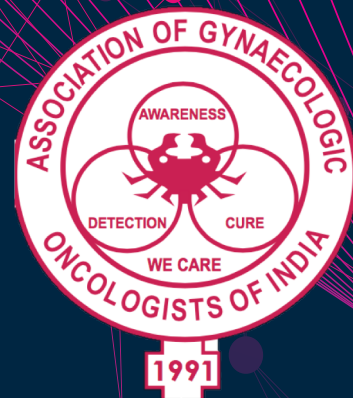


AGOI

Association of
Gynaecologic
Oncologists
of India



From the Desk of President & Secretary, AGOI

Dear members of Association of Gynaecologic Oncologists of India,

We are proud to announce the release of the first E-Newsletter of AGOI. We plan to bring out 4 quarterly issues in a year. The contents of the Newsletter will include recent articles/updates related to Gyn- Oncology, interesting case reports, information on Cancer-awareness activities on World Gyn- Cancer Days, activities of all AGOI-State Chapters in the current year, information related to upcoming Webinars, State / National / International Conferences, CMEs & Workshops. Information regarding AGOI Fellowship Programme and Young Gyn-Oncologists Training Programme & Centres where it can be pursued, will be available to the reader.

The organization intends to give emphasis on 'Preventive Gyn-Oncology', along with treatment. We encourage our esteemed members to conduct 'Awareness Programmes' in all parts of India and implement HPV Vaccination to the target Female Population. We also encourage skill development and promote use of newer technologies like Minimal Invasive Surgeries (Laparoscopy & Robotic). Training in Gyn Oncosurgery including Exenterative surgeries is also provided through hands-on cadaveric workshops, held during conferences or at other times of the year as decided by Executive Body of AGOI. Strategic Alliance with IGCS, done recently has paved the way for advancing research and sharing knowledge with our international partners. We also work in association with other international Organisations like ESGO.

All other information is available in detail on our website (www.agoi.org) It is very important dear members, to actively engage in awareness activities on personal basis or through State Chapters. This will go a long way in preventing or even eliminating Gynaecological Cancers.

Jai Hind!

Warm regards,

Jita Parija – President AGOI

Bhagyalaxmi Nayak – Secretary AGOI

Dear members of Association of Gynaecologic Oncologists of India,

We are going to publish the first issue of AGOI newsletter as per the decision of AGOI Executive committee. This edition contains messages from elected president and secretary of AGOI, few articles on recent advances in the field of gynaecology contributed by our members, activities of various state societies of AGOI along with upcoming events.

Gynaecological cancers were treated by gynaecologists in the past who dealt with all the subspecialties of Obstetrics and Gynaecology, including obstetrics. So treating gynaecological cancers were not proper and focussed intensely. There was a need of a subspecialty which can deliver comprehensive care to women with cancer. Gynaecologic Oncology as a subspecialty has evolved in 1970-80 in western world and over last 2 to 3 decades in India to fulfil that goal. With advances in surgical techniques, chemotherapy, radiation therapy, targeted therapy, immunotherapy, fertility preservation and palliative care in a frame work of multidisciplinary involvement, outcomes can be enhanced. As we continue our journey to combat gynecologic cancers, it is essential to emphasize the importance of awareness, early detection, and specialized care. These cancers affect millions of women worldwide, and by working together, we can make a significant difference.

By prioritizing women's health and promoting education, we can empower women to take control of their well-being. Let's continue to support research, awareness initiatives, and specialized care for those affected by gynecologic cancers.

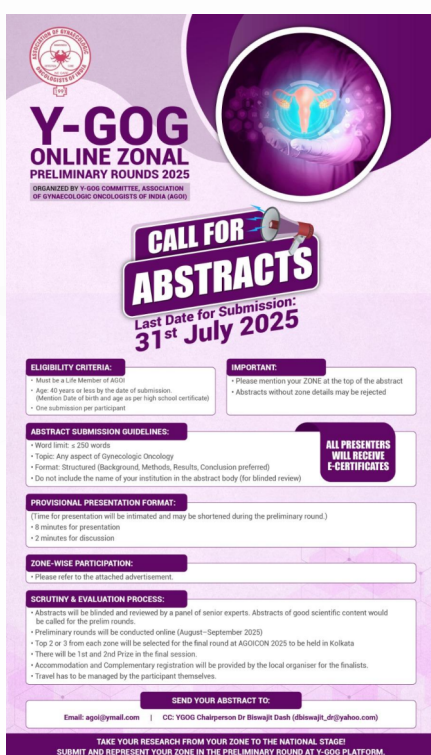
As a gynecologic oncologist, staying abreast of the latest developments in this field and working collaboratively with other specialists is essential for providing the best possible care for gynaecological cancers' and AGOI is committed to execute it.

