conclusion: We need awareness programme for all physician. One should be accountable for unethical practice & not to follow the guideline in patient management to the monitoring team. Monitoring system should be strengthened.

Comparison of the frequency of multi-viral and rare-subtype(s) high-risk HPV infection in glandular and squamous lesions of the uterine cervix in Bangladesh: A retrospective PCR-based study

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Background: The frequency of multi-viral and rare high-risk HPV (hrHPV) subtype infection is on the rise. Vaccination against most frequently encountered hrHPV may change infection patterns and rare subtypes may become prevalent in future. Bangladesh has a high incidence of cervical cancer related deaths, where vaccination has recently started. This study was aimed at comparing the frequency of multi-viral and rare subtype(s) hrHPV infection in cervical glandular and squamous lesions.

Method: After IRB approval, 71 cases of cervical adenocarcinoma and 39 high grade SIL were retrieved from Pathology department, BSM Medical University, Bangladesh. DNA was extracted by using QIAam DNA FFPE Kit. Samples were tested using GenomeMe™'s GeneNav™ HPV One qPCR Kit, which detected HPV 16 and HPV 18 and non-specifically other 12 hrHPVs. Non-specific hrHPV-positive samples were tested by GeneNav™ HPV Genotyping qPCR Kit (GenomeMe, Richmond, BC, Canada) to identify all 14 hrHPV individually. The tests were run on Bio-RAD CFX Touch qPCR instrument.

Result: Of the 110 cases, HPV 16 was detected in 72 samples and HPV 18 in 13 cases. The remaining 25 were positive for other subtypes and the genotyping. In glandular lesion rare subtype 8/71 was found in 11% whereas multiviral infection 13/71 was found in 18%. In squamous lesion, rare subtype 11/39 found in 28% and multiviral 8/39 found in 20%.

Conclusion: Infection by rare subtype hrHPVs is three times more common in squamous compared to glandular lesions. The frequency of multi-viral infection is similar in both groups. Vaccination against a wide range of rare subtype(s) hrHPV is needed to controlling squamous lesions compared to glandular lesions.

Evaluation of risk factors of non-regression of low grade cervical intraepithelial neoplasia (CIN I) one year after expectant management

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Background: Most low grade cervical intraepithelial neoplasia (CIN 1) lesions regress spontaneously even if untreated. Presence of certain risk factors can increase persistence or progression of these lesions.

Objective: Aim of this study was to explore the short-term natural history of cervical intraepithelial neoplasia (CIN) 1 and to identify the potential risk factors for its persistence or progression.

Methodology: This cross-sectional study was conducted in gynecological oncology OPD of National Institute of Cancer research and hospital. Study population were histologically confirmed CIN I cases who were compliant for expectant management and came for follow-up after 12 months of diagnosis. Information about demography, sexual and reproductive behaviors, as well as high risk HPV infection status of the women were obtained. Colposcopy and guided biopsy were taken in each case.

Result: Total 71 women were enrolled in the study. After 12 months of initial diagnosis 68.6% of CIN 1 lesions spontaneously regressed, rate of persistent CIN I lesion was 27.2%. Progression to CIN II was found in only three patients (4.2%). Older age (>35 years, RR 3.55, $p=.020$), early age of marriage (<16 years, RR 3.35), consumption of OCP for more than 5 five years (RR 4.0, $P=.011$), use of unhealthy sanitary products (RR 3.2, $p=.03$) were associated with non-regression of CIN I at 12 months. Compared to HPV negative women, those with positive test had higher chance of persistence (63.6% vs 14.3%, $p=.02$).

Conclusion: Most CIN 1 lesion regress spontaneously, but some risk factors may increase persistence or progression. In this study, older age, early age of marriage, long term use of oral contraceptive pill, use of unhealthy sanitary product and High-risk HPV positivity were found to be associated with non-regression of CIN I lesion.

Keyword: Risk factor, CIN I, non-regression

Diagnostic Accuracy of Pipelle Endometrial Sampling versus Fractional Curettage Procedure for Evaluating the Patient of Postmenopausal Bleeding.

