"DIAGNOSTIC EFFICACY OF VISUAL INSPECTION OF CERVIX WITH ACETIC ACID FOR CERVICAL INTRAEPITHELIAL LESIONS"

By

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Dr. Lakshmi K. S.

ABBREVIATIONS

AGUS	Atypical Glandular cells of Undetermined Significance
ASCUS	Atypical Squamous Cells of Undetermined Significance
CI	Confidence Interval
CIN	Cervical Intraepithelial Neoplasia
CIS	Carcinoma insitu
DNA	Deoxyribo Nucleic Acid
ECC	Endocervical Curettage
HPV	Human Papilloma Virus
HSIL	High grade Squamous Intraepithelial Lesion
IARC	Information Agency for Research Cancer
LBC	Liquid Based Cytology
LSIL	Low grade Squamous Intraepithelial Lesion
NPV	Negative Predictive Value
No	Number
OPD	Out Patient Department
PPV	Positive Predictive Value
RCI	Reid Colposcopic Index
SCJ	Squamo Columnar Junction
VIA	Visual Inspection with Acetic acid
VILI	Visual Inspection with Lugol's Iodine
WHO	World Health Organization.

ABSTRACT

Title: Diagnostic efficacy of visual inspection of cervix with acetic acid (VIA) for cervical intraepithelial lesions.

Objective: Primary - To detect sensitivity and specificity of visual inspection of cervix with acetic acid keeping colposcopy directed cervical biopsy as gold standard

Secondary - Comparison of visual inspection of cervix with acetic acid, cytology, colposcopy and colposcopy directed cervical biopsy

Study Design: Cross sectional study carried over a period of 24 months from 1st November 2006 to 30th October 2008.

Setting: Study was carried out in the Out Patient Department (OPD) at KLES Dr.Prabhakar Kore Hospital and Medical Research Centre**,** Belgaum.

Sample Size: Two hundred women

Method: All women enrolled in study underwent Pap smear, VIA. colposcopy and colposcopy guided biopsy. IARC guidelines were used to interpret VIA results. The sensitivity, specificity, PPV, NPV, false-positive rate and false-negative rate were calculated for VIA, Pap smear and colposcopy with colposcopy guided biopsy as the gold standard.

Results: In our study sensitivity and specificity of VIA found to be 86.95% and 72.51% respectively and that of Pap smear 37.68% and 92.36% respectively. Colposcopy showed higher sensitivity (94.20%) and specificity (94.65%)

Conclusion: VIA is a suitable primary screening procedure alternative to Pap smear as it has high sensitivity and negative predictive value. Women with positive VIA result should be subjected to colposcopy to avoid unnecessary treatment in disease free, as VIA has high false positive rate.

Key Words: Cervical cancer Screening, Visual inspection with acetic acid, Pap smear.

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INTRODUCTION

In India cervical carcinoma is the commonest cancer among women and is the second most common cancer worldwide. Incidence of cervical cancer in India is 1,26,000 per year and it accounts for one-fifth of the world burden of cervical cancer. [1]

The vast majority of cervical cancer in India is caused by infection with certain subtypes of human papilloma virus (HPV), a sexually transmitted virus that infects cells and may result in precancerous lesions and invasive cancer. More than three fourth of patients are usually diagnosed at advanced stages, leading to poor prospects of cure and long-term survival. Carcinoma of cervix is a preventable disease, taking at least 7-10 years to progress and can be prevented if diagnosed in the precancerous stages.

The cervical cancer satisfies most of the criterias set up by the World Health Organization (WHO) for screening program. They include : -

1. Existence of well defined premalignant lesions.
2. Long latent period in which premalignant change or occult cancers can be detected and effectively treated thereby altering the natural history of the disease.
3. A clearly defined viral etiology, which could be incorporated as a marker in mass screening program.
4. Easy and direct access of the uterine cervix for examination and sampling.
5. Effective treatment available for premalignant changes.

Screening women systematically through organized population based programs can prevent cervical cancer. Screening aims to detect disease at precancerous stage when it is amenable to simple treatment and cure. Regular population based screening using cervical cytology is internationally accepted screening method for cervical cancer.

In developed countries, initiation and sustenance of cervical cytology programmes have resulted in large decline in cervical cancer incidence and mortality over the last 40-50 years.[1] In countries with large population like India the infrastructure and resource do not permit cytology based screening program except in few settings.

The screening program was introduced in India late 1950s but lack of political will, poor organizational back up, financial constraints and priority given to other health issues like population explosion lead to no reduction in the incidence of invasive cervical cancer.

Cytology has got some limitations which include

1. It is widely observed that a woman tested for cytology is not likely to come again either for collecting report or fallow up in our country.
2. Even in urban settings of India reagents, microscope, trained cytotechnicians and cytopathologists are few in numbers.
3. In addition to all these cytology has got low sensitivity

Limitations of conventional cytology have been overcome in developed countries by using liquid based cytology and use of highly sensitive Human Papilloma Virus (HPV) testing. The above mentioned protocol is almost non-existent in India because of

high cost. Based on these facts an alternative screening test has to be identified which are scientifically correct and ethically feasible. In such effort WHO recommended Visual inspection with acetic acid [VIA] as an alternative to Pap smear in poor resource settings.[2]

Over the years Pap smear has been used as screening method in India. However studies have shown it has high specificity but low sensitivity. Also there is more need for trained personnel and laboratory facilities, which is not possible in all settings. Hence alternative strategies like VIA are being investigated.

VIA is considered cost effective when compared to other screening methods like Pap smear and HPV DNA tests.[3] VIA is simple, inexpensive, and easy to carry out in large population, does not require any laboratory back up and can be performed reliably by trained paramedical workers and doctors. It neither requires second person for interpretation of result nor second visit by the patient to collect report.

The initial studies have shown VIA sensitivity is similar or higher than that of cytology, however more studies are required to confirm the utility of VIA as a primary screening method.

The present study was undertaken to find the accuracy of VIA in detecting preinvasive or invasive cancer in an abnormal uterine cervix.

OBJECTIVES

Primary objective : To detect sensitivity and specificity of visual inspection of cervix with acetic acid keeping colposcopy directed cervical biopsy as gold standard.

Secondary objective : Comparison between visual inspection of cervix with acetic acid, cytology, colposcopy and colposcopy directed cervical biopsy.

REVIEW OF LITERATURE

Cervical Cancer Screening

Cervical cancer is one of the well-understood human cancers and potentially one of the most preventable. The anatomic accessibility of the cervix to direct examination and long preclinical stage during which approximately 95% of precursor lesions can be treated conservatively and successfully, make cervical pre-cancer an ideal target for secondary prevention efforts such as screening and treatment.

Cervical cancer accounts for 7% of all female malignancies in developed countries, which is in sharp contrast to 24% in developing countries. This disparity is attributed primarily to differences in screening and treatment of precancerous lesions.[4]

Major contribution to cervical cancer screening was done by eminent pathologist Emil Novak. The regular examination of women at high risk was advocated at this time. The Schiller's test and microscopic examinations of biopsy specimens were employed. Colposcopy was developed by Von Hinselmann in 1925, much before the introduction of cytology in clinical medicine and subsequently developed in to a widely used tool for the diagnosis of cervical cancer. Actual cervical cancer screening began in 1943 with the introduction of Pap smear by Papnicolaou and Traut.[5] which was considered a milestone in cancer prevention efforts. Now the Pap test probably is the most widely used cervical cancer-screening test.

Over the years it has been found that this test has well recognized limitations. Pap smear – based screening programs have been difficult to implement on a large scale basis

in developing countries. This has lead to the development of multiple low cost technologies, e.g., down staging, gynoscopy and visual inspection of the cervix after application of acetic acid (VIA) and Lugol's iodine, which would overcome the barriers posed by Pap smear screening. Screening for cervical cancer by visual inspection was widely advocated by WHO in the 1980's as a method to provide screening services in low resource settings.[6]

The basic purpose of screening is to sort out from a large group of healthy persons from those likely to have the disease or at increased risk of the disease under study, and to bring those who are "apparently abnormal" under medical supervision and treatment. Screening is carried out in the hope that earlier diagnosis and treatment favorably alters the natural history of the disease in a significant proportion of those who are identified as positive.

A screening test should be simple, minimally invasive, easy to perform, cost-effective and highly sensitive that can be applied to a large number of apparently healthy individuals.

Participation in regular cervical cancer screening program decreases the mortality rates of cervical cancer. In fact the only areas where cervical cancer mortality has decreased are those with comprehensive screening programs.

The success of screening program is directly related to method used, available financial resources and is influenced by the patients cultural and educational background.

Methods of Cervical Cancer Screening:

1 Conventional exfoliative cytology

2 Liquid based cytology

3 Automated cervical screening techniques

4 Visual inspection with acetic acid (VIA)

5 Visual inspection with Lugol's iodine (VILI)

6 Spceculoscopy

7 Cervicography

8 HPV - DNA testing

9 Colposcopy

10 Fluoroscence spectroscopy

11 Polar probe

Cytology

The Pap smear has been recognized widely as the most effective cancer screening test in the history of medicine. Introduced by Dr. George Papanicolaou into clinical practice circa 1940, it is widely believed that use of this test has been responsible for the drastic reduction in morbidity and mortality of cervical cancer. The ingenious technique of collecting exfoliated cells from the cervix, placing them on a glass slide, and examining them under a microscope remained largely unchanged for more than 50 years. The first documented incident of deficiencies in gynecologic cytology laboratories was reported by the United States of American air force.

The standard technique for Pap smear collection is to sample the portio vaginalis of the cervix and the endocervical canal using a cervical spatula and endocervical brush.

The collected sample is smeared on a slide and then fixed immediately with cytology fixative. Microscopic screening is performed by trained cytotechnologists, any identified abnormal or questionable cytologic changes are referred to a pathologist for interpretation.

Advantages & Disadvantages of cytology [7]

Advantages:

1 Ideal for mass screening

2 High specificity

3 Can be learnt by medical personnel

4 Detection of lesion in endocevical canal

Disadvantages:

1 Low sensitivity

2 Impossible to locate lesion.

3 The need for laboratory with high human expertise

4 Many steps between the patients and clinicians.

5 High cost

There are various problems associated with conventional cytology

1 Incorrect and inadequate sampling in 5-10% of cases [8]

2 Only up to 20% of harvested cells are transferred on the slide leading to a reduction in the sensitivity of the test [8]

3 Mean sensitivity of only 55-60% [9]

4 Reported false negative rates varying from 25 to 50% [10]

5 Reported false positive rates varying from 15 to 20 % [11]

6 Interobserver variation in the interpretation of cytological abnormality making reporting subjective and poorly reproducible

7 Equivocal smears and mildly irregular Pap results have a low yield of underlying high grade pathology and represent a significant cost in terms of specialist referral and follow up

8 Epidemiological data suggest that the current method of Pap smear testing is unlikely to prevent more than 60% of the cases of cervical cancer

Owing to these problems, several techniques have been recently developed in an attempt to automate the various steps of Pap smear preparation and processing in order to try and improve the sensitivity and specificity of conventional cervical cytology.

Visual Inspection after Application of Acetic Acid

The Pap smear has been shown to be highly effective in developed countries that have wide spread organized screening programs. It is widely believed that use of this test has been responsible for the dramatic reduction in morbidity and mortality of cervical cancer. In developing countries, because of the lack of trained cytotechnologists, cytology laboratories and additionally only small percentage of women with positive cytology have diagnostic evaluation and treatment. These problems with cytology have stimulated research on alternative tests, including visual inspection with acetic acid (VIA).

The technique is very simple and consists of an examination of cervix after application of 5% acetic acid. The cervix is inspected after one minute. Lesions which stain acetowhite are regarded as positive for VIA.

Screening for cervical cancer by VIA was widely advocated by WHO as a way to provide screening services in low resource settings where cytology was not available.

Advantages:

1 Simple test

2 Inexpensive

3 Immediate results

4 Can be used in low resource settings

5 Easy to carry out in large population

6 Does not require any laboratory back up

7 Can be performed reliably by trained paramedical workers and medical workers.

8 Since the results of VIA is immediately available, colposcopy and treatment of pre-invasive lesions could be performed during the same visit, which will certainly have favorable implications for the cost of screening. Thus VIA may find a place as an alternative low technology and low cost method of screening.

Disadvantages:

1 Several variables affect the performance of VIA.

2 There is difficulty of standardizing quality control, which is particularly important considering the subjective nature of the test.

