



Dr Uma Ram
Chairperson

Dr Arjunan Tamilselvi
Fellow representative

Dr Deepa Neelakantan
Fellow representative & Treasurer

Dr Meera V V Raghavan
Fellow representative

Dr Pratima Radhakrishnan
Fellow representative

Dr Shameema KV
Co-opted Fellow Representative

Dr Ajith S
Co-opted Fellow Representative

Dr Anbu Subbian
Member Representative & Secretary

Dr Chinmayee Ratha
Member Representative

Dr Lalitha N
Member Representative

Dr Varalakshmi N
Co-opted Member Representative

Dear Friends,

A fresh start is a journey! 2021 has begun with change and hope. Even now some parts of the world are battling the second wave. Around us, we are seeing life returning to normal, even as many of us watch with apprehension and the vaccination role out will hopefully improve the situation.

In the IRC India South committee too we have had a change of team. I am very thankful to the team that I have had to work with for the past 2 years. Together we managed to do a lot of activity and pretty seamlessly moved to online programs through 2020. I am extremely happy to welcome the new committee of fellows and members and look forward to working together in the year ahead.

We will have the AICC RCOG annual congress this September and look forward to everyone's active participation for that meeting.

I urge you to use our website which has information on upcoming events and courses, patient information leaflets and recordings of our webinars. Do share your thoughts and suggestions with the team. You can reach us via chair@aiccrcogsz.com and info@aiccrcogsz.com
With regards

Wishing everyone a safe and healthy 2021

With regards


Uma

Congratulations to the new AICC RCOG Chair



On the 19th December 2020, as part of the AICC RCOG e-conclave, the Installation Ceremony of the new Committee members was held.

Dr Bhaskar Pal was installed as the new AICC Chair. All the Zonal chairs, (except the Southzone chair) were inducted along with the 4 zonal committee members. Dr Ranjana Sharma –North Zone Chair, Dr Sarita Bhalerao – West Zone Chair, Dr M M S Zoha – East Zone chair



Dr Ranjana Sharma MS, FRCOG
Indraprasatha Apollo Hospitals
New Delhi



Dr Sarita Bhalerao MD, FRCOG
Breach Candy Hospital
Mumbai



Dr M M Samsuzzoha MD, FRCOG
Columbia Asia Hospital
Kolkata

AICC RCOG E-Conclave was held on the 18th& 19th December 2020, with a Workshop on the 18th " Empowering Women against Violence". On the 19th , the conference was well attended with free papers and deliberations in two halls.





Dear Friends,

I feel privileged writing to you after taking over as the Chair of AICC RCOG. New Chairs have taken over in all the zones except the South and all zones have new committees in place. I look forward to connecting with you and working closely towards improving women's health. As AICC Chair, my vision is close co-ordination among the four zones with all of us working as a close-knit unit, complementing one another. I also aim to collaborating with other national organisations in India.

The past ten months were full of unforeseen challenges and tremendous apprehension. We missed meeting in person, especially the eagerly awaited AICC RCOG Conference at Kochi which was due to be organized by the South Zone Representative Committee in 2020. With the vaccine rollout and the current infection rates in India, we hope we do not see another surge and can soon resume physical meetings. The situation across the globe and especially UK remains worrisome and I hope the situation normalizes soon.

The pandemic taught us alternative ways to connect, and the virtual platform has enabled us to reach out to a wider audience and made education more equitable. The South Zone Representative Committee under the able leadership of Dr Uma Ram has been very active with programmes, some of which have aimed to tread into some hitherto uncharted territories like Perinatal Mental Health. I am sure the forthcoming months will be busy for you and I wish you many more successful programmes.

I look forward to meeting most of you in person at Kochi later this year.

With regards

Bhaskar Pal
Chair, AICC RCOG

A Few Interesting facts about RCOG:

- Professor William Blair-Bell and Sir William Fletcher Shaw established the RCOG (earlier known as British College of Obstericians & Gynaecologists) in 1929
- First female president of RCOG was Dame Hilda Lloyd (1949-1952)
- The first overseas Reference committee of College was set up in Canada in 1932 (second one in India)
- The first MRCOG examination held overseas was in Australia in 1947
- The motto in the erstwhile College Coat of Arms –“Super Ardua ” means “ lets overcome our difficulties”



Dear All

We begin the New Year with great hope and looking forward to the great possibilities it holds. Last year was by no means an ordinary year. It was probably a year which none of us ever hoped to face in our life-time.



In however tough it was, it also showed us lots of new opportunities and catapulted the new technological advances and vaccine production at great speed.

