2025 - 26

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

AOGS TIMES

APRIL 2025
VOLUME 1

"SUTRA"

"Thread" of concise knowledge

Theme : "Women's Health : Prevent, Detect & Thrive"

Motto : "United in Purpose, Stronger Together"

NOBLE PRIZE WINNERS-2024

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TEAM AOGS MESSAGE

Dr. Nita Thakre
President

Dr. Parth Shah
Hon. Secretary

Dear Esteemed Members,

It is with immense pride and gratitude that I take on the role of President of the Ahmedabad Obstetrics and Gynaecological Society. I thank each one of you for your faith in me, and I feel truly honored to lead such a dynamic and dedicated community.

This year, I am excited to share our theme: "Women's Health – Prevent, Detect and Thrive." These three pillars will guide our efforts as we work toward advancing care, awareness, and education for women at every stage of life.

Our motto – "United in Purpose, Stronger Together" – reflects not only the strength of our society but also the spirit of collaboration that has always been our backbone. Together, we can create lasting impact in both urban and rural settings, among our peers and our patients.

In the year ahead, we will focus on several key initiatives:

- Postgraduate training programs to shape confident, skilled future practitioners
- Rural outreach activities that bring essential women's health services and awareness to underserved areas
- Continued Medical Education (CME) sessions to ensure we stay abreast of advances and innovation
- Wellness programs for our members, because those who care for others must also take care of themselves

We will strive to make every event inclusive, educational, and enriching—building not only our knowledge but also our connections with one another.

This bulletin marks the beginning of what I hope will be a meaningful and enriching journey for all of us.I invite each of you to actively participate, contribute ideas, and make the most of the opportunities AOGS offers. Let us move forward with shared passion and purpose, committed to excellence in women's health and united as one strong, supportive community.

Warm regards,

Dr. Nita Thakre

President

Ahmedabad Obstetrics and Gynaecological Society

CENTERSTAGE

The Nobel Prize in Physiology or Medicine 2024

Gary Ruvkun I Victor Ambros


Victor Ambros and Gary Ruvkun are American geneticists who were jointly awarded the 2024 Nobel Prize in Physiology or Medicine for their pioneering discovery of microRNAs (miRNAs) and their role in post-transcriptional gene regulation.

Discovery of microRNAs

In the late 1980s, while postdoctoral researchers in the lab of Nobel laureate H. Robert Horvitz at MIT, Ambros and Ruvkun studied the roundworm Caenorhabditis elegans. They identified a gene named lin-4, which did not encode a protein but instead produced a small RNA molecule. This molecule, now known as microRNA, was found to regulate the expression of another gene, lin-14, by binding to its messenger RNA. This discovery revealed a new layer of gene regulation, where small RNAs modulate gene activity without altering the DNA sequence .

Ruvkun later discovered another miRNA, let-7, which is conserved across animal species, including humans. These findings demonstrated that miRNAs are fundamental to gene regulation in multicellular organisms .