3 Comprehensive and competency based training of personnel involved in the screening is required.

4 VIA like colposcopy is more difficult with small lesions that are limited to one quadrant.

5 The source of light should be white coherent.

6 Presence of inflammation, infection and metaplasia affect the results.

7 High degree of over diagnosis (high rate of false positive results)

8 Wide interobserver variation.

In the first large clinical study of VIA reported from Italy, 2105 women underwent Pap smear and VIA, women with any abnormality of these tests were referred for colposcopy. They found sensitivity of 88% with VIA compared to 63% of Pap smear.[6]

Large clinical study conducted by university of Zimbabwe on VIA and evaluated its test quality in primary care settings on 10,934 women. They found that sensitivity and specificity for VIA was 76.7% and 64.1% respectively compared to 44.3% and 90.6% for cytology. They found that VIA showed higher sensitivity compared to Pap smear, which could be valuable in detection of precancerous lesions of cervix.[12]

Large clinical study on VIA was done in 1997 of women aged 35-45 years. Visual inspection yielded normal results in 1445 women [72%], low-grade intraepithelial neoplasia in 525 [26%], high grade in 21 [1.1%] and cancer in 6 [0.3%]. The abnormal visual inspection defined as low grade intraepithelial neoplasia or worse, the sensitivity for detecting biopsy proven cervical intraepithelial neoplasia (CIN) 2 or worse was 71%, the specificity was 74%. The sensitivity was 65% for smaller lesions & 89% for larger lesions. They concluded sensitivity of that VIA equaled or exceeded reported rates of conventional cytology. VIA and colposcopy have similar specificity for CIN 2 and greater. [13]

In a prospective study 400 women were screened using the Pap smear, VIA and colposcopy. Those who had positive results with any of the screening methods underwent large loop excision of the transformation zone. The sensitivity and specificity of each screening method was analyzed. The sensitivity of VIA (96.7%) was much higher than that of Pap smear (50%) and almost as high as that of colposcopy (100%). The specificity of VIA (36.4%) was much lower than that of Pap smear (92.4%) and colposcopy (96.9%) resulting in high false positive rate for VIA. Two cases of endocervical lesions were missed by VIA. The advantages of VIA method are its low cost, ease of use (it can be used by paramedical workers), high sensitivity and immediate results (it is possible to see and treat at the first visit). Its main limitation is high rate of false positive results, which may lead to over treatment if see and treat policy is applied.[14]

In an analytic, cross-sectional study VIA and cytological smears were carried out on non-pregnant women aged 30-60 years. Women with positive VIA and positive cytology, and one in ten negative women (control), were biopsied. 5010 women were enrolled, 4813 (96.1%) were screened. 574 (11.9%) had colposcopy. 1743 biopsies were obtained of which 528 were controls. The sensitivity of VIA was 70.4% versus 47.7% for cytology. VIA specificity was 77.6% versus 94.2% for cytology. They concluded that VIA has acceptable test qualities and can be used in low resource settings as a large scale screening method.[3]

In a prospective study, 1921 asymptomatic women underwent a complete clinical evaluation including Pap smear and VIA. Participants with any positive test were referred for colposcopy and biopsy. More women were tested positive by VIA than on the Pap smear. The PPV for detection of CIN -2+ was 8.5% for VIA and 6.3% for Pap smear. It

was also observed that 2.3% VIA positive patients failed to return for fallow up as compared to 26.3% Pap smear positive patients, which is statistically significant. VIA is useful for detection of precursor lesions of cervical cancer not only in low resource settings but also in well-equipped health and cancer centers.[15]

In Egypt, 5000 women were screened using VIA and positive women were referred for colposcopy. Negative women were referred for colposcopy only when they had clinical indications. Among them 409 were referred for colposcopy. CIN was diagnosed in 151 (60%) of the 253 women with positive VIA, the sensitivity and negative predictive value of VIA was 97% and PPV was 60% for all grades of CIN and 90% for high grade CIN. They concluded that although VIA is associated with high false positive results, it is a valuable test for the screening of cervical cancer.[16]

In India, study was conducted to compare the specificity of various screening methods used for diagnosis of cervical pre-invasive lesions keeping colposcopy guided biopsy as a gold standard on 150 women. The sensitivity and specificity of pap smear test was determined to be 75% and 99.3% respectively and that of VIA was 100% and 87% respectively. They concluded that VIA is a safe, easy and effective technique that can be easily taught to paramedical workers.[17]

In India, a cluster-randomised trial was conducted to study the effect of visual screening on cervical cancer incidence and mortality in Tamil Nadu. Of the 49,311 eligible women in the intervention group 1874 women had precancerous lesions and out of which 72% received treatment. They concluded that VIA screening, in the presence of good training and sustained quality assurance, is an effective method to prevent cervical cancer in developing countries.[18]

Visual inspection with Lugol's Iodine (VILI) :

The concept of visual screening for cervical cancer began with Walter Schiller who developed the schiller test in 1929. VILI consists of applying Lugol's iodine solution to the cervix and viewing the cervix with the naked eye. Glycogenated epithelium takes up the iodine and stains dark brown, where as non glycogenated epithelium, including most SIL and invasive cancers, do not stain and appear saffron-yellow or mustard yellow. Immature squamous metaplasia and cervical ectopy do not stain iodine.

Recently investigators from IARC conducted study on VILI in India and Africa, concluded that sensitivity and specificity of VILI can be increased by combining other visual screening methods like VIA.[6]

Liquid-based cytology (LBC)

With LBC, instead of spreading the cervical cells on the glass slide, the sampling device is vigorously rinsed or stirred in a vial of preservative/fixative, producing a suspension of cells. The idea is to provide a well preserved sample that is automatically transferred to a slide as a coin sized thin layer. In the laboratory, the cells are collected either by extraction across a special filter (Thin Prep) or by layering onto a density reagent.

Advantages of Liquid-based cytology.[4]

1. More of the cellular sample is eluted and a random sampling of cells is transferred to the slide in an even (monolayer) preparation. This technique allows removal of extraneous material such as blood, providing better visualization of the cells.
2. Several studies have shown increased sensitivity of liquid-based cytology compared to conventional Pap smear.

3. Residual specimens are available for additional testing such as 'reflex' HPV testing in cases of equivocal Atypical Squamous Cells of Undetermined Significance (ASCUS) cytology results.

Extensive review done on LBC and found that most studies of the thin layer technique did not have a proper control group thus hindering the ability to assess the true sensitivity, specificity and predictive value of the techniques. They concluded that the current evidence is not adequate enough to recommend that the Thin Prep test is superior to conventional Pap smear testing. They also suggested that the cost-effectiveness of these tests needs to be assessed very carefully as these tests appear to have a lower specificity than conventional Pap smear testing, thus leading to more specialist referrals.[19]

HPV -DNA Testing

The etiopathological role of HPV in the development of cervical cancer has been proved beyond doubt. Testing for the presence of HPV-DNA in the cervical cells is thus a potentially useful screening method, which could be incorporated in cervical cancer screening programs.

The Hybrid capture II assay is the most useful technique for HPV-DNA test. This utilizes non radioactive Ribo Nucleic Acid (RNA) probes in a modified Enzyme Linked Imuno Sorbent Assay(ELISA) procedure to report the presence or absence of 13 strains of high risk HPV-DNA. The specimen for HPV-DNA testing can be obtained in two ways, either by using a cell suspension from liquid based cytology or by using the endocervical cytobrush.

The ASCUS/ Low grade Squamous Intraepithelial Lesion (LSIL) Triage Study - The ALTS trial – followed up 3488 women and reported that HPV-DNA testing demonstrated a sensitivity of over 96% for severe CIN lesions, referring 54% women for colposcopy. In this study HPV-DNA testing for women with ASCUS abnormalities was more sensitive, cost effective and resulted in significantly fewer colposcopy referrals. HPV-DNA testing thus appears to be most useful in determining the appropriate triage of women with ASCUS abnormalities. [20]

HPV testing is approved as an adjunctive test with cytology for primary cervical cancer screening for women 30 years and above. It has high sensitivity and negative predictive value but less specific than cytology since HPV infections are more common.

HPV testing is a cost effective primary screening strategy in older women provided that the screening interval is lengthened among HPV negative women.

Speculoscopy

Speculoscopy involves inspection of the cervix following the application of 5% acetic acid with chemiluminiscent light and a low power magnification (4x-6x).

Published data on speculoscopy appear to suggest that the results with this test are not convincing. The impact of speculoscopy was studied in 5692 women in the primary health care setting and found that addition of speculoscopy to negative Pap smear resulted in the detection of 11 High grade Squmous Intraepithelial Lesion (HSIL), 154 LSIL, 123 reparative changes and 35 normal cervical biopsies.[21] However this does not address the basic issue as to whether the routine addition of speculoscopy to a Pap smear in all cases will improve the outcome by reducing the mortality from cervical cancer. It is

however clear that speculoscopy results in a significant increase in the number of women requiring a referral for colposcopy and cervical biopsy, who may well not benefit from this procedure. This implies an increase of 30 colposcopies and cervical biopsies per case diagnosed as HSIL.

Cervicography

Cervicography involves taking photographs of the cervix using a special camera following the application of 5% acetic acid during a routine pelvic examination and Pap smear collection. The photographs are then developed and the slide is projected on a 2x2 meter screen and read by an expert in colposcopy.

The reported sensitivity of cervicography ranges from 44 to 95% and specificity ranges from 58 to 99%.[22] Similar to all newer technologies it is not clear whether the addition of cervicography improves the outcome desired by a screening program for cervical cancer over Pap smear alone. In areas of the world where screening programs are not in place, this technique could possibly have an impact.

Cervicography and speculoscopy are not suitable for screening in developing countries because of low sensitivity and specificity. Two or more test combined will increase the sensitivity, but the specificity remains low.

COLPOSCOPY

Colposcopy was first described by Hans Hinselman of Germany in 1925. Hinselmann thought that the earliest cancers of the cervix must occur as minute ulcers or tumors which could be recognized by means of suitable magnification and illumination.

Despite the acceptance of colposcopy in European and South American clinics, it made little impression in the English speaking part of the world with exception of Australia. The rapid advance of cytology halted the spread of colposcopy.[23]

Colposcopy is a technique meant primarily to assist the physician in the examination of the visible portion of the female genital tract. It provides the clinician with additional dimensions in the evaluation of the physiology and pathology of the uterine cervix. In addition to evaluating the epithelial pattern, colposcopy also evaluates changes in the terminal vascular network of the cervix which reflects the biochemical and metabolic changes in the cervical tissue. The colposcope fills up the gap between naked eye observations and those obtained from histology. Colposcopy goes long way towards obviating the difficulty of diagnosing a lesion without physically removing it.

Many women during the reproductive period have some reddish areas around the cervical orifice. With unaided eye it is impossible to differentiate, if these reddish areas represent ectopy, metaplasia, inflammation or neoplasia. Colposcopy makes it possible to localize the lesion, to evaluate its extent and obtain a directed biopsy where by the histopathologic diagnosis can be established. Colposcopy is very accurate in differentiating invasive and noninvasive lesions and also in differentiating inflammatory atypias from neoplasia. In a patient in whom squmo coloumanar junction is fully visible,

the false negative rate of colposcopy is very low. In colposcopically directed biopsies it is possible for an experienced coposcopist to sample with a high degree of accuracy the most advanced histopathologic changes.

Ideally all patients with abnormal cervical cytology should be seen and assessed by a colposcopist before treatment is planned. For many years the standard treatment of the precancerous lesion has been surgical excision by either conization or hysterectomy, but recently attention has been focused on the use of conservative methods like cryocautery, electrodiathermy and laser vapourization. These conservative methods become more important than in the past for two reasons. Firstly, an increasing number of young, of nulliparous women are found to have premalignant disease of the cervix and secondly it has been apparent that hysterectomy and even conization is over treatment for many. The key to treatment lies in accurate localization of the abnormal epithelium and this is possible by VIA and or colposcopy .If cone biopsy is planned, a colposcopic assessment will allow the cone to be cut so that the minimum amount of tissue is removed.[24]

Colposcopy provides a unique opportunity to observe the in vivo changes that occur in the development of cervical neoplasia, before they can be histologically documented.

A prospective study was done to evaluate the correlation between Reid Colposcopic Index impression and biopsy histology. Colposcopy was carried out using Reid colposcopic index (RCI) scoring system and directed biopsy on 344 women by board certified gynecologic oncologist. Results were retrospectively compared with a previous study carried out on 353 women by the same physicians. In this previous study,

the colposcopy findings did not use RCI index. The strength of the correlation between colposcopy impression and biopsy histology in RCI colposcopy group was more than the general colposcopy group (0.74 vs. 0.45). The positive predictive value of any colposcopic abnormality for any histologic abnormalities in the RCI group was 92%. The negative predictive value of a benign colposcopic impression was 70.5%. The sensitivity was 74%, and the specificity was 90.7%. They concluded that, the good correlation between colposcopic impression and histological diagnosis by using Reid index in colposcopy would produce higher agreement and strength of the correlation. Therefore, the Reid index can be used as a reproducible technique, which is easy to learn in colposcopic clinic.[25]

The main factor leading to false positive diagnosis is difficulty in making differential diagnosis between dysplasia and immature metaplasia in very young sexually active women.

Colposcopy is not without its failure, endocervical lesions are difficult to see especially in post menopausal women.

Cost analysis models have shown that immediate colposcopy for abnormal cytology is more accurate and cost effective than a programme of repeat cytology.

COLPOSCOPY GUIDED BIOPSY

Biopsy is the court of last appeal for the diagnosis of cervical cancer. Colposcopy guided biopsy is still the gold standard and the definitive diagnostic test. Colposcopy permits the identification and histological sampling of the most clinically significant areas of an identified lesion by allowing directed rather than random biopsy, thus

enhancing the accuracy of triage of patient at risk by providing an objective histological diagnosis. A histological section of tissue sample represents a momentary view of spectrum of changes occurring in a dynamic disease pattern.

In ALTS study among 408 women with an adequate enrollment colposcopy and a diagnosis of cervical intraepithelial neoplasia CIN 3 or cancer over 2 years, studied the factors influencing the sensitivity of the enrollment colposcopic procedure. They concluded that colposcopy with guided biopsy or biopsies detect approximately two thirds of CIN 3+. Although the sensitivity of the procedure does not differ significantly by type of medical training, it is greater when two or more biopsies are taken.[26]

Investigational strategies for cervical cancer screening

1. Polar probe
2. Laser induced fluorescence
3. Computer imaging

However a lot of research needs to be done to critically evaluate these technologies before these can be incorporated into a screening program.

