



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

Nirvana

NOVEMBER 2022 | VOLUME 8

Theme : Healthy Woman - Healthy Nation

Motto : Ethics Compassion Commitment

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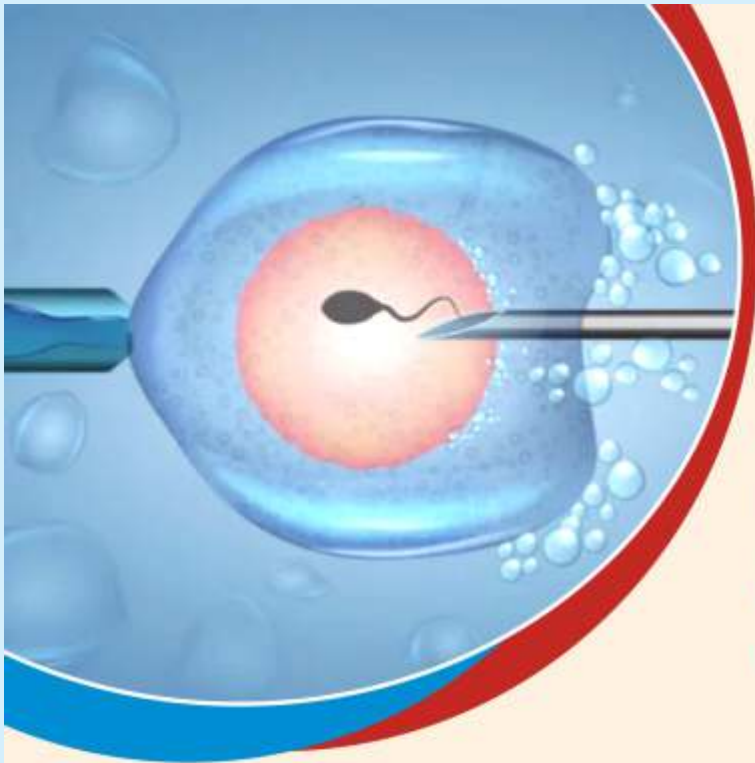
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Dr. Kamini Patel
President

TEAM AOGS MESSAGE



Dr. Nita Thakre
Hon. Secretary

Dear friends,

Successful conferences come in all flavors and sizes! The multi-day destination conference has many challenges.

SOGOG @ SOU had many challenges. Be it a unique destination, high budget, difficulties in transportation, strict security clearance requirements etc. In spite of all these factors, we had more than 600 registrations and all tent accommodations and hotel units booked by us were full!

There were a few unique features and highlights of this conference. Scientific program was designed to have all panel discussions for maximum interactions, sightseeing which included visit of SOU with light and sound show, glow garden etc. We have multi talented personalities in our fraternity. The entertainment program was designed to showcase talents of our members of all age groups starting from very young to retired professors! We thank them and appreciate their participation. It was an evening to remember!

We are grateful to all those who contributed to make SOGOG @ SOU a grand success! Team Aogs, team Akshar Travels, team Orange Rose, Aogs staff, Audiovisual team, all the pharma companies, our esteemed faculties and delegates.

It was truly been a great couple of past months of preparation, execution & the ultimate show!

We are thankful to all for giving us the opportunity to organize this prestigious SOGOG conference and thank you all who attended our event. Your presence and kind wishes gave us the positive encouragement. We hope you enjoyed the experience. We are very proud of our team & all who contributed in making this a unique, landmark, historic & memorable conference! Looking forward to meeting you again next time.

We wish you and all your beloved a new year of Peace, Love, courage, health, happiness and Prosperity.

PAST PROGRAMME

45th SOGOG 2022 | 9th, 10th, 11th, December | Venue : Statue of Unity



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MEDICAL NEWS UPDATE

Breast Cancer Vaccine Shows Promise in Early Human Trial

An experimental vaccine appears promising at preventing the recurrence of an aggressive form of breast cancer.

In a decade-long Phase I human trial of 66 patients, the vaccine prolonged the life of about 80% of the study participants with late-stage human epidermal growth factor receptor 2 (HER2)-positive breast cancer. The results were published in *JAMA Oncology* in November.