Nobel Recognition

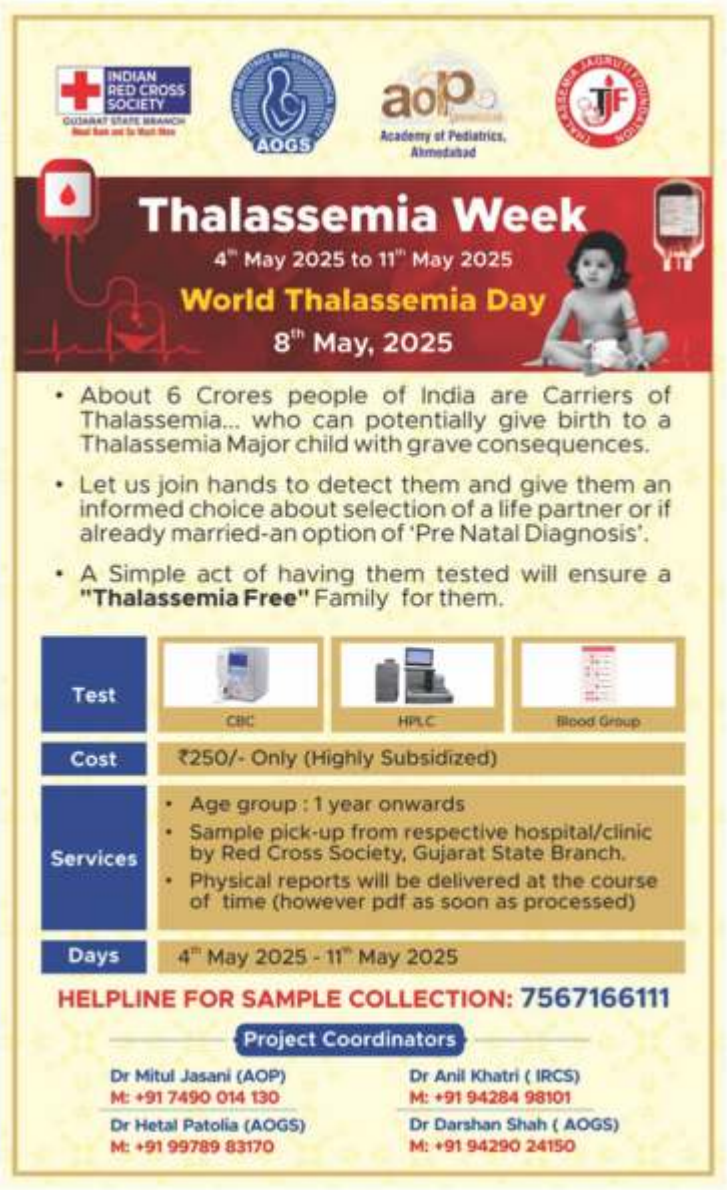
The Nobel Assembly at Karolinska Institutet awarded them the 2024 Nobel Prize for uncovering “a completely new principle of gene regulation that turned out to be essential for multicellular organisms, including humans” . Their work has profound implications for understanding developmental biology and the molecular basis of diseases such as cancer, diabetes, and autoimmune disorders .

Academic Background

- **Victor Ambros:** Earned his PhD from Harvard University and is currently a professor at the University of Massachusetts Medical School .
- **Gary Ruvkun:** Completed his PhD at Harvard University and is a professor of genetics at Harvard Medical School and a researcher at Massachusetts General Hospital .

Their collaborative research has significantly advanced our understanding of gene regulation and continues to influence the field of molecular biology.

World Thalassemia Day - 8th May 2025



Achieving a Thalassemia- Free India

The gynaecologist plays a critical role in achieving a Thalassemia-Free India, especially given their central position in maternal and reproductive healthcare.
How do they contribute?

1. Pre-marital & Pre-conception Counseling
- Carrier screening: Gynaecologists can recommend and conduct thalassemia carrier screening before marriage or conception, especially in high-risk populations.
- Genetic counseling: If one or both partners are carriers, gynaecologists refer them for counseling about the risks of having a thalassemia major child.

2. Antenatal Screening & Diagnosis
- First trimester screening: Thalassemia screening is often done in early pregnancy through blood tests.
- Prenatal diagnostic tests: If both parents are carriers, gynaecologists can advise procedures like chorionic villus sampling (CVS) or amniocentesis to detect if the fetus is affected.

3. Reproductive Guidance
- In-vitro fertilization with PGD (Pre-implantation Genetic Diagnosis): Gynaecologists can guide couples towards IVF with genetic testing to ensure only thalassemia-free embryos are implanted.
- Options after positive diagnosis: In case the fetus is thalassemia major, gynaecologists counsel the parents on available options and next steps, including continuation or medical termination of pregnancy, in line with the law.

4. Public Awareness & Advocacy
- Educating patients and communities, especially in rural or tribal areas, about the importance of screening and prevention.
- Promoting universal screening policies during ANC (Antenatal Care) visits.