DISCUSSION

The incidence of cervical cancer can be reduced by as much as 80% if the quality, coverage and follow-up of screening methods are of high standard. [1]

Frequently repeated cytology screening programmes - either organized or opportunistic – have led to a large decline in cervical cancer incidence and mortality in developed countries. Cytology-based screening programmes have achieved very limited success in developing countries like India. The reasons for this include lack of trained personnel, laboratory facilities, equipments, the high cost of services and difficulty in getting response from the patients for follow-up. It has become necessary to find out alternative screening procedure to cytology which has high sensitivity and specificity. [1]

Visual inspection based approaches to cervical cancer screening have been extensively investigated in India. Several studies have been done on VIA, Visual Inspection with Acetic acid with Magnification (VIA-M) and VILI. Reports from two studies by Sankarnarayanan R et al indicate that the sensitivity of VIA to detect high grade lesion was similar or higher than that of conventional cytology but its specificity was lower.[29]

Present study was carried out in the OPD at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum from 1st November-2006 to 31st October-2008. Two hundred cases who fulfilled selection criteria were recruited for the study.

Maximum numbers of cases were found to be in the age group 30-40 years (41%). Mean age was 35 years. Majority of the study group were Para one (46%) and Para two

(34.5%). The mean parity was two. The commonest inclusion criteria were recurrent white discharge (60%) and suspicious cervix on per speculum examination (27.5%).

Our study was different from other studies in following aspects

a. It includes women referred to OPD with symptoms such as recurrent episodes of white discharge, post coital bleeding, intermenstrual bleeding, postmenopausal bleeding and suspicious look of cervix on per speculum examination but not of the general population.

b. Colposcopy and colposcopy guided biopsy were performed in all patients irrespective of VIA results.

c. All tests carried out at the same visit.

d. Tests were performed by trained consultant gynaecologists

In our study, 96(48%) out of 200 women showed a positive result and 104(52%) a negative result on VIA. Various studies have shown VIA to be positive in 7-41% of cases.[2,15,17,30] VIA positivity rate depends upon type of criteria used and population screened (high risk or general population). Our VIA positivity rate (48%) was significantly higher than that found in other studies and similar to study done by Bhatla N et al.[30]

The positive biopsy includes 69 cases out of 200 accounting for 34.5%. It includes 33-mild dysplasias (LSIL), 27- moderate to severe dysplasias (HSIL) and 09 malignancies. Out of 09 malignancies none had visible growth on per speculum examination.

Majority of studies have shown that sensitivity of VIA is more than that of Pap smear however Pap smear has high specificity than VIA.[3,12, 13,14]

Various studies have shown sensitivity of VIA ranging from 70-96%.[3, 12, 13,14] Our study showed a higher sensitivity of VIA (86.95%), probably because screening was performed by trained gynaecologists using halogen bulb (250 watt) and study were done on a group of women with symptoms and suspicious look of cervix on per speculum examination. Four cases of mild dysplasia (LSIL) and 5 cases of moderate to severe dysplasia (HSIL) were missed by VIA. Out of 9 cases which were missed by VIA colposcopy detected 7 cases which include 4 cases of LSIL and 3 cases of HSIL. None of the micro invasive carcinoma was missed by VIA.

The specificity of VIA was 72.51%. Other studies have shown a specificity ranging from 33% to 77%.[3,12,13,14] It was similar to studies done by Belinson L et al and Doh AS et al .[3,13]

In our study VIA has got high false positive rate (27.48%), this is because 36 cases of cervicitis/metaplasia reported as positive on VIA test. Out of these 36 cases 30 were found to be disease free on colposcopy.

VIA showed high negative predictive value of 91.34% in our study. Since VIA gives immediate results and has high negative predictive value, woman who comes for screening can be assured immediately that she is disease free if the test result is negative.

In our study sensitivity of Pap smear found to be 37.68 %. This is because 26 cases of mild dysplasia (LSIL) and 18 cases of moderate to severe dysplasia (HSIL) were

underreported as inflammatory. Out of these VIA picked up 24 cases of LSIL and 16 cases of HSIL. As a screening test, the Pap smear has been found to have a low sensitivity, between 44% and 50%, resulting in a high false-negative rate of 36-40%.[3,12,14] The sensitivity of the Pap smear has been found to be lower in developing countries because of presence of infection and inflammation.

The high specificity of Pap smear (92.36%) found in our study is similar to findings from other studies, in which specificity ranges from 91-97%.[3,12,14]

The sensitivity and specificity of colposcopy in our study was 94.20% and 94.65% respectively. It is similar to studies conducted by Goel A et al.[14] and Mitchell MF et al.[31] Colposcopy was unsatisfactory in 10 cases in which ECC was taken. Out of these cases 5 showed chronic endocervicitis and in 5 cases material was not obtained. Colposcopy overreported 7 cases of cervicitis/ metaplsia as LSIL in 6 cases and HSIL in one case. One case of HSIL (CIS) was missed both by VIA and colposcopy but four quadrant biopsy revealed it as carcinoma in situ (CIS).

The results of the present study and other reported studies indicate that VIA is simple and inexpensive test. The results of VIA is immediately available. Colposcopy and treatment of pre-invasive lesions after VIA can be performed during the same visit, which will certainly have favourable cost effectiveness.

CONCLUSION

Two hundred women who fulfilled the selection criteria were subjected to Pap smear, VIA, colposcopy and colposcopy guided biopsy. The study was carried out over a period of two years.

Following conclusions were drawn from the present study

1. Pap smear has high specificity but low sensitivity.
2. VIA has high sensitivity and negative predictive value.
3. VIA is a suitable primary screening procedure alternative to Pap smear as it has high sensitivity and negative predictive value.
4. Women with positive VIA result should be subjected to colposcopy to avoid unnecessary treatment in disease free, as VIA has high false positive rate.
5. Colposcopy has good sensitivity as well as specificity, hence it can be used as surrogate gold standard.

SUMMARY

In this study, 200 women with the complaints of recurrent episodes of white discharge, post coital bleeding, intermenstrual bleeding, postmenopausal bleeding and suspicious looking cervix on per speculum examination were enrolled for the study.

All women enrolled in study underwent Pap smear, VIA, colposcopy and colposcopy guided biopsy. IARC guidelines were used to interpret VIA results. The sensitivity, specificity, PPV, NPV, false-positive rate and false-negative rate were calculated for VIA, Pap smear and colposcopy with colposcopy guided biopsy as the gold standard.

Maximum numbers of women were found to be in the age group 30-40 years (41%). Mean age was 35 years. The commonest inclusion criteria were recurrent white discharge (60%) and suspicious cervix (27.5%).

96(48%) out of 200 women showed positive result and 104(52%) showed negative result on VIA. The positive biopsy includes 69(34.5%) cases out of 200. It included 33-mild dysplasias (LSIL), 26- moderate to severe dysplasias (HSIL) and 10 malignancies.

In our study, sensitivity and specificity of VIA was found to be 86.95% and 72.51% respectively and that of Pap smear 37.68% and 92.36% respectively. Colposcopy showed high sensitivity (94.20%) and specificity (94.65%).

VIA is a better choice for primary screening procedure, since it has higher sensitivity compared to Pap smear. Women with positive VIA result should be subjected to colposcopy to avoid unnecessary treatment in disease free, as VIA has high false positive rate.

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CONSENT FOR PARTICIPATION IN RESEARCH STUDY

Mrs. _____ we are requesting you to enroll yourself in study titled "**DIAGNOSTIC EFFICACY OF VISUAL INSPECTION OF CERVIX WITH ACETIC ACID FOR CERVICAL INTRAEPITHELIAL LESIONS**" conducted by Dr. Lakshmi K.S. Post Graduate in M.S. Obstetrics and Gynaecology under the guidance of Dr. M. K. SWAMY $_{M.D.,FICOG}$, Professor, Department of Obstetrics and Gynaecology, J.N. Medical College, Belgaum under KLE Academy of Higher Education and Research, Belgaum.

Respected Madam we request you to enroll yourself to participate in our study as you are eligible for participating in the study. During the study you will be asked some questions regarding your present complaint and you are supposed to answer to the best of your knowledge.

Your participation in research is voluntary. Your decision whether or not to participate in the study will not affect your relationship with J.N. Medical College. If you decide to participate you are free to withdraw at any time.

The purpose of research is to ascertain the diagnostic efficacy of visual inspection of cervix with acetic acid for cervical intraepithelial lesions.

Procedure Involved:

If you agree to enroll yourself in my study, I will ask your present complaint. Then you will be clinically examined in detail and investigations like visual inspection of cervix with acetic acid, cytology, colposcopy and colposcopy guided biopsy will be done.

Risks and Benefits:

Minimal risks like pain, bleeding and discomforts. By subjecting patient to all the four methods of detection, cervical cancer can be detected in pre cancer stage and can be cured.

Alternatives:

Even if you decline the participation in the study, you will get the routine line of management.

Privacy and Confidentiality:

The only people to know that you are a research subject are members of the research team. No information about you or information provided by you during the research will be disclosed to other without your written permission except:

1. In emergency to protect your rights and welfare.
2. If required by law.

Authorization to Publish Results:

When the results of the research are published or discussed, in a conference, no information will be displayed that would disclose your identity. Any information that is obtained in connection with this study and that can be identified with you will remain confidential.

Compensation:

In the event of injury related to the study, treatment will be made available through KLESH & MRC, Belgaum. There is no compensation or payment for such medical treatment by law. If you are injured you may contact Dr. Lakshmi K.S. PG MS Obstetrics and Gynaecology, KLESH and MRC, Belgaum Phone No.9986246336.

Questions:

In case you have any questions related to the study, you can contact Dr. Lakshmi K.S. Mob: 9986246336.

In case you have any question about your rights as a study participant, you can contact Dr. V.D. Patil (0831-2471350).

Consent for participation in research trial:

I, Mrs. _____ voluntarily agree for the participation as a subject of study. By signing this consent form I am not giving up any of my legal rights, I may withdraw from the study anytime. I am signing the consent form after having read or been read for me in vernacular language, including the risks and the benefits and having all my questions answered.

Subject Name : _____

Signature or the Left Thumb Print of Subject : _____

Witness Name : _____ Signature: _____

Investigators Name: _____ Signature: _____

Date : _____

Place : _____

PROFORMA

"DIAGNOSTIC EFFICACY OF VISUAL INSPECTION OF CERVIX WITH ACETIC ACID FOR CERVICAL INTRAEPITHELIAL LESIONS".

Guide: **Dr. M. K. SWAMY** **M.D.,FICOG.**

Professor,

Department of Obstetrics and Gynaecology,

J.N.Medical College, Belgaum.

Student: Dr. Lakshmi K.S.

Name of the participant: OPD Number-

Husbands Name:

Age :

Socio economic status:

Residential Address:

Phone Number.

History:

Chief complaints

- Menorrhagia Yes / No
- Intermenstrual bleeding Yes / No
- Post coital bleeding Yes / No
- Post menopausal bleeding Yes / No

- **Recurrent episodes of white discharge per vagina Yes / No**

Discharge Profuse

Yellowish

Blood stained

Dirty brown discharge

Foul offensive odor.

Menstrual History: Age of Menarche :

Past Menstrual Cycle:

Present Menstrual Cycle

Last Menstrual Period

Obstetric History: Married Life-

Age of Marriage-

Para - Living- Abortion-

Contraception using Oral Contraceptive pills Yes / No

Sterilization-

Past History: History of Diabetes, Hypertension, Tuberculosis and Previous surgeries

Family History: History of Diabetes and Hypertension in family

Personal History: Female sexual behavior

Age of 1st intercourse

Multiple sexual partner Yes / No

Smoking Yes / No

Diet

General Physical Examination:

- Blood Pressure Pallor
- Pulse Rate Pedal edema

Systemic Examination:

- Per abdominal examination :

- Per speculum examination:

- Per vaginal examination:

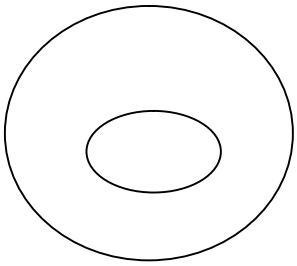
After having met all the inclusion and exclusion criteria and obtaining written informed consent participants are to be enrolled in the study group.

Pap smear

1. Specimen adequacy
2. General categorization of the diagnosis
    - A. Within normal limits
    - b. Benign cellular changes
    - c. Epithelial cell abnormalities
        - i) Squamous cell
        - ii) Glandular cell
3. Other malignant neoplasms
4. Hormonal evaluation.

Visual inspection with acetic acid

5% acetic acid applied to cervix and cervix examined after 1 min under the adequate light source.

