"A ONE YEAR CROSS SECTIONAL STUDY TO EVALUATE DOWNSTAGING, VISUAL INSPECTION WITH ACETIC ACID AND LUGOL'S IODINE IN DETECTION OF CERVICAL CANCER"

By

Dr. LAKSHITA LUMB

DISSERTATION

SUBMITTED TO

KLE UNIVERSITY, BELGAUM

KARNATAKA

IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SURGERY

IN

OBSTETRICS AND GYNAECOLOGY

Under the Guidance of

Dr. KAMAL PATIL M.D. , FICOG
Professor

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY,

JAWAHARLAL NEHRU MEDICAL COLLEGE,

BELGAUM – 10, KARNATAKA

MAY - 2010

KLE UNIVERSITY BELGAUM, KARNATAKA

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Date :

Place : Belgaum **Dr. LAKSHITA LUMB**

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I have great pleasure in forwarding it to the K.L.E. University, Karnataka, Belgaum.

Date :
Place : Belgaum

Guide
Dr. Kamal Patil **M.D., F.I.C.O.G.**
Professor,
Department of Obstetrics & Gynaecology
J. N. Medical College, Belgaum

KLE UNIVERSITY, BELGAUM, KARNATAKA

ENDORSEMENT BY THE HOD, PRINCIPAL/HEAD OF THE INSTITUTION

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Seal & Signature of the
HOD

Dr. B. R. Desai **M.D.**
Professor & Head,
Department of Obstetrics & Gynaecology
J. N. Medical College,
Nehru Nagar, Belgaum-590010.

Date :
Place : BELGAUM

Seal & Signature of the
Principal

Dr. V. D. Patil **M.D. D.C.H**
Principal,
J. N. Medical College,
Nehru Nagar, Belgaum-590010.

Date :
Place : BELGAUM

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Dr. LAKSHITA LUMB

ACKNOWLEDGEMENT

An enterprise such as this can only be accomplished with proper guidance, assistance & encouragement. A great person to whom I owe the success of this maiden endeavor of mine is my guide and mentor **Dr. Kamal Patil** Professor, Dept. of Obstetrics and Gynecology J.N.Medical College Belgaum, who guided me through all the hardships and was a continuous source of encouragement for me, throughout the preparation of this dissertation. Her expert guidance and unflinching support throughout the duration of my course has enabled me to achieve much more than I could ever dreamed of. Her profound knowledge & expertise in every aspect of subject along with her ability to take care of the smallest details shall serve as a constant source of inspiration for me. With deep sense of gratitude & reverence I thank her for being there all the time and helping me to stand up every time I stumbled.

To say that I shall be forever remain indebted to my teacher would be an understatement. If words were like drops of water, I would pour an entire ocean on this page to thank **Dr. B.R Desai**, Professor and Head of the Dept. of Obstetrics and Gynecology J.N. Medical College Belgaum, who inculcated the values of dedication, diligence and discipline within me, without which I would not have seen this day. He is a person who has knowledge, vision , experience and who is one of the icons in the field of education.

I am also very grateful to The Principal **Dr. V. D. Patil,** J. N. Medical College, Belgaum, for his support and permission to undertake this study.

I am thankful to **Dr. M. K. Swamy** $_{\mathbf{MD}}$**,** Professor, and **Dr. Geeta Durdi** $_{\mathbf{MD}}$, Associate Professor, for their support, concern and understanding throughout my study.

I owe an immense debt of gratitude to Professor **Dr. B. R. Nilgar** $_{MD}$**,** Professor, **Dr. (Mrs.) J. C. Shravage** $_{MD, DGO.}$**,** Professor, **Dr. M. B. Bellad** $_{MD}$**,** Professor, **Dr.Anita Dalal**$_{MD}$, Associate Professor, **Dr. Yeshita Pujar** $_{MD}$, Associate Prof, **Dr. Hema A. Dhumale**$_{MD}$**,** Associate Professor, **Dr. M. C. Metgud,** $_{MD}$**,** Associate Professor, **Dr. (Mrs.) Bhavana Sherigar** $_{MD}$**,** Associate Professor**, Dr. Sheetal J**, Assistant Prof, **Dr Pramila K.** Assistant Professor **Dr. Hema Patil,** Assistant Professor, **Dr. Uma T.,** Assistant Professor, Department of Obstetrics and Gynecology for their invaluable suggestions and support throughout the study.