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Background: Health aspects of postmenopausal women have gained importance in recent years owing to the increased life expectancy. Postmenopausal bleeding is one of the common problems in gynaecological oncology outpatient department and it is most frequent complaints of endometrial cancer. Endometrial cancer is gradually increasing in developed and some of the developing countries day by day. Fractional curettage is the gold standard method for evaluating endometrial pathology. Fractional Curettage needs admission in hospital and anaesthesia. However, this technique is more invasive, more expensive, can create pain, discomfort and is associated with 1-2% complications like infection, uterine perforation and added risk of anaesthesia. Whereas Pipelle is an office procedure, no admission, no anaesthesia is needed, it is less invasive, less expensive. Therefore, in this context Pipelle biopsy can be an ideal outpatient sampling technique to evaluate endometrial pathology.

Method: This is an observational study. This study was conducted from January 2022 to December 2022 at the department of Gynecological Oncology of National Institute of Cancer Research and Hospital (NICRH), Dhaka to evaluate endometrial pathology in patients with postmenopausal bleeding.

Result: Age ranges of respondents were from 46 years to 85 years. Mean age was 60.96 years with a SD of ± 6.89 years. Histopathology report of Pipelle's biopsy and Fractional Curettage detected equal numbers in atrophy 5, (11.1%) secretory phase 4, (8.9%) proliferative phase 2, (4.4%) and endometrial hyperplasia without atypia 18, (40%). In case of Pipelle biopsy atypical endometrial hyperplasia was detected 4, (8.9%) carcinoma 9, (20%) polyp 1, (2.2%). But in Fractional Curettage atypical endometrial hyperplasia was detected 3, (6.7%) endometrial carcinoma was detected 10, (22.2%) polyp was detected 2, (4.4%). Sample was inadequate 2, (4.4%) in case of Pipelle biopsy and in case of Fractional Curettage inadequate sample was 1, (2.2%). Finally I have excluded one sample from my study sample for statistical test.

Conclusion: Sample adequacy by Pipelle 43, (97.7%) and by Fractional Curettage procedure 44, (100%). Diagnostic accuracy of Pipelle biopsy for most of the benign conditions is 100%. Diagnostic accuracy for polyp, atypical endometrial hyperplasia and carcinoma 97.7% which is comparable to that of Fractional Curettage. Pipelle endometrial biopsy also preserves stromal architecture better, so Pipelle biopsy can be done as a valid outpatient procedure instead of Fractional Curettage to evaluate endometrial pathology.

Participation Patterns and Associated Factors in National Cervical Cancer Screening Bangladesh, 2018-2022

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Background: Cervical cancer (CC) ranks as the second most prevalent cancer with 8,268 newly diagnosed cases of CC, resulting in 4,971 deaths in among Bangladeshi women in 2020. The Electronic Data Tracking with Population Based Cervical and Breast Cancer Screening Program (EPCBCSP) conducted in 601 health centers employs the Visual Inspection with Acetic Acid (VIA) test for active screening. Out of these 43 are equipped with colposcopy facilities.

Objective: This study aimed to describe cervical cancer screening participation and associated factors in different divisions of Bangladesh through the EPCBCSP from 2018 to 2022.

Methods: We accessed EPCBCSP data in District Health Information Software 2 (DHIS2) online platform, extracted data from 10 sites selected conveniently (one colposcopy centre and one VIA centre) from Dhaka, Khulna, Rajshahi, Chattogram, Sylhet divisions. Descriptive analysis and logistic regression were performed, considering presence of pre-cancerous lesion and cervical cancer in colposcopy as the dependent variable and sociodemographic and reproductive variables as predictors.

Result: Out of 51403 participant with median age 38 year (range 16-88), 3351 (6.5%) were VIA positive. Rajshahi (30.1%) and Khulna (18.2%) divisions had the highest participation rates. January, October and November had the highest attendance peaks, while April and July had the lowest attendance. The VIA test had high sensitivity (95.7%) and negative predictive value (95.9%) but lower specificity (67.1%) and positive predictive value (52.7%). Early marriage and first childbirth at younger age were significantly associated ($P < 0.005$) with higher VIA screening positivity. Secondary education (AOR 1.23, 95% CI 1.06-1.43) and Lower middle class (AOR 1.19, 95% CI 1.04-1.35) were at increased risk of pre-cancerous lesion and cervical cancer.

Conclusion: VIA is effective in detecting pre-cancerous lesion and cervical cancer. Women with low socio economic status and Secondary education level were more affected. Targeted interventions are needed to address socioeconomic disparities and discourage early marriage and childbirth, considering seasonal trends, to enhance early detection and prevention of cervical cancer.