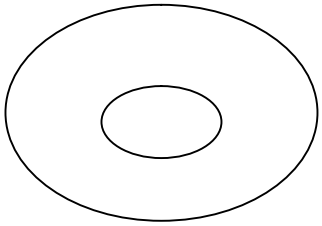


- Positive (P)
- Negative (N)

If positive

1. Location of acetowhite in relation to squamocolumnar junction
2. Intensity of acetowhite patch
3. Margin of the acetowhite patch

Colposcopy



Colposcopy findings

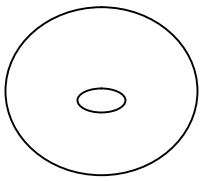
1. Endocervial canal
2. Squamocolumnar junction
3. Transformation zone
4. Squamous metaplsia
5. Gland openings
6. Nabothian cyst
7. White epithelium
8. Acetowhite epithelium
9. Punctuation
10. Mosaicism
11. Abnormal vessels
12. Contour
13. Lugol's iodine

Impression

- Normal
- Abnormal
- Colposcopy unsatisfactory

Biopsy

Site of biopsy



Biopsy report:

Microscopy-

Impression -

KEY TO MASTER CHART

A- Serial number

B- OPD Number

C- Name

D- Age in years

E- Parity

P- Para

L-Living

A- abortion

F-Inclusion criteria

WD-White discharge

Suscipi cervix- Suspicious cervix

IMB- Intermenstrual bleeding

Post meno bleeding- Post menopausal bleeding

Post coital bleeding

G-VIA results

P-Positive

N-Negative

H-Pap smear results

NORMAL

Inf- Inflammation

LSIL- Low grade Squamous Intraepithelial Lesion

HSIL- High grade Squamous Intraepithelial Lesion

SCC-Squamous cell carcinoma

AGUS- Atypical Glandular cells of Undetermined Significance

I-Colposcopy results

NORMAL

INFLAMATION

METAPLASIA

EROSION

LSIL- Low grade Squamous Intraepithelial Lesion

HSIL- High grade Squamous Intraepithelial Lesion

SCC-Squamous cell carcinoma

Unsatisfactory

J-Biopsy results

NORMAL

CERVICITIS

METAPLASIA

LSIL- Low grade Squamous Intraepithelial Lesion

HSIL- High grade Squamous Intraepithelial Lesion

SCC-Squamous cell carcinoma

O.P.NO	NAME	AGE	PARITY	INDICATION	VIA	PAPS
6673	suchithra tayshetty	59			P	LSIL
34867	Roopa H Naik	25	P1L1A0	Dysmenorrhea	P	INF
	Latha Gaonkar	45	P2L2A0	W.D	N	INF
6849	Neetha hattarki	35	P2L2A0	W.D	P	INF
35066	Anasuya D kagalkar	45	P5L4A0	W.D	P	INF
	sureka pattanshetty	38	P3L3A0	W.D	N	INF
35376	Sarswathi M Badigere	30	P2L2A0	W.D	P	INF
	Mohini Rathnakar				P	INF
35783	Anolabai bellari	56	P3L3A0	W.D	N	LSIL
	shashikala Ingalgi				P	INF
	Bhimawwa Pawar	36	P3L3A0	Post menu bleeding W.D	N	INF
	Myela Anto pinto	28	P2L2A0	W.D	N	INF SM
592295	Rohini G Mahale	59	P3L3A0	Post menu bleeding	P	HSIL
589311	Vijaya Matpathi	42	P2L2A0	W.D	P	INF
	sheela Parishwad				P	INF
	Shruthi Hanji	31	P1L1A0	W.D	N	INF
59195	Laxmi govindannavar	43	P3L3A0	W.D	N	LSIL
	Ujwala gangale	36	P2L2A0	WD & PCB	N	AGUS
	Mahadevi Ramappa	48	P2L2A0	WD & PCB	N	N
32627	Renuka Krishna	25	P1L1A0	W.D	P	INF
out side	Ansuya Basappa Patted	28	P3L3A0	W.D	P	LSIL
	Sarojini Bastwad	39	P3L3A0	W.D	P	HSIL
	Priya Ammanavar	34	Nulli pari	W.D	N	INF
	Manjula B	35	P2L2A0	W.D	P	INF
	Girija Palekar	42	P2L2A0	W.D	P	N
	Sharada Govinda Upadhayaji				P	INF
	Kapila Maajukar	34	P3L2A1	W.D	N	INF
	Laxmi Ramachandra Buchadi	27	P1L1A0	W.D	N	INF
636153	Shobha Ghorpade	51	P3L3A0	W.D	P	INF
	Mahadevi Rajpure				P	INF
	Mahadevi Appanavar	38	P3L3A0	W.D	P	LSIL
	Basawwa gangappa	41	P3L3A0	W.D	N	INF
	Indira Goudar	43	P2L2A0	W.D	N	INF
673637	Nagawwa Madar	55	P2L2A0	W.D	P	HSIL
	Zubeda Mushtaq Sheik	31	P2L2A0	W.D	N	INF
675194	Savithri Lagma Hirekurbur	30	P2L2A0	W.D	P	INF
	laxmi shivappa pari	22	P2L2A0	W.D	N	INF
	Sunitha L Naik	40	P2L2A0	W.D	P	INF
	Kasturi Sangappa Hosamani				N	INF
654925	Parvathi Kappannvar	45	P3L3A0	W.D	N	INF
683434	Usha Prakash	48	P3L3A0	W.D	P	INF
683481	Lalitha Srikantha P	39	P4L4A0	W.D	P	HSIL
638316	Varsha Desai	28	P1L1A0	W.D	N	INF
687236	Dighino Sebasto F	58	P3L3A0	W.D	P	HSIL
696542	Nirmala kalled	31	P2L2A0	W.D	P	HSIL
	Umavathi	32	P2L2A0	W.D	P	INF
	Tulka Patil	40	P2L2A0	W.D	N	INF
	Balawwa Yaduli	53	P3L2A1	W.D	N	INF
699952	Yellawwa Kevalappanavar	40	P2L2A0	W.D	P	NORMAL
617071	Anjum Makandar	31	P2L2A0	W.D	P	INF
712506	Sharada Pitagi	48	P2L2A0	W.D	P	INF

615258	Kavitha Jadar	30	P2L2A0	W.D	P	INF
	Shamshad	36	P3L3A0	W.D	P	LSIL
708605	Vijaya Chennammnavar	30	P2L2A0	W.D	N	INF
	Sureka Shelar				P	INF
	Kalavathi R Althar	25	P2L2A0	W.D	N	INF
	Bismilla Abdulla	25	P1L1A0	W.D	P	INF
241124	Kasturi Kuthani	50	P4L4A1	W.D	N	INF
	Vishnavi Deshnur	25	P1L1A0	W.D	P	CAND INF
	Bharthi Prakash Halagi	26	P1L1A0	W.D	P	INF
	Renuka Muthgekar	38	P2L2A0	W.D		INF
	Shantha Jogini	55	P4L4A0	W.D	P	INF
	Shivanawwa Naikar				P	INF
730414	Gangu Chougale	40	P2L2A0	W.D	P	INF
740328	Shantha Devi Majjagi	51	P2L2A0	W.D	P	LSIL
	Sema Porwal	30	P2L2A0	W.D	N	INF
	Pooja Tilwani	36	P2L2A0	W.D	P	INF
247950	Laxmi Appaji Patil	45	P4L4A0	W.D	P	INF
	Mangalakrishna Bai	33	P3L3A0	W.D	P	LSIL
591448	Margarate fernndes	42	P2L2A0	W.D	N	INF
	Sheela peaead	52	P3L3A0	Post menu bleeding	N	INF
	Sundari mahadev	55	P4L4A0	W.D	P	LSIL
	Radha goviduppaji	35	P3L3A0	W.D & MEN	N	INF
	Prema wali	58	P4L4A0	W.D	P	NOT TAKEN
	Veena subash guggari	30	Nulli pari	W.D	N	NORMAL
740294	Shammvva dikkati	58	P6L5A1	W.D		INF
245090	Sonavva naikar	40	P2L2A0	WD & PCB	P	INF
	Sheela nuganatti	32	P2L2A0	W.D	P	INF
711700	Surekha bhelar	32	P2L2A0	W.D	P	INF
787609	Dr sushma kosti	30	P1L1A0	W.D	P	INF
	Lalitha kotagi	38	P3L3A0	W.D	N	LSIL
	Vijayalaxmi mudakavi	29	P2L2A0	W.D	N	INF
254110	Shahazadbee bagewadi	40	P6L5A1	MENORRAHAGIA		INF
746146	Rekha shirole	35	P3L3A0	W.D	P	INF SM
	Sunitha maragudri	34	P2L2A0	W.D	P	LSIL
	Hemalatha salimath	27	P2L2A0	W.D	P	HSIL ISM
	Connie D'souza	58	P2L2A0	PMB	N	INF
777625	Shoba bandagar	38	P3L3A0	W.D	N	INF
	Suananda billshivannavar	35	P3L3A2	W.D	P	INF
	Sulochana patil	40	P3L3A0	W.D	P	INF
	Manjula hiremath	34	P2L2A0	PCB	P	HSIL
754900	Parvathi navi	38	P3L3A0	W.D	N	INF
	Sheela chapale	29	P2L2A0	W.D	P	INF
	Shobha patil	28	P3L3A0	W.D	N	INF
757809	Sharadha daval	52	P4L4A0	PMB	N	INF
762730	Shabanam khan	40	P2L2A0	MENORRAHAGIA	P	INF
	Anitha Gamhale	25		W.D	P	INF
	Gurushanthamma Shwarappa	59		PMB		
	Gayathri Deshpande	43		W.D	N	INF
843006	Kasturi Bgar	59				INF
	Geetha Langoti	31				
	Kalpana Acharya	28	Nulli pari	W.D	N	INF
825128	Kashawwa Shivadoot	40		W.D		INF

820272	Chandrakala Angadi	30		W.D	P	INF
	Susheelawwa kabbur	45		W.D	P	INF
	Sujatha S Padsalgikar	30		W.D	P	INF
795232	Haseena Begaum	48		W.D	N	INF
778161	Hunasikatti	29				
	Parvathi tarle	59		W.D	P	HSIL
794549	Shantawwa Patil	35	P2L2A0	W.D	P	HSIL
	Rekha L Patil	27				INF
775156	Jayashree jamaki	36	P2L2A0	W.D	P	INF
687417	Shankuthala Shannavar	47	P4L4A0	W.D	P	INF
778161	Parvathi Patil	29	P2L2A0	W.D	P	INF
	Gangamma shankar Madiwale	52	P2L2A0	PMB	N	INF
	Suneetha Margudi	34			P	LSIL
	Lakhmibai				P	HSIL
	Parwathi Pawar					LSIL
	Shobha patil	28				INF
816082	Navi Laxmi Govind	45	P2L2A0	W.D	P	INF
895737	Gouravva Chougale	48				INF
	Nirmala Gonialne	40				INF
	Namrutha Salunke	31				
898657	Gaurbee Mulla	59				LSIL
872064	Jamele Anwarmulla	30			P	
277820	Shantha hiremat	28	P1L0A1	W.D	P	
	Usha Allamvarmatt	58	P4L4A0		P	
	Ratnwwa Gadil					
	Munavi Ranga					
	Sunitha Shely					
	Savitha indi					
	Girija S Patil					
	Vaeonto Devargi					
	Megha Shabadi					
	Geethanjali Upadya					
	Lalitha hugar					
	Suneetha mandelkar					
	Vimala S Patil					
	Jyothi Veratikar					
	Jyothi S Kauhar					
	Shanta kadam					
	Indawwa Pundalik					
766958	Manisha Mutgekar	30	P3L3A0	W.D		INF
	Ratna Goudar					
829261	Savitha Shirodkar	33			N	
825117	Savithri Harkuni	48			N	
820934	Kamala Rangaih	40	Nulli pari		N	
262688	Kalpana maisale	43	P4L4A1			
	Sapna Malloo	25	P1L1A0			
	Kalavathi R Althar	70	P4L4A0			
	Mahadevi		P1L1A0			
	Mahananda					
	Manjula					
	Preethi					
	Geetha					

	Sharada pharali			
	Roopa alok kamble	30	P3L3A0	
	Jayashree Nandi			
	Leela Banakar	18		
	Lalitha	28		
34018	Sujatha Shahapur			
	Chandravathi			
	Savithri Shiroor			
800822	Suvarna Hukkeri	48		N
263161	Yellavva Deminkoppa	36		N
793828	Ganga kittur	22	P2L2A0	N
730333	Sunanda bai Pawar	41	P2L2A0	N
796535	Kamala Saraswathi	40	P3L3A0	N
	Sharadha Mejangar	27	P2L2A0	N
796654	Jhoothi patil	18	Nulli pari	N
833377	Lalithamma Madar	32	P2L2A0	N
833427	Sobin pasku Nazareth	30	P3L3A0	P
	Hira Kolkar	23	P1L1A0	N
8333447	Bhimavathi Harilal	50	P3L3A0	N
737289	Sumathi raikar	53	P3L3A0	N
833462	Jameela junjannavar	50	P4L4A0	N
833641	Taramathi Pujari	30	P2L2A0	N
264247	Rathna patil	34	P4L4A0	N
263947	Susheela kerur	40	P2L2A0	N
834820	Anjana Annesab	45	P2L2A0	N
8363	Sonal Patil	36	P2L2A0	N
8357	Dhanashree Patil	43	P2L2A0	N
834096	Nirmala Chawade	50	P3L3A0	N
837023	Sheela Danappa goda	22	P1L1A0	N
837109	Meenakshi	34	P2L2A0	N
837071	Shanthawwa chickmath	22		N
837008	Yalasamma Mangori	35	P3L3A0	N
806636	Padma navalgi	24	P1L1A0	
700629	Sunitha kiran kage	21		N
84071	Shamin mulla	48		
796692	Mahananda patil	45	P3L3A0	N
805150	Gangamma Madivalar	52	P2L2A0	N
588107	Deepa patil	23	P2L2A0	N
801088	Indira Mallikarjuna patil	33	P2L2A0	N
745442	Sunitha Mahadevi	30	P3L3A0	N
796662	Renawwa Kittur	35		
775442	Prameela Narawada	29		
678524	Geetha alok Dodmani	20	P2L2A0	
7797404	Pallavi	26	P1L1A0	
812882	Mayawwa sidram	25	P1L1A0	
811314	Sangeetha	23	P1L1A0	
820942	Susheela kerodi	40	P2L2A0	
792857	Susheela purvyya	36		
658847	Kamalaxi	20	P1L1A0	
689543	Kalpana panchwadi	28	P3L3A0	
8687	Rohini suresh joshi	58	P2L2A0	N
825597	Suchithra gudigar	32	P1L1A0	N