5. Collaboration & Policy Implementation
- Working with government and NGOs to implement mandatory screening programs, especially in government maternity hospitals.
- Contributing data for national registries and awareness campaigns.

Conclusion

In essence, gynaecologists are gatekeepers of preventive care for thalassemia. Their proactive involvement can prevent the birth of new thalassemia major cases, making the dream of a Thalassemia-Free India a reality.

Installation Ceremony

Sunday, 6th April, 2025

The installation ceremony of the new executive team unfolded as a warm, well-orchestrated celebration of continuity, vision, and camaraderie.

A gracious start
Guests began arriving to the soft buzz of fellowship over tea, coffee, and a light breakfast from 9:30 to 10 a.m. The informal mingling set an affable tone and offered ample time for members and dignitaries to reconnect before the formalities began.

Ceremonial opening
At 10 a.m. sharp, the Master-of-Ceremonies, **Dr. Mukesh Bavishi, invited everyone to rise for a heartfelt Welcome.** A traditional **Lamp-Lighting** ritual followed, symbolising the passage of knowledge and hope to the incoming leadership. Spiritual poise suffused the hall as **Dr. Munjal Pandya** and **Dr. Kirtan Vyas** led a serene prayer, anchoring the gathering in purpose.

Honouring relationships
In an elegant **Felicitation of Guests**, floral bouquets and mementos were presented, underscoring the organisation's gratitude to its patrons and partners. Newly installed President **Dr. Sunil Shah** then delivered a succinct yet inspiring **Welcome Address**, reflecting on past achievements and the road ahead.

Stewardship and continuity
Secretary **Dr. Akshay Shah** presented an articulate **Secretary's Report**, highlighting milestones from the previous term. The emotional high point came with the **Change of Medal/Guard:** the incoming president received the insignia of office amid applause, formally marking the leadership transition.

Guidance from mentors
The ceremony took an aspirational turn as **Dr. Aarti Gupte—introduced as Guest of Honour & Installation Officer**—shared insights on Dr. Mili Dodia, **whose Speech and Blessings** encouraged the team to blend professional excellence with compassion.

Oath and unveiling of vision
With hands placed upon the organisation's charter, every member of the **new team** took a solemn oath, pledging transparent and dedicated service. **Dr. Hemant Bhatt** then formally introduced the newly installed president, segueing into **Dr. Nita Thakre's** dynamic presentation on **Vision and Planning for 2025-26**, which outlined ambitious goals in outreach, education, and social service.

Celebrating talent
The audience applauded as the **Dr. Shirish Daftary Young Talent Award 2024-25** was announced—recognising emerging excellence and reinforcing the organisation's commitment to nurturing future leaders.

Moments of levity
MC **Dr. Bavishi** welcomed the **Chief Guest**—himself—to offer a concise perspective on the importance of community service. Laughter then rippled through the hall during **Dr. Raees Maniar's** much-anticipated segment, **"Laughter Hour for Gynaecologists,"** reminding everyone that humour and wellness go hand in hand.

Gratitude and fellowship
The proceedings concluded with a warm **Vote of Thanks** from **Dr. Parth Shah**, acknowledging every contributor—from donors and speakers to backstage volunteers. A commemorative photograph captured the moment before the audience moved to a convivial luncheon, where conversations about fresh initiatives continued over shared plates.

By seamlessly blending tradition, inspiration, recognition, and joy, the day's programme not only installed a new leadership team but also reaffirmed the organisation's collective spirit and forward momentum.