Keyword: Cervical cancer, EPBCBSP, VIA test, participation rates, sensitivity, specificity, Electronic data tracking in Bangladesh

Cervical Cancer Elimination by 2030 & Creation of Cervical Cancer Elimination Sub-Committee of OGSB Chattogram branch, Bangladesh

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Background: WHO given target '90-70-90 for Cervical Cancer Elimination. For strengthening activities in this issue, The Obstetrical & Gynaecological Society of Bangladesh, Chattogram Branch created 'cervical cancer (cx ca) elimination sub-committee in November 2020. The committee organized different programmes e.g., awareness, screening and treatment (collaboration with CMCH) both for CIN & cx ca; vaccination among adolescent girls etc.

Objective: To share the activities of cx ca elimination subcommittee, OGSB Chattogram branch.

Method: Qualitative study; Dec' 2020- May' 2023; Medical colleges, General Hospital, NGO in Chattogram Metropolitan Areas, at Raujan UZ (Chittagong), Matiranga UZ (Khagrachhori), Kutubdia UZ (Cox's Bazar); programmes ---awareness (n=16), screening for CIN (n=115) and 1st dose vaccination, self-financing (9-19y; n = 67).

Result: A) Awareness=Awareness programme performed (Dec 20, jan,21-23). Participants were patients of OPD, health service providers and administrative personals. B) Screening = performed with acetic acid, lugols iodine and Gynocular; four cases referred to Cox;s Bazar for colposcopic directed biopsy with suspicion of CIN from Kutubdia; eight cases referred to colposcopy clinic, CMCH, from Hathazary, Matiranga. Four cases were drop out from Kutubdia; rest were managed accordingly. C) Vaccination = completed 1st dose among adolescent girls of a female orphanage (Upolobthy) in Chattogram.

Conclusion: All kind of quality activities for cx ca elimination have to increase. Patient management strategy should be revised and generate according to the geographic variation. See and treat have to offer for LSIL which is not existing at present. Vaccination promotion only for young girls and screening for married women should maintained.

Importance of Training on Cancer Epidemiology

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Background: To prevent a cancer it is very much important to know the epidemiological aspects of that cancer. IARC has a programme named IARC summer school covering two module on cancer Epidemiology And early detection and implementation of cancer control program.

Methodology: It was a great experience to attend cancer Epidemiology module for 4 online sessions and 5 days face to face session.

Result: Through this comprehensive training Epidemiological aspects of a cancer, different types of study design and how to prepare a research protocol, how to get grant were learnt.

Conclusion: Everyone working on cancer prevention and treatment should attend IARC summer school.

Paget's disease – a case report

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Abstract:

Extramammary Paget disease is a rare neoplasm of the skin, which is estimated for 1-6% of all cases of paget disease and the vulva accounts for upto 60% of cases. It frequently presents in areas where apocrine sweat glands are abundant, most commonly the vulva, although perineal, scrotal, perianal and penile skin also be affected. We present a case of a 65 years old lady, who had a red velvety erythematous lesion in the vulva. It was associated with itching, soreness and burning sensation which progressed gradually over 3 years. She did not respond to any topical steroids, antibiotics and antifungals. Although vulvar biopsy was advised but patient denied on different occasions and later biopsy was performed which revealed extramammary Paget's disease. Local examination revealed a well-defined reddish velvety lesion involving 3/4th of labia majora, both labia minora including clitoris, urethral & periurethral region and introitus and extending upto posterior fourchette. Relevant investigations like abdominal and pelvic CT scan, proctoscopy, colonoscopy, mammography revealed nothing significant. But urethroscopy showed involvement of distal 3/4th of urethra, external urethral meatus and periurethral region with velvety in amed lesion. There was no evidence of associated malignancy after proper evaluation. Considering the difficult anatomical location and possibility of urethral incontinence, the patient was advised for alternative mode of treatment that is Radiotherapy.

Pattern of cervical cancer screening test results among women with vaginal discharge at a tertiary care hospital

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Background: Population- based cervical cancer screening is recommended by WHO to eliminate cervical cancer by the year 2030. In spite of high burden of cervical cancer in Bangladesh, screening practice is still opportunistic. Vaginal discharge is a common cause for which women are referred for cervical cancer screening. Aim of the study is to evaluate the cervical cancer screening pattern in women with vaginal discharge.