825464	Sharanawwa malleri	25	Nulli pari		N
8696	Maria A Calo	62	P4L4A0		N
8695	Latha Kamath	54	P4L4A0		N
	Gadigewwa	33		W.D	P
807377	Mahadevi	38	P3L3A0		N
786351	Kalawwa mallyyagol	56	P5L4A0		N
806654	Kavitha Ranganath	27	P1L1A0		
819820	Mahadevi Bogalli	20	Nulli pari		N
819481	Mavir O Periera	47	P4L4A0		N
819890	Sujatha ragav kori	38			N
819603	Vijaya Chandrakanth Patil	37	P2L2A0		N
768503	Saritha Vishal patil	23			
819565	Sumitha Basavaraj patil	24			
764741	Rekha chougale	21	P1L1A0		
795602	Vanitha hindwadkar	42	P2L2A0		
819523	Sonali Gavnkar	26			
787036	Suvarna Dhomaji	35	P2L2A0		
	Shanthawwa				
	Kallawwa shirdoor				
	Kasturi shettannvar				
	Rohini joshi				
	Mario coloro				
	Latha hosamath				
	Basavannevvwa kundrel				
	Drupadi devar				
	Savithri mudennavar				
	Kavitha jayakkannavar				
	Shobha hirekundi				
816770	Malaprabha chogale	35			N
	Vaishali malegoudar				
	Anitha ingale				
	Yellawwa				
	Varsha belgaonkar				
	Jaimini vernekar				
	Rekha patil				
	Jayanthi j.b				
	Vidya savarkar				
	Shobha kidadal				
	Sanjivini				
	Menakshi patil				
	Deepa patil				
	Kamini kamath				
	Simihini				
	Shobha tarawal				
261256	Sunanda patil	45			P
	Mumataj				
	Kamala gurav				
	Pushpa kalinganavar				
	Susheela kerodi				
	Ganga kirasur				
	Sunitha				
	Padmavathamma				

	Swathi kulkarni			
	Irawwa			
	Laxmi bai navi			
	Roopa m koucaya			
	Parwathi kithwadkar			
813069	Prabha bedoka	30		N
258965	Ashrifabi	45	P3L3A1	P
259481	Sanjeevani ghatti	22	P0L0A1	N
289428	Shobha kidale	22		N
754939	Pratibha patil	35	P2L2A0	N
811649	Jinamathi mugannvar	45	P1L1A0	N
783345	Manjula kamaldinni	22	P1L1A0	N
798931	Prema kamble	40	Nulli pari	N
811676	Nirma vernekar	24	P1L1A1	N
764781	Nirmala bagawadi	26	P1L1A0	N
579100	Veena jadhv	29	P2L2A0	N
733601	Basmma pujar	55	P3L3A0	N
811598	Padmavathi chikkodi	50	P4L4A0	N
213743	Annapurna	28		
214276	Sunanda tukaram	38		
214282	Rubeena mulla	26		
215283	Kamalawwa inchal	35		
215472	Maitri	29		
215546	Reshma	22		
216200	Sumana jadav	53		
216548	Savithri kadre	42		
217809	Irawwa yellappa kumar	30		
217726	Manjula ghodase	40		
216953	Mangala madar	40		
217765	Veena ratnakar	29		
217821	Ananandini	59		
217893	Geetha rajendra	32		
218163	Gangu bai dundappa	50		
218191	Shanta modalekar	50		
218507	Taslima peerwade	40		
218823	Leela patri	40		
22089	Mahadevi basappa	48		
22097	Roopa pundalika	38		
220801	Basavannevva	45		
222089	Mahadevi basappa	48		
221324	Sangeetha harugoppa	59		
221435	Reka sanjai kadai	32		
222399	Savvakka	55		
222387	Shanthi bai mallinath	54		
224276	Mahadevi	37		
225571	Lalitha	38		
226705	Sumithra	45		
227076	Basalingamma	59		
227459	Kashwwa	30		
227483	Kasturi	33		
227891	Fakirawwa	45		
228896	Samantha	45		

229316	Sundari bai	55
228516	Mali	45
229351	Rudramma	40
229967	Ujwala bennur	31
230311	Ballawwa	40
230312	Alka	40
230322	Subhadra	59
230348	Jyothi	28
230788	Laxmi	45
231654	Maktumbi	40
232119	Laxmi balaram	35
233025	Julka nabhi	45
233039	Jyothi singh	28
233123	Bharathi	30
232843	Neelawwa	45
233523	Shankarawwa	32
235270	Sawakka bagewadi	55
235326	Jyithi m	32
235587	Laxmi jakkanavar	34
235620	Yellawwa	50
235614	Surekha hebbali	30
235182	Laxmi yaraganvar	34
236596	Rudra bai gulabchand	58
236882	Nagawwa hugar	55
236935	Savithri shivagouda	30
236943	Sunitha malwe	35
237824	Nirmala palled	31
237879	Menakshi patil	44
237799	Laxmibai gurappa	36
237623	Channewwa	45
238680	Parwatamma yadur	58
238795	Deepa talwar	27
239154	Harsha	27
239566	Gagawwa	35
239541	Indubai	35
239177	Renukamma	37
239638	Laxmi Maruth	46
240497	Manisha	60
240779	Anjali khot	46
241350	Uma sadanand	36
241817	Sunanda maruthi	48
241419	Meenakshi kanpure	39
239080	Surekha mahadev	23
242245	Rangawwa	52
242303	Shantha ramanna	59
241343	Chandrawwa hukkeri	35
239632	Sureka mahesh	24
242431	Anuradha umesh	33
241679	Shreya chikkodi	35
242308	Kavya ginemuge	40
241285	Lakshmi shankar gouda	35
242242	Arathi sanjay	44

242232	Nandini	42
242253	Anitha ravi	46
243735	Sanjeevani kavalgud	29
242333	Basawwa ayappa	29
243170	Kusuma shankarappa	26
244064	Shobha danapur	46
244083	Sangeetha	29
243249	Sangeetha mallikarjun	22
243175	Rajani ghorpade	32
244475	Sidawwa	50
244495	Soumya	28
243323	Basawwa ganagihal	46
243170	Kusuma shekar	35
244064	Shoba divakar	40
244083	Sangeetha sambaji	29
243175	Ranjani	32
244086	Sangeetha shekar	26
244495	Uddawwa raibag	50
244476	Sou mya sachin	26
244542	Preethi shivananda	29
244801	Manjula savanur	49
244774	Mallabai kabbaur	50
244812	Ragini kanapur	32
244813	Laxmi nagre	59
244860	Suvarna devappa	52
244751	Nandini sunil pawar	46
244822	Shashikala gopal	35
244073	Sangeetha shivaraj	29
245173	Sharada dandin	50
245208	Shashikala gundappa	31
245275	Jayashrre baligar	45
245309	Kasturawwa godalkar	63
245613	Basamma patted	33
245667	Sumangala gundi	43
246094	Ningawwa metgud	55
247282	Kamalabai	36
247335	Shoba	47
247791	Prema	46
247532	Shashireka	31
247782	Rekha	36
248094	Laxmi	29
248358	Neelambika	28
248855	SHOBHA	26
244786	Umadevi	42
249686	Pushpa	52
249715	Sangamma	50
250516	Anasuya	48
251147	Ganga	38
251966	Anushka	35
252035	Tara	43
252133	Hema vagralli	54
252119	Dakshayani	37

252120	Shameena	45
252420	Roopa kelkar	34
252623	Shobha devanur	36
252949	Jasmmen	28
252922	Sneha shaivalingappa	40
253249	Rajeshwari	35
253831	Susheela	40
253866	Sanjeevani	24
253867	Savithri gurav	47
253790	Nirmala	49
253775	Laxmi rajshekar	40
253800	Manjula barde	32
253910	Sarvamangala	37
254666	Sharadha	32
254645	Hamsaveni	36
254755	Shivalingamma	50
254686	Shantha	38
25461	Sulochana	40
255069	Reshma	40
255353	Shobha	29
256073	Rayeena mulla	29
256339	Susheela	28
256364	Prathiba	59
256303	Sanjevani yenni	28
250339	Susheela kubasad	40
250944	Gangawwa mattihalli	50
250959	Renuka adiveppa	40
256977	Nirmala kusanagadi	36
256963	Rajeshwari	49
258823	Asaha	28
258813	Prema pattar	45
260439	Sharadda dandur	30
260446	Mayawwa sidram	36
260622	Shobha maruthi	37
260663	Shewatha	28
259967	Jyiothi badiger	42
260931	Iramma rudrappa	43
260941	Malprbaha sanakal	35
260404	Kamala	30
261002	Bharathi	32
260925	Reka sangoli	28
260134	Zakia	28
260945	Kasturi pujar	26
260834	Irashad	28
260914	Mahadevi tayi	29
262301	Kousarmulla	35
261465	Sakshi	32
261510	Ritu Alok	34
261505	Savithri	40
261474	Kamala	45
261783	Padmavati ramdurga	48
261757	Kamalabai	40

261773	Renuka bajantri	50
261827	Vidyavathi malgi	48
262026	Nasreen	38
262028	Anisha jakathi	40
261781	Savitha kadali	38
262316	Jayashree	42
261881	Suvarna badiger	46
262584	Tanushree pujar	45
262618	Manisha togale	42
262192	veena surpur	30
262722	Daisi disouja	29
262614	Margaret	36
262632	Yasmeen ali	28
263458	Shubhada	40
263435	Reka kelkar	27
263344	Fatima	33
263425	Parwati pawar	59
263680	Prabavathi	34
268364	Rohini shivaraj	29
263365	Savitha hiremath	25
263297	Seema mulla	35
263987	Sugandha	35
264247	Laxmi A	58
264446	Ratna patil	48
264248	Ratna savadatti	47
264263	Manjula rajmane	35
264230	Kasturi doddagowder	48
264269	Shankuthala sanmani	47
264414	Geetha naik	29
264052	Vijayalaxmi kardi	35
264430	Maheshwari	45
264431	Jyothi guddad	32
263848	Laxmi garudappa	32
269289	Kavitha basvaraj	28
263307	Mahalaxmi	29
264964	Nazreen	42
265007	Mallawwa	30
264727	Neela	52
264982	Susheela sambrekar	29
264968	Shruthi nagaraj	28
265020	Mallawwa angadi	52
265101	Shobha mavinahalli	32
265607	Chitra kala	32
264948	Nagawwa salur	43
265296	Seema sanikoppa	29
265608	Chitra Subash	28
264948	Baswwa basppa	35
263852	Shridevi j patil	60
265493	Channabasamma	50
265143	Sulochana	35
265936	Hemavathi	53
265854	Slochana kadli	46

263842	Anuradha bagi	40
263842	Tungabai	38
263840	Momiz	45
266687	Chaya mothiram	42
266711	Tabasam	24
266708	Latha navalgund	26
266613	Vaishali malegoudar	55
266408	Chandrika	44
266448	Cheluvamma	48
266488	Krishnaveni	57
266768	Nagaveni	56
266613	Krishnnwwa	35
267458	Shankutala basavaraj	40
267582	Nasreen babu	42
267498	Leena	26
267522	Shobha rao	55
267784	Rumini murugesh	25
237472	Anjana Annesab	26
267453	Laxmi kajagar	36
267582	Hemavathi	43
267498	Shobha kanbargi	47
267522	Jainbhi munaf	59
267785	Sangammagaddi	25
269090	Nirmala	28
268470	Chaya suresh	52
269092	Laxmi hanumasagar	35
270006	Chetana wadi	53
270038	Anjum	26
270011	Susheela talwar	51
270091	Seema uttam	44
270909	Neelawwa budishetti	58
270971	Seema sangoli	54
270795	Mamatha uday	36
276811	Chandrabai	46
271529	Jainabi	42
275267	Deepa muugesh	27
278942	Shobha alok	53
275847	Shantawwa hebbal	59
275989	Pooja payil	28
275997	Kashwwa sangappa	44
276099	Halawwa basappa	31
276001	Bharathi basavaraj	34
264812	Sujatha prabhu patil	34
276997	Irawwa doddamani	44
277375	Sureka bellad	28
277579	Shilpa hanumanth	45
277820	Nandini barde	29
277802	Sanjeevani gutti	48
277792	Annapurna jasawanth	42
277777	Kalamma	26
277933	Nadini vilas patil	22
278506	Hanumavva basapur	58

278439	Shantha shankarayya	33
278801	Suma parvahikar	46
278749	Reshma mistri	25
278846	Vandana joshi	40
278841	Veena joshi	28
278766	Mouna	29
278758	Gurulingamma	26
279304	Lynet udyavar	46
279446	Shewatha patil	28
279443	Lisa	35
279853	Annapurna	28
279853	Rohini chawan	40
280081	Mahadevi shambulingappa	35
279956	Leelavthi	35
280084	Kaviha badiger	35
279628	Bhagyavathi	26
279624	Sushhela mantur	56
279602	Laxmi nagendra	58
280452	Laxmibai girnal	33
280621	Komal chate	35
280631	Hemavathi	50
280115	Renuka	42
280117	Mangala patil	29
280114	Shantha chandargi	36
281055	Sneha ramesh	57
280958	Suma guntur	26
278766	Marina	29
279306	Jayashree malgatti	43
279446	Shwetha shinde	45
281290	Bhavana pellai	45
281270	Renuka yellawwa	34
281252	Kashawwa kamble	30
282351	Nagaratna manohar	29
281350	Bhavani galgali	36
281373	Sneha murgode	28
281567	Manjula shivanand	44
281558	Geetha balappa	55
281647	Gayithri anil	32
281527	Vijayalaxmi sheetar	28
281885	Naveeda yergatti	54
282235	Shanawwa mallappa	28
282199	Kamal patil	55
282546	Shweha mallavalli	28
282542	Shantawwa nandihalli	28
282536	Shawakka dundappa	40
282583	Sudha tubaki	40
282575	Daisi mathew	54
282566	Yashodhar	29
282651	Beena shilavanth	40
282265	Sangeetha kandre	47
283123	Vani pavar	28
283151	Pooja yadavad	36