Long live AGOI

Dr Ashok Kumar Padhy_Editor

Dr Sony Nanda_Co-editor

Association of Gynaecologic Oncologists of India Registered Under Societies Registration Act VI of 1998 (1941 Ad) No. 1818-S. of 1991, Dated 16-12-1991 The Association of Gynaecologic Oncologists of India (AGOI) is a multidisciplinary professional group of Gynaecologic oncologists, Medical Oncologists, Surgical Oncologists, Radiation Oncologists and allied health professionals committed to work on gynaecological cancers. Since its formation in 1991 the organization has worked for improvements in the field of early detection and appropriate treatment of gynaecological malignancies. The current strength of the AGOI members is more than 1700. AGOI holds its annual conference to facilitate exchange of ideas and encourage young gynaecologists to take up this specialty and it attracts participation from members and other physicians from India and abroad. AGOI also welcomes the official publications for the contributions to the Indian Journal of Gynaecologic Oncology (IJGO). Installation of Dr Jita Parija as 'President AGOI', at National Conference of AGOI at Kochi in December 2024. Dr. Neerja Bhatla, Past President of AGOI, received an award from the President of India. She worked in collaboration with the World Health Organization's International Agency for Research on Cancer (IARC) and served as the Chairperson of the FIGO Committee for Gyn-Oncology from 2015 to 2018.



Y-GOG ONLINE ZONAL PRELIMINARY ROUNDS 2025
ORGANIZED BY Y-GOG COMMITTEE, ASSOCIATION OF GYNAECOLOGIC ONCOLOGISTS OF INDIA (AGOI)

CALL FOR ABSTRACTS
Last Date for Submission: **31st July 2025**

ELIGIBILITY CRITERIA:

- Must be a Life Member of AGOI
- Age: 40 years or less by the date of submission. (Mention Date of birth and age as per high school certificate)
- One submission per participant

IMPORTANT:

- Please mention your ZONE at the top of the abstract
- Abstracts without zone details may be rejected

ABSTRACT SUBMISSION GUIDELINES:

- Word limit: a 250 words
- Topic: Any aspect of Gynecologic Oncology
- Format: Structured (Background, Methods, Results, Conclusion preferred)
- Do not include the name of your institution in the abstract body (for blinded review)

ALL PRESENTERS WILL RECEIVE E-CERTIFICATES

PROVISIONAL PRESENTATION FORMAT:

- 1 minute for presentation will be allotted and may be shortened during the preliminary round.
- 8 minutes for presentation
- 2 minutes for discussion

ZONE-WISE PARTICIPATION:

- Please refer to the attached advertisement

SCOUTING & EVALUATION PROCESS:

- Abstracts will be blinded and reviewed by a panel of senior experts. Abstracts of good scientific content would be called for the prelim rounds.
- Preliminary rounds will be conducted online (August-September 2025)
- Top 2 or 3 from each zone will be selected for the final round at AGOCON 2025 to be held in Kolkata
- There will be 1st and 2nd Prize in the final session.
- Accommodation and Complementary registration will be provided by the local organizer for the finalists.
- Travel has to be managed by the participant themselves.

SEND YOUR ABSTRACT TO:

Email: agoi@ymail.com | CC: YGOG Chairperson Dr Biswaji Dash (dbiswaji_d@yahoo.com)

TAKE YOUR RESEARCH FROM YOUR ZONE TO THE NATIONAL STAGE! SUBMIT AND REPRESENT YOUR ZONE IN THE PRELIMINARY ROUND AT Y-GOG PLATFORM. FOR MORE DETAILS KINDLY REFER TO THE ATTACHED ADVERTISEMENT



“ Conducted Gynec Oncology Quiz among postgraduate on the eve World Cancer Cervix eradication day on 11th March 2025 ”



“ Installation of Dr Jita Parija as President AGOI 25-26 ”

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Implementing Enhanced Recovery After Surgery Protocols in Low- and Middle-Income Countries: Challenges and Opportunities