Method: This cross-sectional study was done in Gynae oncology department of NICRH. Total 108 women with vaginal discharge were included who were referred by gynae-specialists or general physicians for cervical cancer screening by VIA, Pap smear or HPV- DNA test. Women with obvious growth in cervix by speculum examination were excluded.

Result: 50% of women were referred for doing Pap-smear, 35% for VIA and 15% for HPV-DNA test. Seventy percent of women who were referred for Pap- smear and 66% who were referred for VIA did not receive antibiotic. In ammatory lesion (56%) was the most common findings in Pap- smear report followed by negative for intraepithelial lesion or malignancy (NILM)(28%), LSIL (10%), HSIL(7%). For 26% of women, repeat Pap-smear was advised due to moderate to severe in ammation. Ten percent of women were found VIA positive and 13% women were HPV- DNA positive.

Conclusion: Although WHO has recommended HPV-DNA test as a preferred primary screening , most of our referral physicians still advise Pap smear or VIA for primary screening. Increased awareness should be encouraged for performing HPV-DNA test as primary screening. Before doing Pap smear, all women with vaginal discharge should treated with proper antibiotics but vaginal discharge is not a barrier for advising VIA test.

Keyword: cervical cancer screening, vaginal discharge, Pap smear, VIA, HPV-DNA test

Knowledge, practice and barriers towards cervical cancer screening among women in Bangladesh

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Background: Cervical cancer is the fourth most common cancer among women worldwide, and it is the second most common cancer among women in developing countries. In Bangladesh, cervical cancer is the second most common cancer among women, affecting approximately 12,000 women each year. Cervical cancer is a preventable disease. Despite the availability of screening and treatment options, the uptake of cervical cancer screening in Bangladesh remains low it has been less than 10% in screened areas where it is offered. This concept paper aims to explore the community barriers to cervical cancer screening in Bangladesh and to propose potential solutions.

Objective: The study aims to assess women's awareness of cervical cancer screening, determine their screening practices, and identify barriers to undergoing screening tests.

Method: A cross sectional questionnaire survey will be conducted on women about perceptions on cervical cancer risk, barriers to screening at the department of Gynecological Oncology Department of National Institute of cancer Research & Hospital (NICRH) The main inclusion criteria will be 18 years and above, non-pregnant and consenting to involve in survey. Patients who already developed cervical cancer will be excluded from the study

Data Collection: Literacy in Bangladesh is low; thus, participation involved a structured interview during which the interviewer will complete the study questionnaire. Interviews will be conducted by doctors, sisters of gynaecology Department of NICRH.

Conclusion: This study will help to improve addressing community barriers to cervical cancer screening. Thus, it will involve community engagement, awareness campaigns and improvements to healthcare infrastructure and accessibility.

Obituary



(1951 - 2022)

Dr. Khoorsheed Jahan Maula was born on 3rd March 1951 in Bill Bashudevpur, Godagari, Chapainawabganj, Bangladesh. She exhibited exceptional merit and sincerity as a student throughout her academic journey. She accomplished her school certification examination from Bashudevpur High School. Subsequently, she secured admission to Rajshahi Government College in 1966 and successfully completed her HSC (Higher Secondary School Certificate examination) in 1968. Her educational path led her to Rajshahi Medical College, where she graduated in 1974.

In 1975, she married Dr. Md. Abdus Salam, who currently holds the position of Consultant in Urological Oncology and serves as the Founder President of Urology and Transplant Foundation of Bangladesh, situated at 57/9, Panthapath Avenue, Dhaka.

Following her graduation, Dr. Khoorsheed Jahan Maula joined the gynecology unit at Rangpur Medical College. Here, she underwent extensive training in the field of gynecology and obstetrics within the premises of Rangpur Medical College Hospital. During this period, she successfully passed the MCPS exam. She also undertook the Diploma in Gynecology and Obstetrics course from the Institute of Postgraduate Medicine and Research (IPGM&R), which was affiliated with Dhaka University at that time. Her dedication culminated in the attainment of the DGO certification in 1982.

After obtaining her postgraduate qualification in Gynecology and Obstetrics, she assumed the role of a consultant gynecologist. She served consecutively at General Hospital Kushtia, Comilla, and Government Employee Hospital Fulbari, Dhaka from 1982 to 1992.