285443	Rajeshwari tilak	40
283484	Shambavi	35
283395	Namrutha Salunke	53
283471	Reka kakthi	24
283552	Shantha chougale	59
283555	Poornima	28
283557	Somya chennabasava	28
283736	Parvathi nijaguli	54
284266	Asha narvekar	48
284273	Akkatai	45
284309	Sheela Danappa goda	28
284378	Ramya bandurge	29
284360	Manasa deshpande	35
284328	Ananthalaxmi	32
244952	Laxmi jyotiba patil	28
248913	Drakshayani	52
248869	Shobha basavaraj	40
250290	Kashwwa sangappa kooli	51
248715	Gangawwa	55
252907	Jayashree	27
252684	Bagirathi basava	45
251741	Anitha alur	26
250241	Nasreen killedar	26
253571	Nirmala kamalesh	32
254405	Juli kiran sutar	58
254433	Gazala ahamad	32
255258	Shantawwa mallappa	50
256747	Prema suresh kamble	40
256733	Kallawwa hosagoudar	45
256772	Vineetha saleri	42
256018	Nagawwa ganapapathi	55
256772	Vanitha sutar	42
257494	Irawwa sabde	36
259910	Padmavathi chikkodi	50
258678	Vidya katwakar	38
251484	Gourawwa irappa	45
261256	Sunanda vasanth patil	42
261506	Savitha mahaveer jirle	30
262352	Somawwa sonnad	27
262641	Veena chandrakanth	30
263173	Basavannewwa	44
263221	Mahadevi sadashiv	38
263396	Sunanda vasanth patil	45
264237	Ashwini b patil	23
265618	Kasturi baramannavar	25
265628	Prema salunke	45
265626	Davalbee	55
266413	Rama fakkirappa	50
266563	Suchitra ravi pattanshetty	28
266906	Ratnwwa karyappa	58
267355	Mahadevi kerur	36

267977	Shankuntala chougale	45
270584	Susheela desai	55
270555	Megha shabadi	29
270654	Lalitha maltesh	45
270752	Vijayalaxmi basavaraj	32
270774	Rudrawwa busanur	40
271290	Sattyawwa kallappa birje	42
271718	Savitha padmaata	27
271696	Premalatha venkatesh	35
273083	Tarabai	58
273088	Shivakka balappa pujari	56
273149	Nazia balekundri	27
273396	Renuka shiroor	28
273407	Hanumawwa haggin	50
273952	Bharathi raj obangol	30
273932	Suvarna	28
273935	Sunitha krishna mandlekar	55
274994	Bharathi rajiv mutagi	49
274265	Kalawwa	30
275715	Laxmi balaram dandur	35
275747	Nirmala jagadish	40
275708	Vijaya chougale	48
275711	Deepa murugesh shettar	27
275704	Savitha murudappa	30
275705	Jyotho mahadev karwar	26
275737	Trupti prabhu	32
275737	Shashikala bali	40
275734	Saroja muttenavar	30
275704	Girija ardya	36
275754	Prema gouda	39
275720	Shakeena	29
275742	Shaila v hiremat	34
275771	Sunitha krishna mandlekar	49
275469	Yamini birge	31
276708	Laxmibai bidari	25
275632	Sudha adavihalmath	35
277670	Pushavathi gundaguthri	58
278112	Kamala atreya	45
278198	Yashodha soundatti	38
277456	Mahadevi ss	35
277454	Ningawwa i.p	30
278467	Suvarna bhavan	32
278483	Manjula rr	22
278532	Kavitha s badiger	26
278533	Susheela i.p	45
279343	Kanya suresh	40
279628	Latha bidari	26
280074	Sunitha sangolli	25
279747	Amitha ningur	52
279955	Anupama goudar	28
280052	Kamala atreya	34
280610	Vidya katwakar	26

280582	Kamalaxi	34
281243	Basmma shekar	58
281243	Seema kulkarni	35
282255	Bharathi bastwad	48
282255	Bagya nooli	35
282280	Mahadevi iranagouda	35
282284	Lalitha bapugoudar	28
284013	Hema pundalik	26
284022	Geetha sureka	23
283977	Roopa raikar	26
253794	Anusha valikar	31
254064	Gorawwa	43
25411	Sharadha bagawadi	45
254952	Parwathi avinahalli	35
254977	Yallubai bimeshi	50
254972	Gangu chakkale	40
255026	Sharadha nandi	51
255030	Siddawwa basappa	50
258081	Susheela kumar	45
258149	Gandari s mane	32
259368	Snehal marate	26
259679	Stanny d costa	34
259672	Laxmi ningappa	58
259674	Parwathi hari	38
259657	Lalitha m kuber	42
259686	Suvarna siddappa	36
260456	Uma venkatesh	32
260441	Shobha durudappa	48
260807	Nirmala pujar	40
261302	Prema gotkindi	53
262024	Yellawwa naik	30
262925	Susheela wangoli	36
259686	Geetha matpathi	25
262882	Hemalatha manjunath	42
262891	Kalavathi naik	52
264563	Nirmala gangadhar	55
264563	Neelawwa basappa	55
264571	Gadigewwa birappa	48
265299	Geetha patravali	25
265325	Sureka chandgad	28
266168	Nagawwa katagi	31
266176	Kamarunnisa	45
266244	Basawwa balikoli	37
266792	Lingawwa tayappa	28
266975	Fatima madivale	25
267715	Parwathi gurav	48
267685	Sujatha pawar	30
267700	Mahadevi kittur	36
267770	Susheela mali	54
268496	Ratnwwa gandigwad	28
269106	Yellawwa bhuthali	35
269426	Mahadevi makandar	49

269373	Sukanya bajantri	53			
269024	Shoba kotabagi	28			
272264	Pawathi kanabargi	35			
270703	Shailaja gaddimat	45			
270794	Renuka hemareddi	34			
271119	Ratnwwa taranappa	28			
271147	Laxmi karigar	30			
271153	Shantawwa sangappa	38			
271949	Susheela sangolli	52			
271977	Parwathi mutagi	54			
272818	Laxmi shankargouda patil	35			
272805	Kalpana birje	38			
273715	Shakira shaik	47			
273740	Mehaboobi ronad	45			
273532	Laxmi dharwadkar	52			
274359	Jyithi narayan	38			
274547	Yellawwa patil	38			
274638	Suchetha	38			
274646	Sunitha	35			
274607	Sumitha	35			
276313	Shahikala agasimani	37			
276394	Yogeetha gawade	32			
277215	Roopa kamble	24			
277220	Sheela badekar	40			
277696	vVeena vinayak	24			
272813	Mahalaxmi patil	22			
278232	Ratnwwa siddanur	52			
279041	Laxmi duggani	42			
279106	Ratnwwa huddar	40			
279100	Narasmma kerur	30			
280057	Laxmi hudali	25			
280989	Shashikala hudali	26			
281886	Parwatamma doddawad	48			
281952	Nagaratna rudragouda	40			
281931	Laxmibai churi	50			
282362	Pooja kolhapur	33			
282915	Irawwa tippanna	42			
281986	Arifa syed	24			
283344	Pooja jakathi	34			
283703	Lalitha chikkangoudar	28			
283405	Pushpa mahanntaya	32			
284032	Kaveri badiger	32			
283703	Mala suresh	35			
284578	Parwathi shadaksharappa	50			
284556	Bharathi moolimani	58			
284618	Shanta mutnal	46			
284653	Neetha satish prabhu	46			
841036	Netravathi	46	G3P3L3		N
859566	Pratibha devi	50	G2P2L2		N
841021	Jennifer fernandes	46	G2P2L2		N
757449	Indrawwa bhamannavar	38	G2P2L2		P
768564	Sujatha patil	23	G2P2L2	W.D	N

841016	Ujwala more	28	G3P3L3		N
8411120	Famidabanu sanadi	20	G1P1L1		N
706556	Sharamma yadur	25	P5L5A0		N
841575	Nazia	23	P4L1A3	W.D	N
841563	Bibi bannur	20			N
846292	Renuka shirali	35			N
845923	Premavathi shirodkar	53	P3L3A0		N
	Ratnwwa				
	Shantawwa devatagi				
848385	Heena nadaf	25	P2L2A0		N
848412	Sameena choudary	27	P1L1A0		N
834116	Rekha barakatti	30	P3L3A0		N
834129	Shantha hulari	25			N
848845	Laxmi rawoor	36	P2L2A0		
848148	Arifa shaik	25			
715262	Anuradha sambaji	32	P2L2A0		
269092	Vijayalaxmi sajjan	28			N
267181	Manisha mohare	23	P1L1A0		N
830567	Eliza budale	24	P2L2A0		N
849871	Jyothi hasotikar	29	P2L2A0		P
847412	Kavitha sarma	52	P2L2A0		N
844698	Bharathi halagappanavar	38	P2L2A0	W.D	N
	Anasuiya				
	Nikitha talikot				
853358	Sanmathi patil	54	P3L3A0		N
857581	Sulochana ghodke	55			N

COLPOSCOPY	BIOPSY
LSIL	LSIL
CE I SM	CC SM NC
LSIL	LSIL CCK
CHE SM	CE SM
ISM	CE
SM	CC
CHE SM	LSIL
HSIL	LSIL
N	CC ULCER
HSIL	LSIL
SM	P END CER
SM	CC P END
HSIL	SCC
SM	CC
LSIL	CGT
ECTROPIN	CC
UN SAT	CC
LSIL ECT	CC+ERO
N	N
HSIL	HSIL
LSIL	LSIL
HSIL	CC SE D
SM	CC SM
LSIL	CC
CC	CC
CC	CC
ISM	CC
CC	CC
SM &INFECTION	AC
CC	CC
HSIL	CC
ISM	CC
N	CH P END
HSIL	HSIL &CC
ISM	CC SM
LSIL	AC
CER E	CC
Cervical erosion	Ch Pap Endo Cer
N	CH NS E
CERVICITI	CC
N	CC SM
CA CX	SCC
ECTROPIN	CC
HSIL	INF SCC
HSIL	SCC
HPV INF	CC HPV
C ECTROP	AC-CC
LSIL	LSIL
HSIL	CH NSC
SM	CC & SM
LSIL	LSIL

HSIL	HSIL
HSIL	LSIL
ISM	CC SM
ERO+SM	CC
ECTROPIN	CC+ERO
LSIL	LSIL & CC
UN SAT	HSIL & CC
LSIL	LSIL & CC
HSIL	HSIL
LSIL	LSIL
HSIL	HSIL &CC
HSIL	HSIL
HSIL	LSIL& CC
SV	CEC
ISM	CC
LSIL	LSIL
LSIL	LSIL & CC
HSIL	HSIL
CE	CC
LSIL	CC
N	CC &GRAN
CC	CC
CA CX	SCC
UN SAT	CC
ATROPHIC CX	N
HSIL	HSIL
INFECTION	CPC
SM	CERVICITIS
LSIL& ECTROP	CC SM EROSION
LSIL CONDYLO	LSIL CC KOILOCY
SM EROSION	CC
SM EROSION	CC EROSION
HSIL	HSIL CC
HSIL	SCC
HSIL ISM	HSIL CC
NORMAL	NORMAL
LSIL	CC
LSIL	CC
HSIL	HSIL
LSIL	LSIL CC
ISM	HSIL CC
LSIL	HSIL CC
C EROSION	CC
C EROSION	C EROSION
LSIL	LSIL CC
LSIL	
C EROSION	CC
ISM	
C EROSION	CC EROSION
C EROSION	
LEUKOPLAKIA	CC
C EROSION	CC

C EROSION & SM	CC & KOILOCYTOSIS
LSIL& SM	LSIL CC
C EROSION & SM	CC & KOILOCYTOSIS
TRICHOMONAS	C EROSION
C EROSION	
ISM TRICHOMON	CC
HSIL	HSIL
ISM	
HSIL	
LSIL	LSIL CC
C EROSION	
N	
HSIL	SCC
LSIL	CC SM
	ENDO C CAR
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ECTROPIN	
ECTROPIN & SM	
HSIL	
C ECTROP& SM	
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CC

O.P.NO	NAME	AGE	PARITY	INDICATION	VIA	PAP
6673	suchithra tayshetty					
34867	Roopa H Naik					
	Latha Gaonkar					
6849	Neetha hattarki					
35066	Anasuya D kagalkar					
	sureka pattanshetty					
35376	Sarswathi M Badigere					
	Mohini Rathnakar					
35783	Anolabai bellari					
	shashikala Ingalgi					
	Bhimawwa Pawar					
	Myela Anto pinto					
592295	Rohini G Mahale					
589311	Vijaya Matpathi					
	sheela Parishwad					
	Shruthi Hanji					
59195	Laxmi govindannavar					
	Ujwala gangale					
	Mahadevi Ramappa					
32627	Renuka Krishna					
out side	Ansuya Basappa Patted					
	Sarojini Bastwad					
	Priya Ammanavar					
	Manjula B					
	Girija Palekar					
	Sharada Govinda Upadhayaji					
	Kapila Maajukar					
	Laxmi Ramachandra Buchadi					
636153	Shobha Ghorpade					
	Mahadevi Rajpure					
	Mahadevi Appanavar					
	Basawwa gangappa					
	Indira Goudar					
673637	Nagawwa Madar					
	Zubeda Mushtaq Sheik					
675194	Savithri Lagma Hirekurbur					
	laxmi shivappa pari					
	Sunitha L Naik					
	Kasturi Sangappa Hosamani					
654925	Parvathi Kappannvar					
683434	Usha Prakash					
683481	Lalitha Srikantha P					
638316	Varsha Desai					
687236	Dighino Sebasto F					
696542	Nirmala kalled					
	Umavathi					
	Tulka Patil					
	Balawwa Yaduli					
699952	Yellawwa Kevalappanavar					
617071	Anjum Makandar					
712506	Sharada Pitagi					