Sarita Kumari, Geetu Bhandoria

Enhanced Recovery After Surgery (ERAS) protocols have revolutionised the perioperative care in last few decades. They primarily reduce surgical stress and shorten the hospital stay. ERAS initially originated in the field of colorectal surgeries and gradually they have been successfully adapted in other surgical disciplines. They have been widely implemented among the developed world. However, its implementation in low- and middle-income countries (LMICs) faces significant challenges. Prominent ones among them being limited healthcare infrastructure, shortage of trained personnel like dietitians, physiotherapists, clinical psychologists and financial constraints, patient's access to healthcare infrastructures, Cultural barriers like strict vegetarianism, prolonged postoperative rest/limited activity have emerged as another significant constraint limiting its adaptability. Furthermore, the knowledge and awareness regarding ERAS among the practicing surgeons and their willingness for implementation have been quite slow because it requires a dramatic change in old habits. The patient population is largely naïve regarding its benefits and a thorough discussion in the preoperative period and a successful prehabilitation program is usually not available. If properly implemented, ERAS has a huge potential to cut healthcare delivery cost along with providing successful surgical outcomes with available resources. Furthermore, a multidisciplinary team of anaesthetists, surgeons, nursing and other para-medical staff are all required to work in conjunction for its proper implementation. However, future research is required which should be focussed on scaling context-adapted ERAS programs in LMICs and assessing their impact on surgical outcomes, healthcare costs, and long-term patient well-being. Regional modifications like local food-based carbohydrate loading drinks, choosing high-protein diet for vegetarians remain challenges. An enhanced discussion on ERAS and its benefits at healthcare society meetings like AGOICON, discussions with healthcare administrators, politicians would go a long way at bringing a lasting change and increasing adoption of ERAS in LMICs like India.

KELIM and CRS: Complementary Predictors of Chemo-sensitivity in Advanced Ovarian Cancer

Dr. Biswajit Dash, M.D., M.Ch., Professor and Surgeon, Division of Gynecologic Oncology, Tata Memorial Centre, HBNI University, Mumbai, India

Dr. Vandana Jain, M.S., Fellowship in Gynecologic Oncology, Senior Consultant and Head, Dept of Gynecologic Oncology, Rajiv Gandhi cancer institute and research Centre, New Delhi, India

The management of advanced epithelial ovarian cancer (EOC) has witnessed substantial evolution in recent years. Although the integration of neoadjuvant chemotherapy (NACT), interval debulking surgery (IDS), and maintenance therapies has improved outcomes, recurrence rates remain high. In this setting, the emergence of biomarkers such as the Chemotherapy Response Score (CRS) and the KELIM score offers new avenues in precision oncology by predicting primary chemo-sensitivity and enabling tailored therapeutic approaches. Other biomarkers under consideration include tumor-infiltrating lymphocytes (TILs), BRCA1/2 mutations (germ-line /somatic), and homologous recombination deficiency (HRD) status.

The CRS, originally developed by Böhm et al., is a histo-pathological grading tool used to evaluate tumor response in omental and adnexal tissues after NACT (1,2). Initially conceptualized as a six-tiered system, CRS was refined into a more reproducible three-tier classification, and more recently into a binary system (CRS 1/2 vs. CRS 3) for clinical practicality (1). CRS1 denotes minimal response, CRS2 indicates partial response, and CRS3 represents complete or near-complete response. A meta-analysis of 877 patients demonstrated that CRS3 was significantly associated with improved progression-free survival (PFS) and overall survival (OS), with pooled hazard ratios of 0.55 for PFS and 0.65 for OS compared to CRS1/2 (3). However, the primary limitation of CRS is that it relies on post-operative tissue, thus lacking pre-treatment predictive utility.

In contrast, the KELIM score offers a dynamic, pre-surgical assessment of tumor chemosensitivity based on CA-125 kinetics during the first 100 days of chemotherapy. Developed using a semi-mechanistic

pharmacodynamic model (4), KELIM quantifies the CA-125 elimination rate. A standardized KELIM value ≥ 1.0 is indicative of high chemosensitivity and correlates strongly with improved survival outcomes (5).

Data from three pivotal phase III trials—AGO OVAR 9 (n=1,288), AGO OVAR 7 (n=192), and ICON7 (n=1,388)—validated the prognostic and predictive capabilities of modeled KELIM over standard GCIG response criteria (4). Beyond prognosis, KELIM predicts likelihood of optimal IDS, risk of platinum resistance, and benefits from maintenance strategies such as bevacizumab and PARP inhibitors (6–10). A population-based study from the Netherlands Cancer Registry involving over 1,500 patients further validated KELIM as a prognostic marker for both survival and complete cytoreduction post-NACT.