Although not physically, we have all managed to meet virtually and keep upto date with

I took up post in February last year and have not had a chance to meet any of you face to face. I realise now how much I miss coming to India and meeting you all. With the vaccine comes new hope and let us hope for more physical meetings this year.

Regards and Best wishes,
Jyotsna Acharya
South Asia Representative
RCOG Council

World Health Days for the OBG

4th Feb – World Cancer Day

12th Feb – Sexual & Reproductive
Health Awareness Day

8th March - International Women's Day

21st March – World Down Syndrome Day

7th April – World Health Day

(2021 Theme – Protecting Health
from Climate Change)

11th April – National Safe Motherhood Day

12th May – International Nurses Day

1st July – Doctors Day

1st-8th August – World Breast feeding
Awareness week

1st-30th October – Breast Cancer Awareness
Month

17th November – World Prematurity Day

9th December – World Patients Safety Day

Breast Cancer in the Young- The Indian Scenario

Dr. Asha Reddy, Dr. Selvi Radhakrishna
Chennai Breast Centre

Breast cancer in the young is relatively rare and represents 2-3% percent of all breast cancers in the West¹, and 10-24% in Asian series². One of the challenges in this age group is a diagnostic delay which impacts prognosis adversely. Special considerations are required during the treatment process with respect to fertility and fertility preservation, psychosocial aspects and addressing genetic mutations. There is very sparse data regarding breast cancer in the young from the Indian population.

We have analyzed data from three centers in India for a decade from January 2008 to December 2018. In this patient population, 13% (836) were under 40 years of age. When compared to those between 40-70 years, majority of these breast cancers were higher stage, node positive and higher grade tumors. Triple negative breast cancers accounted for 31% in the below 40 age group, whereas it only accounted for 23% in those between 40-70 years.

Challenges with young breast cancer

There are several challenges in the diagnosis and management of breast cancer in women under the age of 40 years- diagnostic delay, aggressive biology, genetic predisposition, fertility concerns, surgical challenges in planning. Breast Conservation Surgery/ oncoplastic procedures/reconstruction, emotional and quality of life issues.

Diagnostic delay

Fibroadenomas or fibroepithelial lesions are very common in the younger age group. Breast cancer in young women tends to be well circumscribed and mimics fibroadenomas clinically and radiologically (Fig 1). Breast tissue is dense in this age group, further compounding the challenge. A careful assessment with breast ultrasound, mammogram (preferably tomosynthesis) and a low threshold for ultrasound guided core needle biopsy is required for an accurate diagnosis.



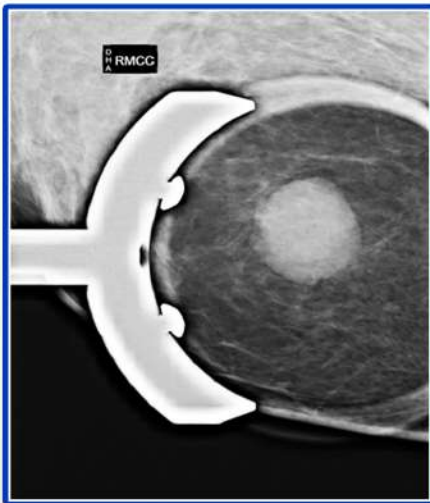
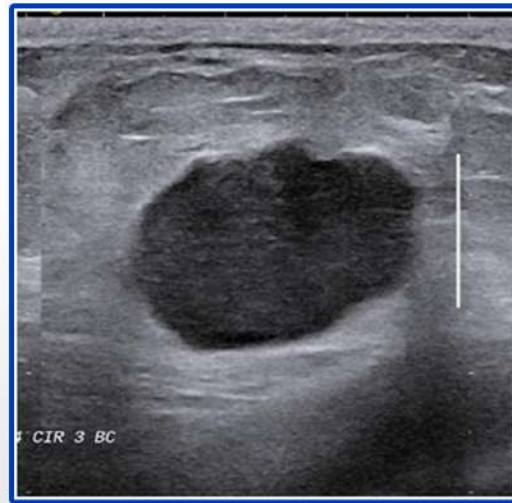


Fig 1: a) Well circumscribed rounded dense opacity in the right breast lower inner quadrant



b) Ovoid hypoechoic lesion with irregular and intralesional vascularity on Ultrasound correlation. Lesion could be misunderstood for a fibroadenoma. However, histopathology confirmed a triple negative breast cancer.