I am also thankful to Medical Officer **Dr. Soudagar**, of Kinaye PHC for his invaluable support.

I am also thankful to Professor, **R. H. Dhareshwar** $_{MSc,MPhil}$ Statistician for statistical analysis.

I would like to acknowledge the tireless and timely work of **Mr. Mahesh** of **Malta Computers**, for his excellent data processing and completion of this manuscript.

I wish to offer my thanks to Department of Medical Education for their valuable information and support.

No amount of words can measure up to the deep sense of gratitude and thankfulness that I feel towards my parents whose cherished blessings and countless sacrifices are behind whatever success I have achieved in my life.

I am immensely thankful for continuous moral support extended with love and co-operation by my husband **Dr. Amarinder Singh.**

This acknowledgement is incomplete if I fail in my duty to thank all the subjects who have whole heartedly participated in the study and have made the study complete.

I would thank GOD for showering the choicest blessings on me.

Date :
Place : Belgaum **Dr. LAKSHITA LUMB**

ABBREVIATIONS

ANMs	Auxillary Nurse Midwives
CIN	Cervical Intraepithelial Neoplasia
CIS	Carcinoma in situ
HSIL	High grade Squamous Intraepithelial Lesions
IARC	International Agency for Research on Cancer
LSIL	Low grade Squamous Intraepithelial Lesions
No	Number
NPV	Negative Predictive Value
PPV	Positive Predictive Value
SCJ	Squamo Columnar Junction
VIA	Visual Inspection with Acetic Acid
VILI	Visual Inspection with Lugol's Iodine
WHO	World Health Organization

ABSTRACT

Title: "**A one year cross sectional study to evaluate downstaging, visual inspection with acetic acid and lugol's iodine in detection of cervical cancer**"

Objectives:

Primary Objective

To detect sensitivity and specificity of downstaging

Secondary Objective

To compare the efficacy of downstaging with visual inspection with acetic acid and Lugol's iodine with cervical biopsy.

Study type: Cross sectional study carried over a period of one year.

Setting: Study was carried out in a Primary health center, Kinaye which is attached to Dr.Prabhakar Kore Hospital and Medical Research Centre, Belgaum.

Sample Size: All women who fulfilled the inclusion criteria and willing to participate in the study.

Method: All women enrolled in this study underwent downstaging, visual inspection with acetic acid (VIA) and visual inspection with Lugol's iodine (VILI). Results of downstaging were interpreted according to WHO atlas by ANMs. International Agency for Research on Cancer (IARC) guidelines were used to interpret results of VIA and VILI. Punch biopsy was taken for all downstaging, VIA and VILI positive patients.

Results: The sensitivity, specificity, positive predictive value and negative predictive value for downstaging was 54.55%, 93.42%, 12% and 99.2% respectively. The sensitivity, specificity,

positive predictive value and negative predictive value of VIA was 63.64%, 95.07%, 17.5% and 99.37% respectively. The sensitivity, specificity, positive predictive value and negative predictive value of VILI was 90.91%, 97.46%, 35.71% and 99.85% respectively. False positive rate of downstaging, VIA and VILI were 6.58%, 4.93% and 2.54% respectively. False negative rates of downstaging, VIA and VILI were 45.45%, 36.36% and 9.09% respectively.

Conclusion: VIA and VILI are suitable primary screening procedures as compared to downstaging because of high sensitivity and specificity. VILI has high sensitivity and specificity. Downstaging can be used in rural areas where acetic acid and lugol's iodine are not available.

Keywords: Cervical cancer screening, Downstaging, Visual Inspection with acetic acid (VIA) and Visual Inspection with Lugol's iodine (VILI).

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INTRODUCTION

Worldwide, approximately 500,000 new cases of cervical cancer (approximately 1 case per minute) are diagnosed, and 2,75,000 related deaths occur annually , making it the second or third most common female cancer and cancer related cause of mortality and it is the cause of about one tenth of all female cancer deaths.[1]

Carcinoma cervix is the most common cancer among women in developing countries.[2] In India, an estimated 1.5 lakh women develop cervical cancer annually, about 16 per cent of the world annual incidence. Thus, cervical cancer is an important public health problem that deserves urgent attention.[3]

Well established screening programs for early detection of carcinoma cervix are present in developed countries, which is contrary to the scenario in developing countries like India where there is lack of infrastructure, trained health personnels and financial constraints.