Installation Ceremony

Sunday, 6th April, 2025


















Installation Ceremony

Sunday, 6th April, 2025
















Installation Ceremony

Sunday, 6th April, 2025















Installation Ceremony

Sunday, 6th April, 2025

















2025 - 26

CME organized by **AOGS**
in association with **Banker IVF & Women's Hospital**

'Thalassemia - Challenges and Solutions'

Date : 4th May, 2025 - Sunday

Time : 10.00 am to 01.00 pm

Venue : 2nd Floor, Dream Icon @ PARIMAL, Nr. Krupa Petrol Pump, Nr. Kalgi Cross Road, Surendra Mangaldas Rd, Ellisbridge, Ahmedabad

Dr. Nita Thakre
President

Dr. Parth Shah
Hon. Secretary

Dr. Hetal Patolia
MOC

10:00 am	: Welcome address
10.05 am	: Prayer
10.10am	**: Session 1**
	Chairpersons : Dr Manish Banker, Dr Kashyap Sheth, Dr Hina Oza
	Diagnosis, D/D and Screening for thalassemia (15 min) - **Dr Akshay Shah**
	Prevention of thalassemia (15 min) - **Dr Supriya Dalal**
	Discussion- 5 minutes
	Session 2 **Chairpersons: Dr Vijay Shah, Dr Jayshree Sheth, Dr Kruti Deliwala**
	Prevent, Select, Save: Thalassemia Management with IVF (20 min)- **Dr Jwal Banker**
	Management of Thalassemia (20 min) - **Dr Sandip Shah** (consultant Haemato-oncologist)
	Panel discussion - Meeting the challenges in Thalassemia (50 min)
	Moderator : Dr Chirag Amin **Panelists:** Dr Tushar Shah, Dr Jayprakash Shah, Dr Deepa Banker, Dr Vaibhav Shah, Dr Anil Khatri
	Vote of thanks : Dr Nisarg Dharaiya

EVENT WILL BE FOLLOWED BY LUNCH

SCAN FOR LOCATION

Role of Preimplantation Genetic Testing (PGT) in Prevention of Hemoglobinopathy before Birth

DR. USHMA PATEL
IVF SPECIALIST,
SNEH IVF CENTRE,
10+ YEARS IVF EXPERIENCE

MS. NIKITA VAISHNAV
EMBRYOLOGIST
SNEH IVF CENTRE

Case Report

Couple with Sickle Cell Disease and β-Thalassemia with the hope of getting a normal baby

Abstract

Hemoglobinopathies are among the most common monogenic disorders worldwide, affecting millions annually. Preventive strategies are crucial, especially in high-risk populations. This article explores the use of Preimplantation Genetic Testing (PGT) as a proactive reproductive option for carrier couples, preventing the transmission of hemoglobinopathies such as sickle cell disease and thalassemia. We present a case report illustrating the clinical application of PGT-M (for monogenic diseases) and PGT-A (for aneuploidies) in achieving a successful, disease-free pregnancy

A young, nulligravida couple presented in 2023 with the aim of having a genetically healthy child.

- **Genetic Screening:**
  - Female: Sickle cell trait
  - Male: β-thalassemia trait

IVF and PGT Procedure:

- **Oocyte Retrieval:** 9 metaphase II oocytes
- **Embryo Culture:** 5 blastocysts developed
- **Biopsy:** All 5 embryos biopsied for PGT-A and PGT-M

Genetic Results:

- **PGT-A:** 2 embryos normal, 3 abnormal
- **PGT-M:**
  - 1 embryo: mutation-free
  - 1 embryo: β-thalassemia carrier

The mutation-free embryo (PGT-A + PGT-M normal) was transferred in a frozen embryo transfer (FET) cycle. The patient achieved a positive β-hCG, followed by an uneventful pregnancy and the delivery of a healthy baby.

Results of PGT-A and PGT-M

Embryo No.	PGT-A Result	PGT-M Result	Outcome
1–3	Abnormal	Not tested	Discarded
4	Normal	β-thalassemia carrier	Not transferred
5	Normal	Mutation-free	Transferred – Healthy baby delivered

Conclusion

- PGT-M is a proven, reliable, and safe method for the prevention of hemoglobinopathies in carrier couples.
- Technological advances, including whole-genome approaches, have significantly improved the scope and accuracy of PGT-M.
- Clinical implementation of novel techniques requires rigorous validation aligned with international best practices

Hemoglobinopathies and their Prevention

Discussion

Hemoglobinopathies are among the most common monogenic disorders worldwide, affecting millions annually. Preventive strategies are crucial, especially in high-risk populations. This article explores the use of Preimplantation Genetic Testing (PGT) as a proactive reproductive option for carrier couples, preventing the transmission of hemoglobinopathies such as sickle cell disease and thalassemia. We present a case report illustrating the clinical application of PGT-M (for monogenic diseases) and PGT-A (for aneuploidies) in achieving a successful, disease-free pregnancy.