Pregnancy Associated Breast Cancers (PABC)

Pregnancy and lactation associated breast cancer (PABC) are also challenging mainly due to delay in diagnosis. Stage for stage, the prognosis is similar to other breast cancers of a similar age group. The physiologic changes noted in the breast during pregnancy and lactation often make it difficult to discern a concerning breast mass from a normal breast in a pregnant woman³. A high degree of suspicion and appropriate investigations including a breast ultrasound and core needle biopsy are necessary for accurate diagnosis.

Association with genetic mutations

First degree relatives of women with breast cancer have an increased risk of breast cancer when compared to the general population and the risk is higher when the relative is diagnosed at a young age⁴. Young age is a key feature of hereditary disease and it is recommended that all patients under the age of 40 undergo genetic testing. Most common mutations are BRCA 1 and 2 followed by PALB2 and TP53. Nearly 30% of the patients younger than 40 years in our cohort who underwent genetic testing had an identifiable genetic mutation.

Identification of germline mutations has the potential to impact the medical care as well as be informative for at-risk family members. After a thorough pre-and post-test counselling, options of closer follow up with MRI, chemoprevention and prophylactic surgeries for the breast and ovary are offered to the patient based on the stage and biology of the disease.

Fertility issues and fertility preservation options

Fertility counselling is an important aspect of cancer management for young patients and for this subset of future survivors, it is a significant quality-of-life concern. Chemotherapy, radiation and hormonal therapy may all effect ovarian function and lead to amenorrhea⁵. With the science of fertility continuing to grow with more success of oocyte, embryo and ovarian tissue preservation, there are more options that can be offered to the patient. Ovarian suppression with luteinizing hormone releasing hormone (LHRH) agonists are frequently used for fertility preservation and is usually given during the period of chemotherapy. The optimal time to address the possibility of treatment-related infertility and strategies to combat this is prior to treatment, rather than after cancer therapy has begun, and all options are made available to the patient so that they can make an informed decision.

Preimplantation genetic diagnosis and alternative parenting approaches are also discussed. Timing of chemotherapy with fertility preservation procedures requires well planned interdisciplinary team work. In our data set, we have had 2 successful pregnancies post treatment of breast cancer.

Body image and psychosocial issues

Options of breast conservation surgery and oncoplastic procedures when feasible and breast reconstruction options are often discussed with younger patients to help combat issues with body image. However, it is still a complex issue with the potential to impact many aspects of cancer survivorship, especially in this age group. A strong peer support group and extensive counselling are encouraged that address issues related to sexual life, diet, dealing with symptoms of early menopause, lymphedema prevention, the need for contraception during treatment and overall improvement in quality of life during and post treatment.

Outcomes

Across all histologic subtypes and stages, the 5 years Disease- Free-Survival for patients below 40 years in our data set of patients between 2008-2016 was 85.3% compared to 89% in the 41-70 year age group (Fig. 2). Triple negative breast cancers that are node negative and those that respond to chemotherapy generally do well when compared to Triple Negative Breast Cancers that are node positive and poor responders to neoadjuvant chemotherapy.

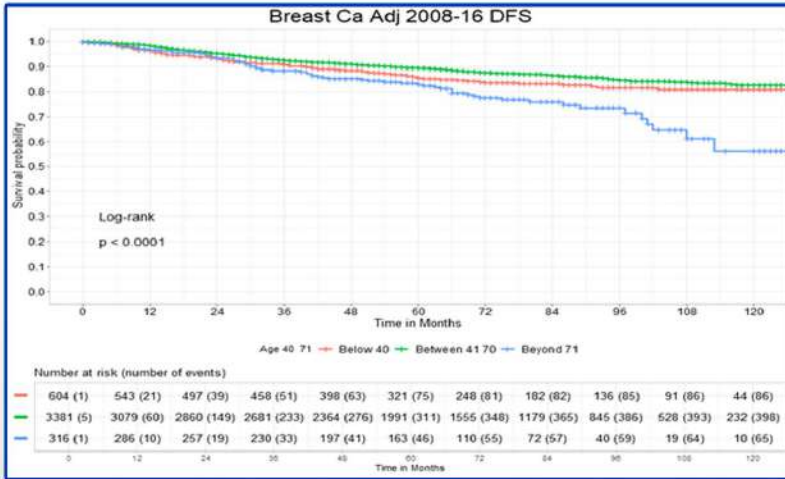


Fig 2- Disease-Free Survival stratified by age group

Breast cancers in the young are challenging to manage, primarily because of diagnostic challenges, aggressive biology along with fertility and quality of life concerns. Special considerations including infertility, pregnancy, genetic syndromes, psychosocial issues and aftercare must be addressed when developing treatment algorithms.