Keeping this in view world health organization (WHO) has recommended screening tests for early detection of cervical cancer namely downstaging, visual inspection with acetic acid, visual inspection with lugol's iodine and cytology (pap smear).

Over the years pap smear has been conventionally used for screening of cervical cancer. Review of literature has shown studies which report low sensitivity (range 30% to 87%) and specificity (86 to 100%) with cytology.[4] Cytology based screening models, require technical capabilities and financial support that are not readily available in most

developing countries. Hence, there is a need to implement low cost strategies like downstaging, visual inspection with acetic acid and visual inspection with lugol's iodine.

VIA, VILI are simple, inexpensive screening tests that can be used for early detection of cervical precancerous lesions and early invasive cancer. It can be used in low resource setting and can be performed by trained paramedical workers. The most important advantage is that it gives immediate results and no follow up is required.

The practical obstacle is that VIA requires training by experts, freshly prepared acetic acid and white coherent source of light to conclude results, which is difficult in rural setup. Also it has high false positive results and wide inter-observer variations. VILI also requires comprehensive and competency based training of the health personnels.

In comparison, downstaging only requires direct visualization of cervix by trained nurses and paramedical workers so that abnormal cases can be referred to higher centers, for further evaluation.

This prospective study was taken up, to detect carcinoma cervix, in early stages by downstaging, i.e. visual inspection of the cervix by trained nurses and its comparison with VIA and VILI at a primary health centre in a rural set up.

OBJECTIVES

Primary Objective: To detect sensitivity and specificity of downstaging,

Secondary Objective: To compare the sensitivity and specificity of downstaging with visual inspection with acetic acid (VIA) and visual inspection with Lugol's iodine (VILI) with cervical biopsy.

REVIEW OF LITERATURE

Screening is more popular in the metropolitan areas and in women with good socioeconomic status, who are usually a low risk population for developing cancer cervix. Therefore, alternative approaches have been evaluated that may be easier to implement in developing countries and can target the population at risk in the rural areas.

Actual cervical screening began in 1929 by Walter Schiller who developed the Schiller test.[5] After that in 1940 George Papnicolaou introduced the pap smear.[2] Screening programmes were introduced in India in 1950's. This effort has declined the morbidity, mortality and the incidence of carcinoma cervix.

The basic purpose of screening is to sort out an abnormal person from healthy population, so that they can get proper treatment. A screening test should be simple, minimally invasive, easy to perform and highly sensitive so that it can be applied to large population.

Downstaging

Downstaging for cervical cancer is defined as "the detection of the disease in an earlier, curable stage, in asymptomatic women, using a simple speculum for visual examination of the cervix".

Concept of downstaging was first proposed by Stjernsward et al in 1987.[6] Downstaging is also called as Unaided visual inspection. Evidence has shown the reduction of incidence and mortality due to carcinoma cervix after training ANMs and paramedical workers for downstaging.

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

Disadvantages

1. Presence of inflammation, infection and metaplasia affect the results.
2. High degree of over diagnosis (high rate of false positive results)[7]
3. Low sensitivity [8]

The incidence of invasive cancer is reported to be 29 per 1000 in women with an abnormal cervix but only 1.53 per 1000 in those with healthy cervix.[9]

A study was conducted in a rural area where two trained paramedical workers performed visual inspection of the cervix without magnification or chemical enhancing agents and classified the cervix into 3 categories, normal, low abnormal or high abnormal. Normal was with no obvious lesions; low threshold was reddish looking cervix, erosion, unhealthy cervix, polyp, and high threshold was erosion which bleeds on

touch, suspected growth and growth. 2135 women were examined and pap smear was taken. 1120 had abnormal cervix. In this study 7 invasive cancers and 5 cervical intra epithelial neoplasia CIN3 lesions were identified by cytology. Of the 12 women with CIN3 or invasive cervical cancers, 10 were identified by visual screening. Authors concluded that downstaging could effectively diagnose invasive cervical cancer.[5]