Hemoglobinopathies, the most prevalent class of inherited monogenic disorders globally, affect approximately 300,000 to 400,000 newborns annually. It is estimated that 7% of the global population are carriers of pathogenic variants associated with these conditions [1].

These disorders include structurally abnormal hemoglobins (e.g., HbS, HbD, HbE) and thalassemias, typically inherited in an autosomal recessive manner. The conditions manifest due to either structural hemoglobin variants—such as sickle cell disease (SCD)—or due to reduced synthesis of hemoglobin chains, as seen in thalassemia syndromes.

Clinical severity varies widely, with the most severe forms including:

- Thalassemia major (TM)
- Sickle cell syndromes
- Hemoglobin E-thalassemia
- Hb Bart's hydrops fetalis syndrome [2]

Sickle Cell Disease (SCD)

SCD is a hemoglobin disorder that demands lifelong management and significantly increases childhood morbidity and mortality. It arises from inheritance of:

- Two HbS alleles (HbSS)
- HbS + HbC (HbSC)
- HbS + β0 thalassemia
- HbS + β+ thalassemia

Thalassemias

Thalassemias are classified as:

- Thalassemia Major (TM)
- Thalassemia Intermedia (TI)
- Thalassemia Minor (Trait)

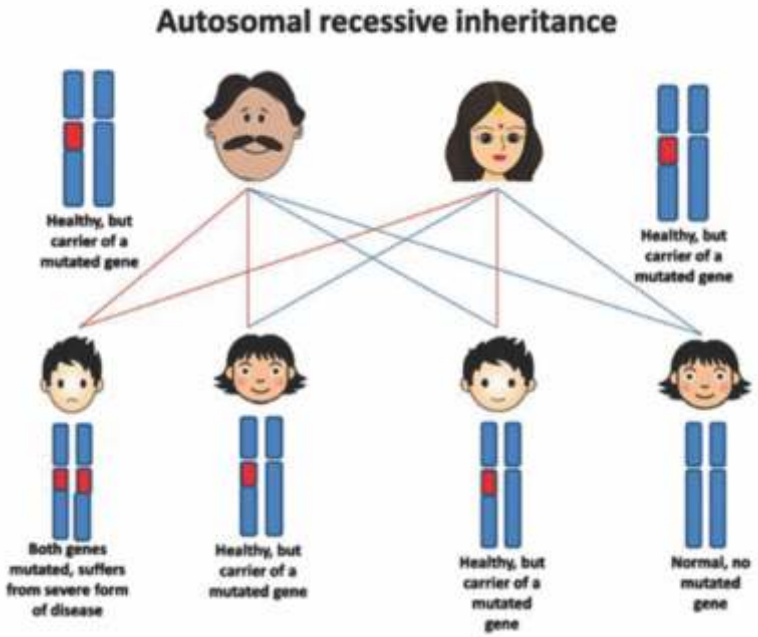


Figure 1: Understanding the Inheritance of Autosomal Recessive Disorder (citation: Prevention and Control of hemoglobinopathies in India; National Health Mission; 2016)

While TM and TI require lifelong transfusions and iron chelation, Thalassemia Minor (β-Thalassemia Trait) is asymptomatic. The disease results from inheriting abnormal β-thalassemia alleles from both parents or one β-thalassemia allele and one structural hemoglobin variant (e.g., HbE or HbS).