Existing treatments for HER2-positive breast cancer, including monoclonal antibodies and chemotherapy, can be unsafe or ineffective. Some treatments must be given frequently for a long time. Vaccines, on the other hand, need not be administered so often and have the potential to prevent the cancer from coming back.

How the Vaccine Works

The study included 66 patients who were treated between 2001 and 2010. They were divided into three groups with each receiving either 10, 100, or 500 micrograms of the vaccine. Researchers administered the vaccine intradermally once a month for three months.

This DNA-based vaccine contains the genetic code to make the HER2 protein, along with other compounds that boost the immune response. The cells in the arm absorb that DNA and start pumping out copies of HER2.

The immune system recognizes the protein as foreign and dangerous and creates defense mechanisms against it. The next time the immune system encounters a cancer cell with a HER2 protein, it's already primed to snuff it out.

"While we can get rid of detectable cancer with standard treatment of HER2 cancer, there still may be small amounts of cells that can survive," Mary "Nora" Disis, MD, lead author of the study and a professor at the University of Washington School of Medicine, told Verywell in an email. "The vaccine helps the immune system detect and destroy any remaining cells—helping prevent recurrence of the cancer."

After four months and nine months, researchers performed a biopsy at the site of vaccination to measure the longevity of the immune response. Those who got the highest dosage of vaccine tended to have the most lasting immune response. However, those who got the second-highest dose were more likely to survive in the decade after being immunized.

"The data from the highest dose... shows that we don't want the DNA to stick around for too long," Disis said. "Having too much stimulation of the immune system, in that case, might lead to a reduced response over time."

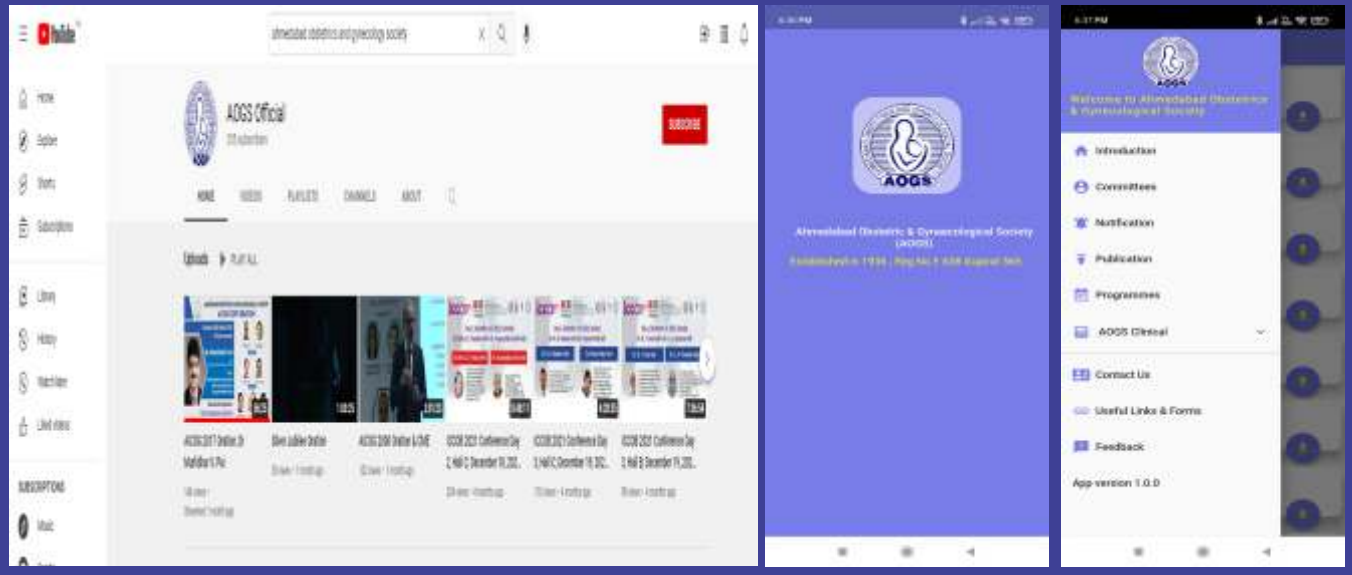
All of the patients with stage III cancer who received the 100-microgram dose were still alive after a decade of follow-up. When including those with stage IV cancer, about 80% survived, Disis said.

