

# PAST PROGRAM REPORT

## Role of Gynecologist as Preventive Oncologist

12.5% of all deaths are caused by cancer. It is more than the percentage of deaths caused by HIV/AIDS, tuberculosis, and malaria put together. It will be no.1 killer by 2010 in the world. Common gynecological cancers are cervical, ovarian, endometrial, vulval and gestational trophoblastic tumors.

Cervical cancer incidence is 27 / 100,000 women. 27% of worldwide incidence is in India. HPV infection accounts for 99% of all cervical cancers. Commonest high risk (oncogenic) HPV are 16,18 and low risk are 6,11 strains of HPV. For prevention of cancer cervix, the gynecologists can play vital role and are expected to do PAP smear of all patients. Recently introduced VIA and VILI (Visual inspection after Acetic acid or Lugol Iodine) are very easy, affordable, single visit, result oriented tests, requiring minimal infrastructure and are best suited for low economic areas .

HPV vaccine is available for prevention of cervical cancers. Quadrivalent (MSD) and Bivalent (Glaxo-Smithkline) types are recommended to be given to girls of 9-11 years of age with 3 doses at 0,2 and 6 months. It prevents 70-80 % of cervical cancers in addition to genital warts (quadri-valent). For early detection of cervical cancer one should do per speculum examination of cervix and followed by biopsy from any suspicious area. Precancerous lesions after proper exclusion of invasion could be treated with destructive or excisional procedures using cryotherapy, LEEP, electric cautery, CO2 laser or cold knife, or simple hysterectomy.

Carcinoma ovary presents silently with >90 % cases in advanced stages. It has high fatality ratio. Symptoms are nonspecific, mostly related to GI disturbances. It does not have precancerous stage like cancer cervix, thus to improve prognosis one aims to detect them in preclinical or early stages. Young women of >25 yrs age with familial ovarian syndrome are to be screened twice yearly for ovarian and breast cancer by sonography and mammography .These young girls should be advised oral contraceptives till family is completed and surgical salpingo-oophorectomy after completion of family. In post menopausal patients with adnexal mass serum CA-125 level is recommended. One can calculate

Risk of Malignancy Index (RMI), by scores of Years of menopause, Ultrasound score and CA-125 level. Cut off value for RMI is 200.

Carcinoma endometrium is the third commonest gynecological malignancy. Most patients are post menopausal. In all patients of perimenopausal or postmenopausal bleeding /discharge, fractional curettage should be performed prior to undertaking hysterectomy.

Gestational trophoblastic tumors are completely curable malignancies. While carcinoma vagina and vulva are uncommon. AOGS is thankful to team of GCRE, Dr. Pankaj Shah, Dr. Kalpanaben Dave, Dr. Mita Mankad, Dr. Pariseema Dave.

For enrollment for Early Cancer Detection Program kindly contact

**AOGS Oncology Committee**

**Dr. Mukesh Bavishi (M. 9898926262) or AOGS office on 079-2658 6426 between 2 and 6 pm.**

## ANNUAL DAY PROGRAM

1. Golden Jubilee Oration by Prof. Dr. V. P. Singhal on 'Introducing Gynec Plastic Surgeries & Lifetime Experience of Vaginoplasty and Vulvo Vaginoplasty'.
2. ACOG 2000 Oration by Prof. Dr. Dilip Mavlankar on 'Public Private Partnership in Maternal Health: Issues, Challenges and Future scope'.
3. Factor VII in PPH and Obstetric Bleeding by Dr. Seema Bhatwadekar
4. Thyroid and Pregnancy by Dr. Tiven Marwah

Installation of the new 09-10 Team was very aptly done by the Chief Guest and former vice president of FOGSI Dr. Deepak Dave from Mumbai. The new team was blessed by Dr. Mrs. K. S. Parikh, Ex HOD, Ob-Gyn civil Hospital, Ahmedabad.

The Installation ceremony was followed by a very enjoyable musical program by Dr. Falguni Doctor, our own AOGS member.

The New President Dr. Pragnesh Shah thanked the Past AOGS team and immediate Past President Dr.Parul Kotdawala for his successful year.