References:

1. Merrill RM, Capocaccia R, Feuer EJ, Mariotto A. Cancer prevalence estimates based on tumour registry data in the Surveillance, Epidemiology, and End Results (SEER) Program. *International journal of epidemiology*. 2000 Apr 1;29(2):197-207.
2. Agarwal G, Pradeep PV, Aggarwal V, Yip CH, Cheung PS. Spectrum of breast cancer in Asian women. *World journal of surgery*. 2007 May 1;31(5):1031-40.
3. Keyser CE, Staat MB, Fausett CM, Shields LC. Pregnancy-associated breast cancer. *Reviews in Obstetrics and Gynecology*. 2012;5(2):94.
4. Hulvat MC, Jeruss JS. Maintaining fertility in young women with breast cancer. *Current treatment options in oncology*. 2009 Dec 1;10(5-6):308-17.
5. Bines J, Oleske DM, Cobleigh MA. Ovarian function in premenopausal women treated with adjuvant chemotherapy for breast cancer. *Journal of Clinical Oncology*. 1996 May;14(5):1718-29.



Know your hinterland buddies



The Galaxy Frog or Black Microhylid *Melanobatrachus indicus* is one of the most beautiful endemic denizens that can be found in the Western Ghats of South India. This frog is also a modern day mystery, as without a tympanum (ear) or vocal sac, the breeding behaviour of this monotypic genus remains a puzzle to be solved.

For now, the frog is seen purely by accident or under rotting logs in mid-altitude sholas. Not much is known about this stunner...how does it display? Why the gaudy colouration? Is it poisonous? we will know soon...the answers to these questions are surely going to be one of the key new findings of modern day ecology studies.

This interesting jewel of the Ghats, along with 1920 other species of mammals, birds, butterflies, dragonflies, reptiles and amphibians found in South India, are featured in THE PHOTOGRAPHIC FIELD GUIDE - WILDLIFE OF SOUTH INDIA, the new field guide authored by field naturalists Surya Ramachandran and David Raju.

To order your copy visit www.photofieldguides.com

Surya is an author and naturalist who has been exploring the various habitats of the country over the last decade. He believes conservation and tourism need not be adversaries. Sustainable tourism practices, in non protected environments with involvement of the community is the future.



Test your Heritage trivia of South India

1. Heritage site at the banks of the river Tungabhadra
2. The only "Rack railway" in India, designated as world heritage in 2005.
3. Heritage site overlooking the Bay of Bengal
4. Heritage site located at the banks of Kaveri river.
5. World Heritage site shared by Karnataka, Kerala and Tamilnadu



Upcoming Events



RCOG IRC India South Monthly Webinar

Date: 12th February 2021 **Time:** 3.00 pm to 5.30 pm

Registration Link: <http://sun.onference.live/aicccogsz>

Guest of Honor



Dr Bhaskar Pal



Dr Uma Ram



Dr Ajith S

Invited Speaker



Professor Jacky Nizard,
MD, PhD,
Hospitalier Pitié-Salpêtrière
Past President EBCOG



Dr Lakshmi
Shanmugasundaram



Dr Georgy



Dr Sivakumar



Dr Tarakeshwari

PROGRAM

Time	Topic & Speaker
3.00 pm - 3.05 pm	Welcome : Dr Uma Ram
3.05 pm - 3.15 pm	About AICC RCOG : Dr Bhaskar Pal
3.15 pm - 3.20 pm	Introduction of the Invited Speaker : Dr Ajith S
3.20 pm - 3.45 pm	Pregnancy Post Bariatric Surgery : Dr Jacky Nizard
3.45 pm - 3.55 pm	Introduction of the New Committee : Dr Uma Ram
3.55 pm - 4.15 pm	Transforming CS : Dr Jacky Nizard
4.15 pm - 4.25 pm	Audience Interaction
4.25 pm - 5.15 pm	Panel Discussion : Pregnancy and Cardiac Disease Moderator : Dr Lakshmi Shanmugasundaram Panelists : Dr Georgy , Dr Sivakumar, Dr Tarakeshwari, Dr Jacky Nizard
5.15 pm - 5.25 pm	Q & A
5.25 pm - 5.30 pm	Wrap up

Perinatal Mental Health Modules in 2021

April 24 & 25 | June 26 & 27 | August 28 & 29 | Oct 23 & 24 | Dec 18 & 19

For registration please email: info@aicccogsz.com

Answers to the Heritage trivia:

- 1.Hampi, Karnataka
- 2.Nilgiri Mountain Railway
- 3.Monuments of Mahabalipuram
- 4.Brahadeeshwarar temple, Thanjavur
- 5.Western Ghats