Preventive Reproductive Options

For carrier couples, reproductive options include:

1. **Prenatal Diagnosis (PND):**
   - **Chorionic Villus Sampling (CVS):** ~12 weeks gestation
   - **Amniocentesis:** ~16 weeks gestation
2. **Preimplantation Genetic Testing (PGT):**
   - Conducted on embryos produced via in vitro fertilization (IVF).
   - Embryos free of disease-causing mutations are selected for uterine transfer, minimizing the risk of an affected pregnancy and the ethical dilemmas associated with late-term termination [3].

Figure 1: Understanding the Inheritance of Autosomal Recessive Disorders (Source: NHM, India, 2016)

Preimplantation Genetic Testing (PGT)

Types of PGT:

- **PGT-A** (for aneuploidies)
- **PGT-SR** (for structural rearrangements)
- **PGT-M** (for monogenic disorders)

The **ESHRE PGT Consortium** provides global best practice guidelines on the organization and execution of PGT.

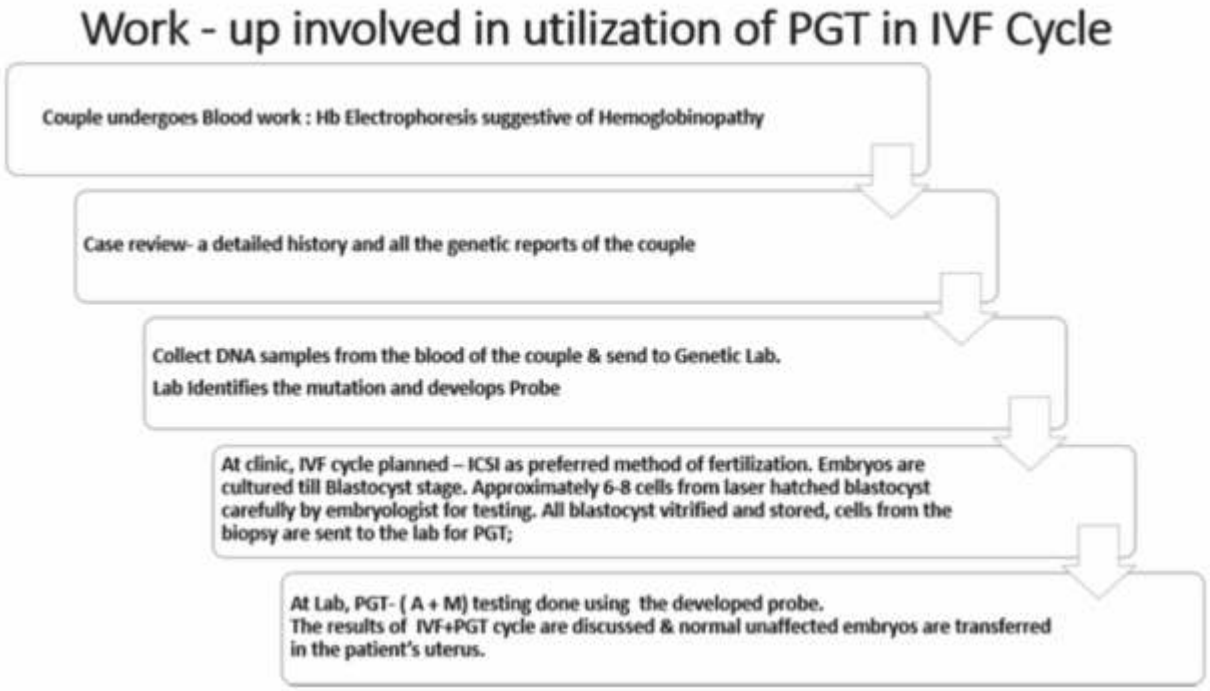


Figure 2: Work-up involved in utilization of PGT in IVF Cycle

PGT-M for Hemoglobinopathies and HLA Typing

Hematopoietic stem cell transplantation (HSCT) offers a potential cure for hemoglobinopathies when a matched donor is available. In families with an affected child, **PGT-M with HLA typing** enables the selection of embryos that are both disease-free and HLA-matched to the affected sibling.