Overall, the most common side effects included redness and swelling at the injection site and flu-like symptoms, which generally resolved in 48 hours. While some patients had severe side effects, the researchers say they may have been related to other treatments the patients were taking. Most of the study participants had previously been treated with trastuzumab or were currently on the chemotherapy infusion medication.

"The results show the vaccine is very safe. In fact, the most common side effects that we saw in about half the patients were very similar to what you see with the COVID-19 vaccine," Disis said.

Source: Claire Bugos. Published on November 27, 2022. Fact checked by Nick Blackmer

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Please also subscribe to our YouTube channel for complete recordings of talks and orations.



Respected Members,
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Thank you! Team AOGS!

EVENTS CALENDAR

- 4th-8th January: AICOG2023, Kolkata
- 19th-22nd February: FOGSI Adolescent Care Workshop, Andaman & Nicobar Islands
- 24th-26th February: FOGSI North Zonal Conference with Yuva, Varanasi
- 24th-26th February: FOGSI Has Talent 2.0 Zonal Elimination Round, Varanasi
- 24th-26th February: Appreciation Awards for Presidents/Legends of Zonal FOGSI Societies, Varanasi

Online events:

- FIGO masterclass series – understanding the less understood.

Upcoming session: Chronic hypertension and pregnancy; 20 January 2023, 13:00 UTC, 18:30 IST

Registration link: https://us02web.zoom.us/webinar/register/8416704957598/WN_qnk__FsYli-62HNsAeQWw

- FIGO's initiative on the impact of pregnancy on long-term health; 26 January 2023, 13:00 UTC

Registration link: https://us02web.zoom.us/webinar/register/9516710105819/WN_eHAmYlG7RVmhrqRVSO-vwA

- FéFOG Webinars 2023

Upcoming session: Obstetric close calls; 18 January 2023, 14:30 UTC.

Webinar link: <https://us06web.zoom.us/j/81934597217?pwd=eHVjQmVibkplWExkRWwvRkZrZ3IBQT09>

PATHOPHYSIOLOGY OF PRETERM LABOUR



Dr. Arati Gupte
 MD, MICOG, Repro Med
 Pulse IVF, Maninagar

Preterm birth is a multifactorial outcome that is the result of multiple environmental and genetic (maternal and fetal) risk factors.

Preterm labour is often viewed as the result of increased uterine stimulators coupled with the loss of mechanisms that promote and maintain uterine relaxation.



Three main components contribute to labour:

- Cervical changes
- Activation of the decidua and membranes
- Persistent uterine contractions.

The difference between labour at term and preterm is that the term labour occurs via a normal physiologic process whereas the preterm labour is pathological.

Sometimes these processes are acute, and sometimes they can take several weeks leading up to preterm labour.

Fetal inflammatory response

One of the key processes to occur in preterm labour is the Fetal Inflammatory Response Syndrome (FIRS) which involves systemic inflammation and elevation of fetal plasma interleukin-6, typically in response to a trigger such as chorioamnionitis.

Due to the fetal microbial invasion, a signal is sent by the fetal hypothalamus leading to secretion of CRH, stimulating the release of ACTH and therefore cortisol production by the fetal adrenal glands, which triggers the parturition pathway to activate.¹

Diagnostic features of FIRS:

- Raised IL-6, typically above 11 pg/ml
- Raised MMP-9 which helps in collagen breakdown
- Neutrophilia, higher circulating concentration of red blood cells, raised levels of G-CSF
- A histological diagnostic point for FIRS is funisitis or inflammation of the umbilical cord.

It can lead to numerous systemic complications in the fetus as well.²

Maternal inflammatory response

Another process is the Maternal Inflammatory Response, an influx of inflammatory cells into the cervical stroma leading to the release of cytokines and prostaglandins which stimulate cervical ripening, as well as release of substances like MMP's that help in collagen degradation. These changes influence the structures of the collagen and glycosaminoglycans that make up cervical tissue. Estrogen stimulates collagen degradation whereas progesterone inhibits it.

Both these responses work in tandem to initiate the parturition pathway.

Contractions

Contractions are an integral contributor to labour. The change from uncoordinated myometrial contractions to coordinated uterine contractions is attributed to neural control.

Oxytocin and its receptors play an essential role in the rhythm of these contractions.