615258 Kavitha Jadar
Shamshad
708605 Vijaya Chennammnavar
Sureka Shelar
Kalavathi R Althar
Bismilla Abdulla
241124 Kasturi Kuthani
Vishnavi Deshnur
Bharthi Prakash Halagi
Renuka Muthgekar
Shantha Jogini
Shivanawwa Naikar
730414 Gangu Chougale
740328 Shantha Devi Majjagi
Sema Porwal
Pooja Tilwani
247950 Laxmi Appaji Patil
Mangalakrishna Bai
591448 Margarate fernndes
Sheela peaead
Sundari mahadev
Radha goviduppaji
Prema wali
Veena subash guggari
740294 Shammvva dikkati
245090 Sonavva naikar
Sheela nuganatti
711700 Surekha bhelar
787609 Dr sushma kosti
Lalitha kotagi
Vijayalaxmi mudakavi
254110 Shahazadbee bagewadi
746146 Rekha shirole
Sunitha maragudri
Hemalatha salimath
Connie D'souza
777625 Shoba bandagar
Suananda billshivannavar
Sulochana patil
Manjula hiremath
754900 Parvathi navi
Sheela chapale
Shobha patil
757809 Sharadha daval
762730 Shabanam khan
Anitha Gamhale
Gurushanthamma Shwarappa
Gayathri Deshpande
843006 Kasturi Bgar
Geetha Langoti
Kalpana Acharya
825128 Kashawwa Shivadoot

820272	Chandrakala Angadi					
	Susheelawwa kabbur					
	Sujatha S Padsalgikar					
795232	Haseena Begaum					
778161	Hunasikatti					
	Parvathi tarle					
794549	Shantawwa Patil					
	Rekha L Patil					
775156	Jayashree jamaki					
687417	Shankuthala Shannavar					
778161	Parvathi Patil					
	Gangamma shankar Madiwale					
	Suneetha Margudi					
	Lakhmibai					
	Parwathi Pawar					
	Shobha patil					
816082	Navi Laxmi Govind					
	Jyothi Hosathikar	53	P3L3	W.D	N	
	Shobha Hanabaratti	53	P3L3	PCB	P	HSIL
	Jyothi S Karekar	34	P2L2	W.D	N	
849203	Shevanta Shankar Kadam	60	P4L4	W.D	P	INF
757944	Indrawwa Pundalik	38	P2L2	W.D	N	
	Nirmala Gonsalves	40	P1L1	W.D	N	INF
	Wahida Sayeed Hanees	40	P2L2	W.D	N	INF
895737	Gouravva Chougale	45	P2L2	W.D	N	
	Usha Allainavarmath	58	P3L3	PMB	P	
	Ratnawwa Gandigwad	28	P2L2	W.D	P	
	Meenakshi Ramaje	35	P1L1	W.D	N	
904920	Laxmi bai kamble	35	P3L3	W.D	P	HSIL
904920	Shantawwa milanhatti	37	P2L2	W.D	N	
	Namrutha salunke	31	P1L1	PCB	N	
898657	Gausabee mulla	58	P3L3	W.D	P	LSIL
872064	Jameela anwar mulla	30	P2L2	W.D	N	NT
277820	Shanta hiremat	28	P1L1	W.D	P	
881535	Mangala pattar	46	P3L3	W.D	P	
	Vimala patil	34	P2L2	W.D	P	
	Sunitha mandalkar	49	P2L2	W.D	P	
	Lalitha hugar	45	P2L2	W.D	P	
	Megha Shabadi	29	P1L1	W.D	P	INF
	Geethanjali upadya	44	P3L3	W.D	N	
	Vasanthi devaraj	45	P3L3	W.D	P	
	Girja S Patil	40	P2L2	W.D	P	
	Savitha indi	27	P2L2	W.D	N	
	Sunitha shetty	40	P3L3	W.D	N	

COLPOSCOPY BIOPSY

ECTRO ISM	CC
HSIL	CC HSIL INSITU
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LSIL	CC LSIL
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UNSATISFACTORY	
UNSATISFACTORY	
LSIL ISM	
ECTRO	
HSIL	HSIL
SM	
ECT SM	
HSIL	
ECT SM	NT
EI CA/TU	
LSIL ECT ISM	
LSIL ECT SM	
UNSATISFACTORY	
ECT ISM	
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LSIL	
LSIL	HSIL
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Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
1	6673	suchithra tayshetty	59	P3L3	Suscipi cervix	P	LSIL	LSIL	LSIL
2	34867	Roopa H Naik	25	P1L1A0	W.D	P	INF	EROSION	METAPLASIA
3	34263	Latha Gaonkar	45	P2L2A0	Suscipi cervix	N	INF	LSIL	LSIL
4	6849	Neetha hattarki	35	P2L2A0	W.D	P	INF	METAPLASIA	CERVICITIS
5	35066	Anasuya D kagalkar	45	P5L4A0	W.D	P	INF	METAPLASIA	CERVICITIS
6	33567	sureka pattanshetty	38	P3L3A0	W.D	N	INF	METAPLASIA	CERVICITIS
7	35376	Sarswathi M Badigere	30	P2L2A0	Suscipi cervix	P	INF	EROSION	LSIL
8	35463	Mohini Rathnakar	38	P3L3	Suscipi cervix	P	INF	HSIL	LSIL
9	35783	Anolabai bellari	56	P3L3A0	W.D	N	LSIL	NORMAL	CERVICITIS
10	38741	shashikala Ingalgi	38	Nullipara	Suscipi cervix	P	INF	HSIL	LSIL
11	38967	Bhimawwa Pawar	36	P3L3A0	Post meno bleeding	N	INF	METAPLASIA	CERVICITIS
12	46321	Myela Anto pinto	28	P2L2A0	W.D	N	INF	METAPLASIA	CERVICITIS
13	592295	Rohini G Mahale	59	P3L3A0	Post meno bleeding	P	HSIL	HSIL	SCC
14	589311	Vijaya Matpathi	42	P2L2A0	W.D	P	INF	METAPLASIA	CERVICITIS
15	568931	sheela Parishwad	36	P3L3	Suscipi cervix	P	INF	LSIL	CERVICITIS
16	57863	Shruthi Hanji	31	P1L1A0	W.D	N	INF	EROSION	CERVICITIS
17	59195	Laxmi govindannavar	43	P3L3A0	W.D	N	LSIL	Unsatisfactory	CERVICITIS
18	567863	Ujwala gangale	36	P2L2A0	Post coital bleeding	N	AGUS	LSIL	CERVICITIS
19	31893	Mahadevi Ramappa	48	P2L2A0	Post coital bleeding	N	NORMAL	NORMAL	NORMAL
20	32627	Renuka Krishna	25	P1L1A0	W.D	P	INF	HSIL	HSIL
21	32108	Ansuya Basappa Patted	28	P3L3A0	W.D	P	LSIL	LSIL	LSIL
22	634217	Sarojini Bastwad	39	P3L3A0	W.D	P	HSIL	HSIL	CERVICITIS
23	567831	Priya Ammanavar	34	Nullipara	W.D	N	INF	METAPLASIA	METAPLASIA
24	432691	Manjula B	35	P2L2A0	W.D	P	INF	LSIL	CERVICITIS
25	234123	Girija Palekar	42	P2L2A0	W.D	P	NORMAL	INFLAMMATION	CERVICITIS
26	653215	Sharada Govinda Upadhaya	53	P3L3	W.D	P	INF	INFLAMMATION	CERVICITIS
27	642014	Kapila Maajukar	34	P3L2A1	W.D	N	INF	METAPLASIA	CERVICITIS
28	655264	Laxmi Ramachandra Bucha	27	P1L1A0	W.D	N	INF	INFLAMMATION	CERVICITIS
29	636153	Shobha Ghorpade	51	P3L3A0	Suscipi cervix	P	INF	METAPLASIA	CERVICITIS
30	653489	Mahadevi Rajpure	33	Nullipara	W.D	P	INF	INFLAMMATION	CERVICITIS
31	683368	Mahadevi Appanavar	38	P3L3A0	W.D	P	LSIL	HSIL	CERVICITIS
32	679865	Basawwa gangappa	41	P3L3A0	W.D	N	INF	METAPLASIA	CERVICITIS
33	663638	Indira Goudar	43	P2L2A0	Suscipi cervix	N	INF	NORMAL	CERVICITIS
34	673637	Nagawwa Madar	55	P2L2A0	Suscipi cervix	P	HSIL	HSIL	HSIL
35	674283	Zubeda Mushtaq Sheik	31	P2L2A0	W.D	N	INF	METAPLASIA	CERVICITIS

Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
36	675194	Savithri Lagma Hirekurbur	30	P2L2A0	W.D	P	INF	LSIL	CERVICITIS
37	684843	laxmi shivappa pari	22	P2L2A0	W.D	N	INF	EROSION	CERVICITIS
38	673421	Sunitha L Naik	40	P2L2A0	W.D	P	INF	EROSION	CERVICITIS
39	633818	Kasturi Sangappa Hosamar	32	P3L3	W.D	N	INF	NORMAL	CERVICITIS
40	654925	Parvathi Kappannvar	45	P3L3A0	W.D	N	INF	INFLAMMATION	CERVICITIS
41	683434	Usha Prakash	48	P3L3A0	W.D	P	INF	NORMAL	METAPLASIA
42	683481	Lalitha Srikantha P	39	P4L4A0	W.D	P	HSIL	SCC	SCC
43	638316	Varsha Desai	28	P1L1A0	W.D	N	INF	EROSION	CERVICITIS
44	687236	Dighino Sebasto F	58	P3L3A0	Post meno bleeding	P	HSIL	HSIL	SCC
45	696542	Nirmala kalled	31	P2L2A0	W.D	P	HSIL	HSIL	SCC
46	686453	Umavathi	32	P2L2A0	W.D	P	INF	INFLAMMATION	CERVICITIS
47	634678	Tulka Patil	40	P2L2A0	W.D	N	INF	EROSION	CERVICITIS
48	688967	Balawwa Yaduli	53	P3L2A1	Suscipi cervix	N	INF	LSIL	LSIL
49	699952	Yellawwa Kevalappanavar	40	P2L2A0	Suscipi cervix	P	NORMAL	HSIL	CERVICITIS
50	617071	Anjum Makandar	31	P2L2A0	W.D	P	INF	METAPLASIA	CERVICITIS
51	712506	Sharada Pitagi	48	P2L2A0	Suscipi cervix	P	INF	LSIL	LSIL
52	615258	Kavitha Jadar	30	P2L2A0	Suscipi cervix	P	INF	HSIL	HSIL
53	676921	Shamshad	36	P3L3A0	W.D	P	LSIL	HSIL	LSIL
54	708605	Vijaya Chennammnavar	34	P2L2A0	W.D	N	INF	METAPLASIA	METAPLASIA
55	677633	Sureka Shelar	52	Nullipara	Suscipi cervix	P	INF	EROSION	CERVICITIS
56	677726	Kalavathi R Althar	25	P2L2A0	W.D	N	INF	EROSION	CERVICITIS
57	678088	Bismilla Abdulla	25	P1L1A0	Suscipi cervix	P	INF	LSIL	LSIL
58	241124	Kasturi Kuthani	50	P4L4A1	Suscipi cervix	P	INF	Unsatisfactory	HSIL
59	676980	Vishnavi Deshnur	25	P1L1A0	Suscipi cervix	P	INF	LSIL	LSIL
60	677921	Bharthi Prakash Halagi	26	P1L1A0	W.D	P	INF	HSIL	HSIL
61	678584	Renuka Muthgekar	38	P2L2A0	Suscipi cervix	P	INF	LSIL	LSIL
62	678525	Shantha Jogini	55	P4L4A0	W.D	P	INF	HSIL	HSIL
63	678965	Shivanawwa Naikar	52	P3L3	Suscipi cervix	P	INF	HSIL	HSIL
64	730414	Gangu Chougale	40	P2L2A0	W.D	P	INF	HSIL	LSIL
65	740328	Shantha Devi Majjagi	51	P2L2A0	W.D	P	LSIL	INFLAMMATION	CERVICITIS
66	779017	Sema Porwal	33	P2L2A0	W.D	N	INF	METAPLASIA	CERVICITIS
67	776612	Pooja Tilwani	36	P2L2A0	Suscipi cervix	P	INF	LSIL	LSIL
68	247950	Laxmi Appaji Patil	45	P4L4A0	Suscipi cervix	P	INF	LSIL	LSIL
69	769042	Mangalakrishna Bai	33	P3L3A0	Suscipi cervix	P	LSIL	HSIL	HSIL
70	591448	Margarate fernndes	42	P2L2A0	W.D	N	INF	EROSION	CERVICITIS

Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
71	766271	Sheela peaead	52	P3L3A0	Post meno bleeding	N	INF	INFLAMMATION	CERVICITIS
72	789415	Sundari mahadev	55	P4L4A0	W.D	P	LSIL	NORMAL	CERVICITIS
73	739872	Radha goviduppaji	35	P3L3A0	W.D	N	INF	INFLAMMATION	CERVICITIS
74	748796	Prema wali	58	P4L4A0	W.D	P	LSIL	CA CX	SCC
75	739923	Veena subash guggari	30	Nullipara	W.D	N	NORMAL	Unsatisfactory	CERVICITIS
76	740294	Shammvva dikkati	58	P6L5A1	W.D		INF	INFLAMMATION	NORMAL
77	245090	Sonavva naikar	40	P2L2A0	Post coital bleeding	P	INF	HSIL	CERVICITIS
78	779535	Sheela nuganatti	32	P2L2A0	W.D	P	INF	INFLAMMATION	CERVICITIS
79	711700	Surekha bhelar	32	P2L2A0	W.D	P	INF	METAPLASIA	CERVICITIS
80	787609	Dr sushma kosti	32	P1L1A0	W.D	P	INF	LSIL	LSIL
81	780674	Lalitha kotagi	38	P3L3A0	Suscipi cervix	N	LSIL	LSIL	LSIL
82	780172	Vijayalaxmi mudakavi	29	P2L2A0	W.D	N	INF	EROSION	CERVICITIS
83	254110	Shahazadbee bagewadi	40	P6L5A1	Suscipi cervix	N	INF	EROSION	CERVICITIS
84	746146	Rekha shirole	35	P3L3A0	Suscipi cervix	P	INF	HSIL	HSIL
85	781060	Sunitha maragudri	34	P2L2A0	IMB	P	LSIL	HSIL	SCC
86	780601	Hemalatha salimath	27	P2L2A0	W.D	P	HSIL	HSIL	HSIL
87	776377	Connie D'souza	58	P2L2A0	Post meno bleeding	N	INF	NORMAL	NORMAL
88	777625	Shoba bandagar	38	P3L3A0	W.D	N	INF	LSIL	CERVICITIS
89	728290	Suananda billshivannavar	35	P3L3A2	W.D	P	INF	LSIL	CERVICITIS
90	781325	Sulochana patil	40	P3L3A0	Post coital bleeding	P	INF	HSIL	HSIL
91	781333	Manjula hiremath	34	P2L2A0	Post coital bleeding	P	HSIL	LSIL	LSIL
92	754900	Parvathi navi	38	P3L3A0	Suscipi cervix	N	INF	METAPLASIA	HSIL
93	780601	Sheela chapale	29	P2L2A0	Suscipi cervix	P	INF	LSIL	HSIL
94	781452	Shobha patil	28	P3L3A0	W.D	N	INF	EROSION	CERVICITIS
95	757809	Sharadha daval	52	P4L4A0	Post meno bleeding	N	INF	EROSION	CERVICITIS
96	762730	Shabhanam Khan	40	P2L2	WD	P	INF	LSIL	LSIL
97	794549	Shantawwa Patil	35	P2L2	Post coital bleeding	P	HSIL	HSIL	HSIL
98	781845	Rekhs Patil	27	P2L2	Suscipi cervix	N	INF	METAPLASIA	CERVICITIS
99	775156	Jayashree Jamaki	36	P2L2	WD	P	INF	HSIL	LSIL
100	778161	Parwathi Patil	29	P2L2	IMB	N	INF	EROSION	CERVICITIS
101	687417	Shakunthala Sharannavar	47	P4L4	Suscipi cervix	P	INF	LSIL	LSIL
102	808014	Anitha Gamhale	25	P1L1	WD	P	INF	INFLAMMATION	CERVICITIS
103	808014	Gangamma Madiwalar	52	P2L2	Post meno bleeding	N	INF	NORMAL	LSIL
104	795232	Haseena Begaum	48	Nullipara	WD	N	INF	INFLAMMATION	METAPLASIA
105	881874	Sujatha Padsalgikar	30	Nullipara	WD	P	INF	EROSION	CERVICITIS

Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
106	871892	Sushilawwa Kabbur	45	P3L3	WD	P	INF	LSIL	LSIL
107	820272	Chandrakala Angadi	35	P2L2	WD	P	INF	EROSION	CERVICITIS
108	825128	Kashawwa Shivdoot	40	P3L3	WD	N	INF	EROSION	CERVICITIS
109	821885	Kalpana Acharya	28	Nullipara	WD	N	INF	INFLAMMATION	CERVICITIS
110	833438	Gurushanthamma Ishwarap	65	P3L3	Post meno bleeding	N	INF	EROSION	CERVICITIS
111	830970	Geetha Langaoti	34	P2L2	Suscipi cervix	N	INF	EROSION	CERVICITIS
112	881874	Parvathi Tarle	60	P3L3	Post meno bleeding	P	HSIL	INFLAMMATION	CERVICITIS
113	843006	Kasturi Bogar	60	P4L4	Suscipi cervix	N	INF	EROSION	CERVICITIS
114	845539	Gayathri Deshpande	43	P2L2	WD	N	INF	METAPLASIA	CERVICITIS
115	851885	Lakshmibai Navi	45	P3L3	WD	P	HSIL	LSIL	LSIL
116	862165	Jyothi Hosathikar	53	P3L3	Post meno bleeding	N	INF	EROSION	CERVICITIS
117	863412	Shobha Hanabaratti	53	P4L4	Post meno bleeding	P	HSIL	HSIL	HSIL
118	851802	Jyothi Karekar	34	P2L2	Suscipi cervix	N	NORMAL	METAPLASIA	METAPLASIA
119	849203	Shevantha Kadam	40	P2L2	WD	N	INF	LSIL	LSIL
120	757944	Indrawwa Pundalik	38	P2L2	WD	N	INF	NORMAL	CERVICITIS
121	857220	Usha Allainavarmath	58	P3L3	Post meno bleeding	P	INF	Unsatisfactory	HSIL
122	853756	Ratnawwa Gandigwad	28	P2L2	WD	P	INF	LSIL	LSIL
123	859604	Meenakshi Ramaje	35	P2L2	Suscipi cervix	N	INF	EROSION	HSIL
124	856203	Sunitha shetty	40	P3L3	WD	P	LSIL	EROSION	HSIL
125	862102	Savitha Indi	27	P2L1	WD	N	INF	EROSION	CERVICITIS
126	861333	Girija S Patil	45	P3L3	Suscipi cervix	P	LSIL	LSIL	HSIL
127	863577	Vasanth Devraj	45	P2L2	WD	P	INF	LSIL	CERVICITIS
128	855114	Megha Shabadi	31	P2L2	WD	P	INF	LSIL	LSIL
129	880747	Vimal S Patil	34	P2L2	WD	P	INF	INFLAMMATION	CERVICITIS
130	883446	Sunitha Mandalkar	49	P3L3	WD	N	INF	Unsatisfactory	CERVICITIS
131	235991	Lalitha B Hugar	45	P2L2	WD	N	INF	INFLAMMATION	METAPLASIA
132	868700	Geethanjali Upadhye	44	P3L3	WD	N	INF	INFLAMMATION	METAPLASIA
133	881535	Mangala Pattar	46	P3L3	WD	P	INF	LSIL	LSIL
134	872021	Nirmala Gonsalves	40	P2L2	WD	N	INF	EROSION	CERVICITIS
135	894394	Wahida Sayeed Hanees	40	P2L2	WD	N	INF	Unsatisfactory	CERVICITIS
136	895737	Gourawwa	45	P2L2	WD	P	INF	Unsatisfactory	CERVICITIS
137	981802	Shantha Hiremath	28	P1L0	WD	P	LSIL	SCC	SCC
138	981312	Jamela Anwar Mulla	32	P2L2	WD	N	INF	EROSION	CERVICITIS
139	981275	Gausbee Mulla	65	P4L4	Suscipi cervix	P	LSIL	HSIL	HSIL
140	900822	Namratha Salunke	31	P2L2	Post coital bleeding	N	INF	EROSION	CERVICITIS

Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
141	972473	Shanthawwa Millannatti	37	P3L3	WD	N	INF	EROSION	CERVICITIS
142	901775	Laxmibai Kamble	35	P3L3	WD	P	HSIL	HSIL	HSIL
143	234561	Jabeen Msqeed	30	P2L2	WD	N	INF	INFLAMMATION	CERVICITIS
144	928471	Roopa B Madner	29	P3L3	Suscipi cervix	N	INF	INFLAMMATION	CERVICITIS
145	983265	Deepa Gorimath	51	P3L3	Suscipi cervix	N	INF	INFLAMMATION	CERVICITIS
146	266783	Parvathi Pawar	60	P6L6	WD	P	LSIL	HSIL	SCC
147	766958	Manisha Mutgekar	30	P1L1	WD	N	INF	METAPLASIA	CERVICITIS
148	973305	Manjula Turmani	32	P2L2	WD	N	INF	EROSION	CERVICITIS
149	983339	Suvrna Kore	40	P2L2	WD	N	INF	EROSION	CERVICITIS
150	901401	Kashawwa Malagi	39	P2L2	Suscipi cervix	N	INF	METAPLASIA	CERVICITIS
151	967731	Archana Jamadade	26	P2l2	Suscipi cervix	P	INF	HSIL	HSIL
152	291976	Rajashree Akki	40	P2L2	Post meno bleeding	N	INF	EROSION	METAPLASIA
153	966321	Dyamawwa Tudasnur	33	P3L3	WD	N	INF	EROSION	METAPLASIA
154	291926	Preethi Balunkar	22	P1L1	WD	N	INF	INFLAMMATION	CERVICITIS
155	967731	Vimal Vagaral	55	P3L3	WD	N	INF	LSIL	CERVICITIS
156	902851	Sujatha Patil	27	P2L2	WD	N	INF	EROSION	CERVICITIS
157	966627	Shantha Lakhe	35	P3L3	WD	N	NORMAL	INFLAMMATION	CERVICITIS
158	945255	Mallawwa Huggi	53	P4L4	Post meno bleeding	P	SCC	EROSION	SCC
159	949602	Veena Desai	42	P2L2	Suscipi cervix	P	INF	LSIL	LSIL
160	287879	Madina Dastagar	33	P4L4	WD	P	INF	LSIL	LSIL
161	288346	Meerabai Kadam	35	P3L3	Suscipi cervix	N	HSIL	HSIL	CC HSIL
162	288345	Pratibha Barade	51	P2L2	Suscipi cervix	N	INF	INFLAMMATION	HSIL
163	948098	Savitha Bagoji	35	P3L3	WD	P	INF	LSIL	CERVICITIS
164	285645	Shanthawwa Totagi	31	P2L2	WD	N	NORMAL	NORMAL	CERVICITIS
165	889696	Yamini Birje	31	P2L2	Suscipi cervix	P	INF	HSIL	HSIL
166	880787	Pinki Kangolkar	27	P3L3	WD	N	INF	METAPLASIA	METAPLASIA
167	870474	Renuka Solabannavar	28	P3L3	WD	N	NORMAL	NORMAL	NORMAL
168	881535	Gangamma Shivagudi	30	P2L2	WD	N	NORMAL	NORMAL	CERVICITIS
169	983265	Ratnawwa Hugar	34	P2L2	WD	N	INF	METAPLASIA	CERVICITIS
170	983052	Pramila Hanumantappa	55	P3L2	Suscipi cervix	P	INF	LSIL	LSIL
171	983339	Savithri Chavan	32	P3L3	WD	N	INF	EROSION	CERVICITIS
172	983215	Shobha Chougale	32	P2L2	Suscipi cervix	N	NORMAL	INFLAMMATION	LSIL
173	970262	Neelawwa Patil	30	P3L2	WD	N	INF	EROSION	CERVICITIS
174	972663	Gangamma Mudappanavar	30	P2L2	WD	P	INF	INFLAMMATION	CERVICITIS
175	983650	Rohini Naik	52	P4L4	Post meno bleeding	N	INF	NORMAL	CERVICITIS

Sl. No.	O.P.NO	NAME	AGE	PARITY	INCLUSION CRITERIA	VIA	PAPS	COLPOSCOPY	BIOPSY
176	983672	Lakkawwa Pujari	28	P3L3	WD	N	INF	INFLAMMATION	CERVICITIS
177	984043	Sunitha Uppar	35	P3L3	WD	N	INF	NORMAL	CERVICITIS
178	984247	Sudha Bhuse	35	P3L3	Suscipi cervix	P	INF	HSIL	HSIL
179	984511	Sunitha Dhumal	55	P2L2	WD	N	INF	Unsatisfactory	CERVICITIS
180	286125	Suvarna Karkar	38	P3L3	Suscipi cervix	N	INF	HSIL	HSIL
181	283645	Madhu Patil	41	P3L3	WD	P	INF	EROSION	LSIL
182	985353	Bhimawwa R	52	P1L1	WD	N	NORMAL	NORMAL	NORMAL
183	982251	Savitha Desai	27	P2L2	WD	N	INF	NORMAL	CERVICITIS
184	986016	Umadevi Hiremath	45	P2L2	Suscipi cervix	P	HSIL	EROSION	LSIL
185	986460	Mahadevi Kajagar	35	P3L3	WD	N	INF	EROSION	CERVICITIS
186	976863	Rekha Mane	27	P2L2	Suscipi cervix	P	INF	EROSION	CERVICITIS
187	977175	Nelawwa Shirgavi	50	P3L3	WD	N	INF	Unsatisfactory	NORMAL
188	977269	Laxmi Patil	34	P2L2	Post coital bleeding	N	HSIL	INFLAMMATION	CERVICITIS
189	218860	Grace Rubdi	68	P2L2	WD	N	LSIL	Unsatisfactory	CERVICITIS
190	980282	Kalpana Pawar	40	P3L3	WD	P	INF	INFLAMMATION	LSIL
191	988488	Shobha Nandennavar	34	P2L2	Suscipi cervix	P	INF	LSIL	LSIL
192	990403	Bharathi Hosmani	27	P2L2	Suscipi cervix	P	INF	LSIL	CERVICITIS
193	976832	Neetha Shettar	55	P3L3	WD	N	INF	INFLAMMATION	METAPLASIA
194	957044	Shamshad H	34	P2L2	WD	N	INF	INFLAMMATION	CERVICITIS
195	294521	Santosh Solomon	48	P2L2	WD	N	LSIL	INFLAMMATION	CERVICITIS
196	998862	Mallawwa Patil	46	P3L3	WD	N	INF	NORMAL	METAPLASIA
197	290436	Rekha Chougale	34	P2L2	WD	N	INF	NORMAL	CERVICITIS
198	950383	Suma Naik	38	P2L2	WD	N	INF	INFLAMMATION	CERVICITIS
199	990936	Manisha Pavushkar	40	P3L3	WD	N	INF	EROSION	METAPLASIA
200	980612	Hema Kakethkar	32	P2L2	WD	P	INF	EROSION	CERVICITIS