- The chance of finding an embryo that is both unaffected and HLA-matched is approximately **18.8%** for autosomal recessive conditions [7].
- PGT-M with haplotyping is commonly applied for **β-thalassemia.**

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7. *Kakourou G, Kahraman S, Ekmekci GC, et al. The clinical utility of PGD with HLA matching: a collaborative study.*

Date : 23.04.2025 - We celebrated our first CME along with the first MCM!

Here is a sneak peek into it..

we learnt about the most frequently encountered Endocrine disorder in our practice that is hypothyroidism from eminent endocrinologist DrManojChada who gave very good practical tips for individualised management.

This was followed by our first MCM where we laid the blueprint for the entire year with inputs from everyone and guidance from seniors. Its going to be a year full of academics, travel, fun and collaboration for us all..stay tuned for this .

This was followed by yummy dinner, some catching up with everyone and some posing for the lens.

Those who were with us- Thank you for sparing time and making our efforts worthwhile.

For those who could not make it- we missed you and hoping to see you all soon..

TEAM AOGS 2025

Medical Quiz

1. What is the primary defect in thalassemia?
A) Defective white blood cell production
B) Abnormal platelet function
C) Reduced or absent synthesis of globin chains
D) Excessive iron absorption

---

2. Thalassemia is most commonly inherited in what pattern?
A) Autosomal dominant
B) Autosomal recessive
C) X-linked recessive
D) Mitochondrial inheritance

---

3. Which of the following types of thalassemia involves reduced or absent beta-globin chain production?
A) Alpha-thalassemia
B) Beta-thalassemia
C) Delta-thalassemia
D) Gamma-thalassemia

---

4. What is the most severe form of beta-thalassemia called?
A) Beta-thalassemia minor
B) Beta-thalassemia intermedia
C) Beta-thalassemia major
D) Hemoglobin C disease

---

5. A common clinical sign of thalassemia major is:
A) Hypertension
B) Splenomegaly
C) Hypoglycemia
D) Joint hypermobility

---

6. Which diagnostic test is most definitive for identifying hemoglobin variants in thalassemia?
A) Complete blood count (CBC)
B) Peripheral blood smear
C) Hemoglobin electrophoresis
D) Bone marrow biopsy

---

7. Which of the following complications is associated with repeated blood transfusions in thalassemia patients?
A) Hypocalcemia
B) Iron overload
C) Hyperthyroidism
D) Leukocytosis

---

8. In alpha-thalassemia, the severity of the disease depends on:
A) The number of alpha-globin genes deleted
B) The level of serum calcium
C) The maternal genotype only
D) The patient's age