In an International Agency for Research on Cancer (IARC) sponsored study performed in Kerala where 2843 women were screened with visual inspection and pap smear, out of which 1100 (39%) had an abnormal appearance using the lower threshold and 179(6%) had an abnormal appearance using the higher threshold criteria. Cytology detected (0.6%) 10 women of CIN2 and 27(1%) of CIN3. With the low threshold, the sensitivity and specificity to detect moderate dysplasia was 65.8% and 55.3% respectively and values for severe dysplasia was 71.9% and 53.3% respectively. The sensitivity and specificity for invasive cancer was 92.3% and 55.2% respectively. With the higher threshold, sensitivity was 28.9% to detect moderate dysplasia, 31.3% for severe dysplasia and 53.8% for clinical cancer. As the sensitivities for low and high threshold lesions were not satisfactory, authors concluded that this test could not be used as a primary screening test in developing countries .[8]

In a study done in Kolkata 6399 women were screened by trained non-medical health workers. Two thresholds were used to define positive downstaging, low threshold and high threshold. All patients were subjected for biopsy and colposcopy. The sensitivity of low and high threshold downstaging to detect high grade precursors and invasive cancers was 48.9% and 31.9% respectively. The specificities were 75.8% and

93.3% respectively. Thus, the results indicated that downstaging was not suitable as an independent primary screening modality for cervical neoplasia.[10]

In a study which was done on 44,970 women. The sensitivity and specificity of downstaging for detecting invasive cancer was 62% and 89% respectively. The results indicated that downstaging might be useful in the areas with heavy load of prevalent cancer and in the areas with non-availability of cytological screening.[11]

In another study, 2135 women were examined and two thresholds were made low threshold and high threshold. The sensitivities and specificities for detecting HSIL and cancer for low and high threshold were 83%, 43% and 50% and 95% respectively. As sensitivity was low for high threshold group it could not be used as primary screening modality.[12]

Cytology

Cytologic evaluation of cervical cells was introduced in 1940's by George Papanicolaou, after whom the pap test is named. It is the most widely used cancer screening technique in developed countries. Cervical sampling is done from the squamocolumnar junction because, this is the region where majority of cervical lesions occur. Ayers Spatula and cytobrush is required to take samples from ectocervix and endocervix respectively.[1] The collected sample is smeared on a slide and then fixed immediately with cytology fixative. Microscopic examination is performed by trained cytotechnicians.

It has high specificity and can be used for mass screening. The disadvantage of cytology is that the sensitivity is low and follow up visit is required. The most important

disadvantage is its high cost ,which poor socio-economic status women cannot afford.[11] A review article showed pap smear to be moderately accurate with sensitivity ranging from 30% to 87% and specificity ranging from 86% to 100%.[4]

Several meta-analysis have reported quite low pap smear sensitivities - with a median of 50 percent. The sensitivity falls further for post menopausal women due to physiological changes of the cervix. In general, the low sensitivity of a single pap test makes it necessary to screen women relatively frequently - every 3 to 5 years, a proposition not suitable for developing countries where even once a life time screening is not feasible.[12]

A meta analysis of 62 studies showed the mean specificity of pap smear to be 68 percent only (range 14-97%). Though broad range of specificity was obtained the pap smear is considered to be specific with regard to detection of high grade lesions and cancer. This aspect has significant clinical implications when referrals are made for HSIL and higher lesions only as it obviates the need for unnecessary biopsy.[10]

Visual Inspection with Acetic Acid (VIA)

The difficulties in organizing cytology screening in developing countries have prompted the assessment of alternative methods like visual inspection with 3-5% of acetic acid for prevention of cervical cancer.[13] In several studies VIA has an acceptable sensitivity in detecting cervical intraepithelial neoplasia (CIN) and this cost effective method has reduced the morbidity and mortality.