KELIM also serves as an independent prognostic factor alongside surgical debulking (7). Notably, in an exploratory analysis of the VELIA/GOG-3005 trial, patients harboring both favorable KELIM and BRCA mutations had the most pronounced benefit from veliparib maintenance therapy, with a hazard ratio of 0.28 for disease progression. In contrast, 74% of BRCA-mutant patients with unfavorable KELIM progressed within 18 months (9). Similarly, analysis of ICON7 (n=1,386) revealed that among patients with high-risk disease (sub optimally debulked Stage III and Stage IV), those with unfavorable KELIM (<1.0) derived the greatest overall survival benefit from bevacizumab, with an absolute OS difference of 9.1 months (10).

Despite its strengths, KELIM has certain limitations. It is not applicable in non-secretory tumors or when baseline CA-125 levels are low. Furthermore, accurate serial CA-125 measurements—specifically after each chemotherapy cycle prior to IDS—are essential for reliable KELIM computation. Additional prospective validation is needed to standardize its use in routine clinical practice.

Conclusion

CRS and KELIM are complementary tools for assessing chemosensitivity in advanced EOC. While CRS provides valuable post-surgical histopathologic insights, KELIM offers a non-invasive, early predictor based on real-time tumor kinetics. Their combined application holds promise in optimizing patient selection for aggressive

surgery, identifying candidates at risk for platinum resistance, and tailoring maintenance strategies. As artificial intelligence and predictive algorithms advance, incorporating dynamic biomarkers like KELIM may further personalize and improve treatment outcomes.

A review of FIGO 2023 Staging of Endometrial Carcinoma- A Critical Appraisal.

Dr Jita Parija
Prof Gyn-Oncology

Staging system is the pillar of any treatment in Oncology .Therefore it should be valid , reliable and practical .It predicts the prognosis of a cancer patient . The main bodies for cancer staging are , AJCC , UICC and FIGO . Collaboration between these three groups ensures synchrony , with changes in the FIGO Staging being reflected in the AJCC and UICC versions . In the recent past , cancer in organs like breast , head & neck and prostate , have included histopathology and molecular markers along with anatomical staging .Keeping this trend , a radical shift in Endometrial Cancer Staging was formulated by FIGO in June 2023 (Berek 2023) and a revised staging of Endometrial Cancer was presented almost 14 years after last staging in 2009 . This is a prognosis based staging system where Histopathology (type grade) and Molecular Profile take the centre stage .

The inception of FIGO 2023 Staging of Endometrial Cancer has created a stir in the Oncology Fraternity concerning several factors . The advantages are many and so are the disadvantages . The advantages are :

1. Better risk scoring .
2. Decides escalation/de-escalation of treatment .
3. Gives better prognostic scoring .
4. Produces Stage Migration – resulting in a final stage Up / Downstage.
5. Planning adjuvant therapy is more straightforward compared to ESGO-ESTRO-ESP Classification.

The drawbacks include :

1. It is difficult , elaborate and more complicated as compared to 2009 staging .
2. May be confusing to patients and clinicians .
3. Sentinel Node biopsy with ultrastaging is not available in most countries and thus micrometastasis can be missed.
4. There is considerable interobserver variability (regarding depth of Myo & Cervical stromal invasion).
5. Molecular Classification is not routinely available in most countries (LMICs) .
6. Methodology in determining the molecular group is not specified and there is a difference in interpretation .
7. Pole mutation is costly and has no definite surrogate marker. Thus multiple classifiers cannot be ruled out .
8. Role of multiple classifiers in Up/Downstaging and prognostication, is still not defined .
9. There is lack of recent Prospective Studies addressing the integration of Molecular changes into FIGO 2023 Staging .
10. A study by Bassetti et al in May 2024 (J.Can.Res.Clin.Oncol) , advocating treatment based on FIGO 2023 Staging , showed that 63% of patients who would have needed adjuvant CTRT , but received lesser form of adjuvant treatment , later developed distant recurrence .

FIGO 2023 Endometrial Cancer Staging System has both advantages and disadvantages . Though it serves as a radical shift to prognostic implication , it does not recommend any intervention based on this system .It's implementation as an universal guide for risk assessment would be ideal , provided there is homogeneity in diagnostic and therapeutic resources worldwide . Therefore a blanket approach in cancer care based on FIGO 2023 Staging , will create significant gaps between Resource-rich and Resource-poor healthcare systems (LMICs) . Therefore to be accepted globally to the scientific community as the best Prognostic Staging System , worldwide validation studies are warranted .

Upcoming CONFERENCES

AOGIN INDIA

14th National Conference, 2025
29th - 30th - 31st August, 2025

Mahatma Gandhi Hospital, Jaipur



IGCS 2025

Annual Global Meeting

CAPE TOWN

November 5 - 7



11th -14th December 2025, Taj Taal Kutir, Kolkata