Infections associated with preterm labour and PPROM

Both intrauterine and extrauterine infections are associated with preterm birth. Intrauterine infection is present in around 25-40% of preterm births and PROM. It may exist in amniotic fluid, in the fetal membranes (chorioamnionitis), between maternal and fetal tissues (choriodecidualitis), in the placenta, in the umbilical cord (funisitis), or in the fetus.

Infectious agents causing infections in preterm labour and PPROM- table and slide

	Infectious agents
Intrauterine	Bacterial Bacterial vaginosis, Group B Streptococcus, E coli, Fusobacterium sp., Ureaplasma ureolyticum, Mycoplasma, Chlamydia, Neisseria, Trichomonas Viral Cytomegalovirus, parvovirus b19, adenovirus, enterovirus, herpes simplex virus, Epstein-Barr virus, respiratory syncytial virus
Extra-uterine	Pyelonephritis, typhoid fever, listeria, malaria, pneumonia, asymptomatic bacteriuria

The tensile strength of the amniotic membrane is a delicate balanced equilibrium between the synthesis and degradation of the protein components of the extracellular matrix.

Preterm birth and the vaginal microbiome

The diversity of the vaginal microbiome plays a major part in the risk of onset of preterm labour, as evidenced by a recent study by Gudnadottir et al. They conducted a meta-analysis of studies that recorded the concentrations and varieties of the vaginal microbial populations, and their relation to preterm birth. They concluded that women with "low-lactobacilli" microbiome were at a greater risk of preterm births. The low-lactobacilli category contains higher concentration of Gardnerella and Prevotella species, which are known to produce pro-inflammatory cytokines. In contrast, women having L. Crispatus dominant microbiomes appeared to be protected.³

References:

1. Gotsch F, Romero R, Kusanovic JP, Mazaki-Tovi S, Pineles BL, Erez O, Espinoza J, Hassan SS. The fetal inflammatory response syndrome. Clin Obstet Gynecol. 2007 Sep;50(3):652-83.
2. Romero, R., & Chaiworapongsa, T. (2002). Preterm labor, intrauterine infection, and the fetal inflammatory response syndrome. NeoReviews, 3(5), e73-e85.
3. Gudnadottir, U., Debelius, J.W., Du, J. et al. The vaginal microbiome and the risk of preterm birth: a systematic review and network meta-analysis. Sci Rep 12, 7926 (2022).

New Year Resolutions For Doctors

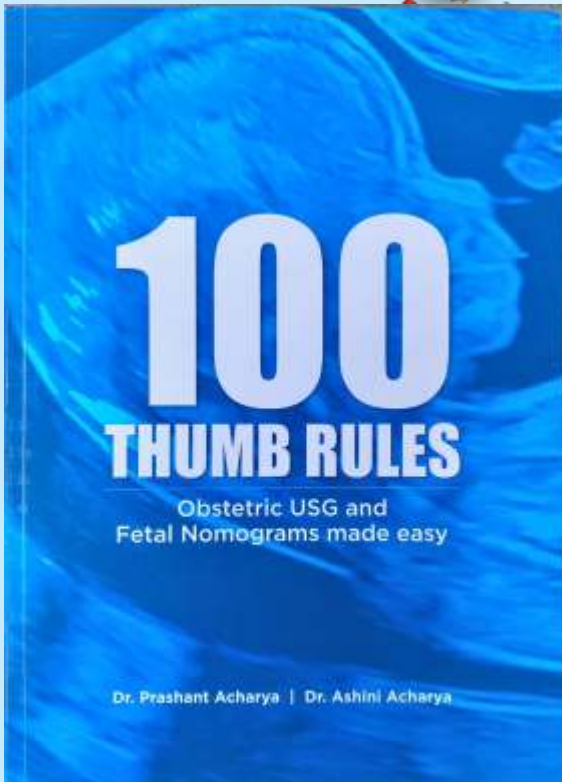
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 - Ask new patients how they found you
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 - Send a monthly or quarterly email newsletter to your patients
 - Hire help, like a digital marketing agency or platform
3. Invest in your success
 - Upgrade your waiting room
 - Update your technology
 - Embrace digital patient education tools.
4. Find work- life balance

Source: Rendia

In a lighter vein



Congratulations!



Congratulations to
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