---

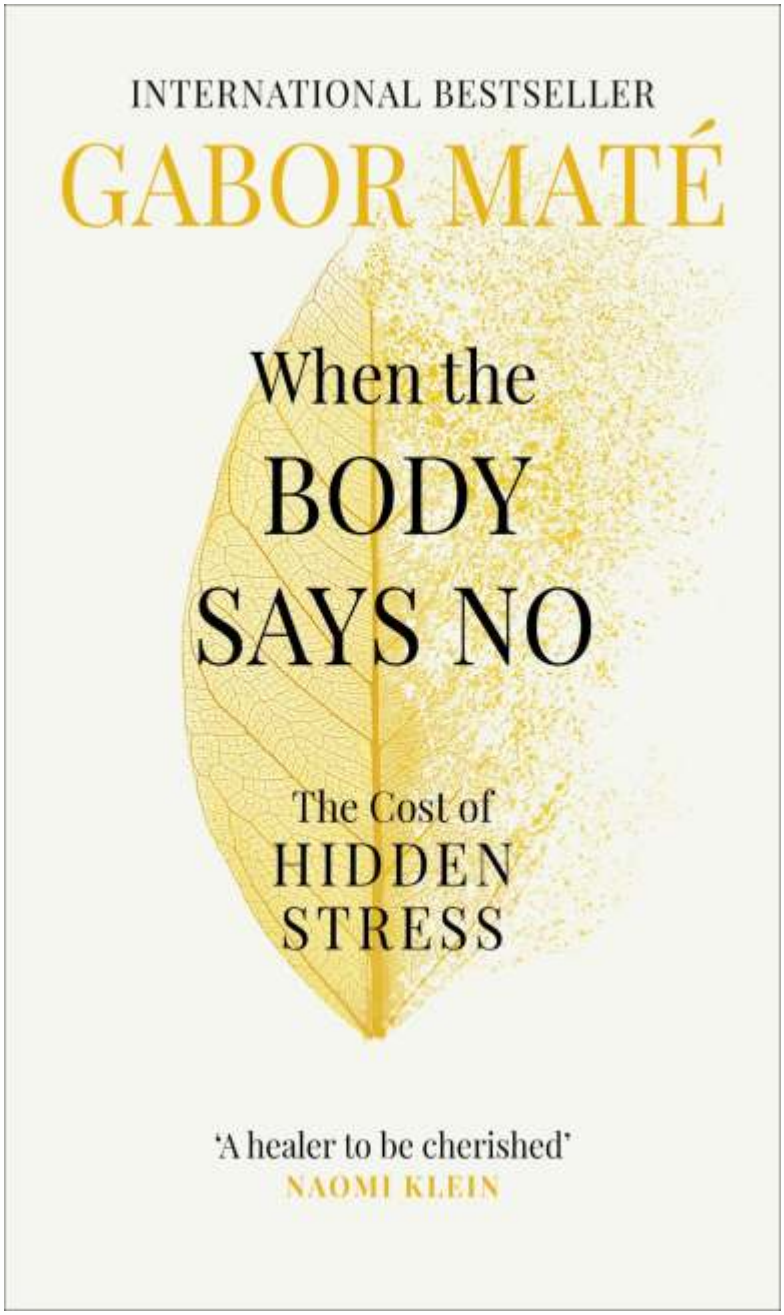
9. Which drug is commonly used as an iron chelator in thalassemia patients with iron overload?
A) Methotrexate
B) Deferoxamine
C) Hydroxyurea
D) Warfarin

---

10. What is the potential cure for some patients with thalassemia major?
A) Regular blood transfusions
B) Hematopoietic stem cell transplantation
C) Oral iron supplementation
D) Radiation therapy

ANSWERS: 1C, 2B, 3B, 4C, 5B, 6C, 7B, 8A, 9B, 10B

READER'S CORNER



Book Review: When the Body Says No: The Cost of Hidden Stress by Gabor Maté

Have you ever had the feeling that your body was trying to tell you something—like through chronic pain, fatigue, or even illness—but you just kept pushing through? In When the Body Says No, Dr. Gabor Maté makes a strong case that ignoring those signals can come at a serious cost.

This book is all about the connection between stress, emotions, and physical health. Maté, who's spent years as a physician working with everything from cancer patients to those with autoimmune disorders, dives deep into how stress—especially the kind we don't even realize we're carrying—can wear down the body over time. He brings in both science and real-life stories from patients to show how often illness seems to follow patterns of emotional repression, over-responsibility, and chronic people-pleasing.

What's really compelling about Maté's approach is that he doesn't just talk about stress in a general "you should relax more" kind of way. He goes much deeper, looking at how early childhood experiences and learned behavior shape the way we handle stress as adults. And he connects that emotional wiring to specific physical conditions in a way that feels eye-opening without being preachy.

One thing to keep in mind: some readers might feel a bit overwhelmed by the idea that their personality or emotional habits could be linked to their health issues. But Maté is never blaming—his tone is always gentle, curious, and compassionate. It's more about awareness than guilt. He's inviting us to pay attention to what we've ignored, and maybe even show ourselves a bit more kindness.

Bottom line? If you're interested in the mind-body connection, or you've ever wondered if stress might be affecting you more than you thought, this book is absolutely worth your time. It's not just informative—it's deeply human.

Final Take: Thoughtful, moving, and often eye-opening. When the Body Says No will make you rethink how you treat your body—and your emotions.

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