Acetic acid causes a reversible coagulation, or precipitation of the cellular proteins. It also causes swelling of the epithelial tissue, columnar and any abnormal

squamous epithelial areas and dehydration of the cells and it helps in coagulating and clearing the mucous secretions on the cervix. The normal squamous epithelium appears pink and the columnar epithelium red, due to the reflection of light from the underlying stroma, which is rich in blood vessels. If the epithelium contains a lot of cellular proteins, acetic acid coagulates these proteins, which may obliterate the colour of the stroma. The resulting acetowhitening is seen distinctly as compared with the normal pinkish colour of the surrounding normal squamous epithelium of the cervix, an effect that is commonly visible to the naked eye. Thus, the effect of acetic acid depends upon the amount of cellular proteins present in the epithelium. Areas of increased nuclear activity and DNA content exhibit the most dramatic white colour change.

When acetic acid is applied to normal squamous epithelium, little coagulation occurs in the superficial cell layer, as this is sparsely nucleated. Though the deeper cells contain more nuclear protein, the acetic acid may not penetrate sufficiently and, hence, the resulting precipitation is not sufficient to obliterate the colour of the underlying stroma. Areas of CIN and invasive cancer undergo maximal coagulation due to their higher content of nuclear protein (in view of the large number of undifferentiated cells contained in the epithelium) and prevent light from passing through the epithelium. As a result, the sub-epithelial vessel pattern is obliterated and the epithelium appears densely white. In CIN, acetowhitening is restricted to the transformation zone close to the squamocolumnar junction, while in cancer it often involves the entire cervix. [14]

Visual Inspection with Acetic Acid (VIA) is a simple, inexpensive and can be used for early detection of cervical precancerous lesions and early invasive cancer.

It can be used in low resource setting and can be performed by trained paramedical workers. The most important advantage is that it gives immediate results and no follow up is required.

The disadvantage of this test is its false positive results which comes in the presence of inflammation and infection and there is wide inter observer variation.

A large randomized control trail was conducted in Tamil Nadu to study the effect of visual screening on cervical cancer. 49,311 women were included in this study, 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.[2]

In a study which was done in Lahore 501 women were subjected for pap smear and VIA. Positive patients by both screening methods and grossly abnormal cervix even with negative screening were subjected to colposcopy. 156 subjects were positive with VIA (28.9%), while pap smear was positive in 78 subjects (14.4%). The sensitivities of VIA and pap smear were 93.9% and 46.9% respectively. The specificity of VIA and pap smear were 30.4% and 69.5% respectively. There was no significant difference between the positive predictive value (PPV) of both tests. The accuracy of VIA was 77.5% compared to 52.5% of pap smear. Authors concluded that it could be used for detection of precancerous lesions of cervix in developing countries. [15]

A study on VIA was done in which 1997 women between the age group of 35 – 45 years were included. 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 %]. In low grade intraepithelial neoplasia, the sensitivity for detecting biopsy proven cervical intraepithelial neoplasia (CIN2) or worse was 71 %, the specificity was 74 %. The sensitivity was 65 % for smaller lesions and 89 % for larger lesions. They concluded the sensitivity of VIA equaled or exceeded reported rates of conventional cytology. VIA and colposcopy have similar specificity for CIN 2 and greater.[16]

Three thousand women were examined in this study. VIA was positive in 298 women (9.8%), and cytology was positive (for atypia or worse lesions) in 307 women (10.2%). Of the 51 true-positive cases, 20 cases were of moderate dysplasia, 7 of severe dysplasia, 12 of carcinoma in situ, and 12 of invasive carcinoma. VIA detected 46 cases (90.1%) and cytology 44 cases (86.2%), yielding a sensitivity ratio of 1.05. VIA detected five lesions missed by cytology, and cytology detected three missed by VIA; both missed two lesions. The approximate specificities were 92.2% for VIA and 91.3% for cytology. The positive predictive value of VIA was 17.0% and that of cytology was 17.2%. These results indicated that VIA and cytology had very similar performance in detecting moderate dysplasia or more severe lesions in this study. VIA merits further evaluation as a primary screening test in low-resource settings.[17]

In a study involving 2,426 women in a suburb of Capetown, those positive on VIA or those with squamous intraepithelial lesion (SIL) on cytology were referred for colposcopy and biopsy. Of these, 61 were positive on VIA plus cytology, 15 were positive on VIA only, 254 were positive for cytology only and 2,096 were negative for both VIA and cytology. Of the total 31 histologically detected high-grade SIL lesions in this study, 20 were found positive for both tests and 11 were found positive on cytology

only. It was concluded that since VIA detected more than 60% of the high-grade SIL, it warrants consideration as an alternative to cytology in low resource settings.[18]