During this period, she took the initiative to enhance her clinical skills further. She self-sponsored a clinical attachment and training at the renowned Royal London Hospital, specifically at the Institute of Gynecological and Oncology under the guidance of Prof. Devid Orram. This experience provided her with substantial exposure to the field, ultimately leading her to decide to return to her homeland.

Upon her return, she encountered significant challenges in finding employment. Eventually, she secured a position at the National Cancer Institute. Focusing exclusively on Gynecological Oncology, she introduced and advanced various evaluation and treatment services for gynecological cancer at NICRH. In a time when advanced knowledge in gynecological oncology was scarce in the country, she swiftly expanded her expertise, revolutionizing the treatment landscape for such patients.

Her exceptional contributions garnered recognition from colleagues and institutions alike. She dedicated her entire career to the same institute. She retired from NICRH in 2008, a time when the field had matured, numerous professionals had been trained, and independent quality services had proliferated across different institutions.

During her time at NICRH, she organized numerous meetings, conferences, and workshops on her specialized subjects. Often the driving force and focal point of these events, she established friendships with international colleagues who frequently participated in her institute and conferences. This rapidly elevated the popularity and versatility of her subject.

Even after retiring, she maintained collaborations with national and institutional programs related to gynecological oncology at NICRH. In 2000, she pursued advanced training in cervical cancer at Sloan Kettering Memorial Center in New York, spanning three months. Following this, she dedicated her life to cervical cancer management. Her expertise led to invitations as a faculty member at various overseas conferences, particularly within the International Society of Gynecological Oncology. She held memberships in multiple global gynecological associations, fostering professional relationships worldwide.

In her personal life, she excelled as a generous and accomplished wife, mother, and steadfast friend to her siblings, even aiding financially challenged distant family members. Condolence letters received after her passing attested to the emotional impact she had on countless lives.

Throughout her journey, she embodied a captivating elegance and held a remarkably high level of personality. She demonstrated intelligence at conferences and educational programs, while also showing unwavering kindness and empathy as a family member, friend, and colleague. Her students, colleagues, friends, and relatives will continue to feel her absence profoundly.

Her outfit always reflected her impeccable taste, with careful consideration of dresses, colors, and outfits. She was committed to shaping the professional persona of her trainee students. Her books, journals, dresses, and materials all hold meaning for us, serving as reminders of her presence. Her home has transformed into a living memorial, a museum dedicated to Dr. KJ Maula.

Her expertise in her field is widely acknowledged. She served as the President of BDSCCP, President Elect of the Gynae Oncology Society of Bangladesh, and Vice President of the Urology and Transplantation Foundation of Bangladesh.

As a surgeon in her specialized domain, she was exceptionally skilled and knowledgeable. I was astonished by her proficiency, especially in the Wertheim's hysterectomy procedure for treating cervical cancer. This included the lymphadenectomy aspect, which shared similarities with my work in radical surgery of the prostate and bladder. Witnessing her expertise many students adopted her techniques.

Despite battling various health issues, including hypertension and heart disease, she underwent a CABG surgery in 2000. Her fibroid uterus eventually necessitated a hysterectomy. Later in life, she faced cardiac complications, including atrial fibrillation. She had COVID-19 and experienced a CVA in October 2021. After initial recovery and returning home from the hospital, she suffered a second, more severe stroke. This stroke left her right side paralyzed, indicating significant ischemia in the left hemisphere. Despite exhaustive efforts, she passed away on May 15th, 2022.

Obituary the last

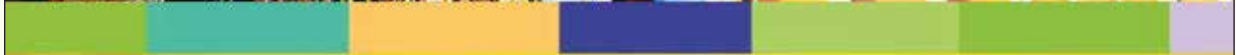
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If truly we meet again!!

Professor Md. Abdus Salam

Former Professor of Uro-oncology and
Chairman of Department of Urology, BSMMU
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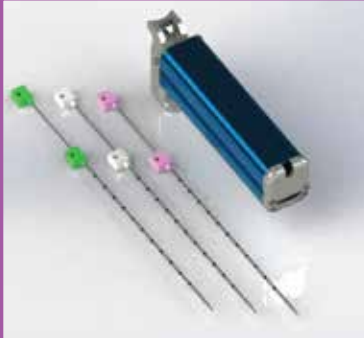
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