In another study 5010 non pregnant women were enrolled. VIA and cytological smears were carried out in all women. 4813 (96.1%) were screened and 574 (11.9 %) underwent 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 had acceptable test qualities and could be used in low resource settings as a large scale screening method.[19]

In a large study 5000 women were screened by VIA and positive women were referred for colposcopy. Negative women were referred for colposcopy only when they had clinical indications. Thus 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 was associated with high false positive results, it could be used as screening of cervical cancer.[20]

In a large clinical study 10,934 women were screened with VIA and cytology in primary care settings. The sensitivity and specificity for VIA was 76.7 % and 64.1 % respectively compared to 44.3 % and 90.6 % for cytology. VIA showed higher sensitivity compared to pap smear, which could be valuable in detection of precancerous lesions of cervix.[21]

A study was conducted to compare the sensitivity and specificity of VIA and pap smear keeping colposcopy guided biopsy as a gold standard on 150 women. The

sensitivity and specificity of pap smear test was 75% and 99.3% respectively and for VIA was 100% and 87% respectively. Authors concluded that VIA was safe, easy and effective technique that could be easily taught to paramedical workers and could be used in periphery.[22]

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.

Squamous metaplastic epithelium is glycogenated, whereas CIN and invasive cancer cells contain little or no glycogen. Columnar epithelium does not contain glycogen. Immature squamous metaplastic epithelium usually lacks glycogen or occasionally, may be partially glycogenated. Iodine is glycophilic and hence the application of iodine solution results in uptake of iodine in glycogen-containing epithelium. Therefore, the normal glycogen-containing squamous epithelium stains mahogany brown or black after application of iodine. Columnar epithelium does not take up iodine and remains unstained, but may look slightly discoloured due to a thin film of iodine solution; areas of immature squamous metaplastic epithelium may remain unstained with iodine or may be only partially stained. [14]

Recently investigators from IARC conducted a study on VILI in India and Africa. They concluded that sensitivity and specificity of VILI could be increased by combining another visual screening method like VIA.[5]

Eleven cross sectional studies involving 56,939 women aged 25-65 years were screened with 4% acetic acid(VIA) and with lugol's iodine(VILI) by health workers. All women were investigated with colposcopy and biopsied when necessary. Data from the studies were pooled to calculate sensitivity, specificity and predictive values for the detection of HSIL. Of the screened women, 16.1% and 16.4% were positive on examination using VIA and VILI respectively; 1,063 were diagnosed with HSIL. The sensitivity, specificity, positive and negative predictive values for VIA was 76.8%, 85.5%, 9.4% and 99.9% respectively. The values were 91.7%, 85.4%, 10.9% and 99.8%, respectively for VILI. VILI appeared to be more accurate visual test for use in screening and treatment programmes because of higher sensitivity and could be used in low resource settings.[23]

In a cross sectional study 4,444 women aged 25-65 years were examined. While detection of any acetowhite area constituted a low threshold positive VIA, detection of well defined, opaque acetowhite lesions close to or touching the squamocolumnar junction constituted a high threshold positive VIA test. All screened women were evaluated by colposcopy and biopsies were directed in 1,644 women. The sensitivities of low threshold VIA, high threshold VIA, VILI and cytology were 88.6%, 82.6%, 87.2% and 81.95 respectively; specificities were 78.0%, 86.5%, 84.7% and 87.8%. Results indicated that VIA and VILI were suitable alternate screening tests to cytology for detecting cervical neoplasia in low resource settings.[24]

In a study where 300 women between the age group of 25-65 years were examined .VIA and VILI was done and pap smear was taken in all the patients. Cervical biopsy was taken for cytology, VIA or VILI positive patients. Two threshold were made for VIA

positive results. Low threshold was defined as ill defined irregular acetowhite lesion away from squamocolumnar junction (SCJ). High threshold was opaque, dense, well defined acetowhite lesions touching SCJ. Sensitivity for pap smear (52.6%), low threshold VIA (8%) high threshold (80%) and VILI was (78.9%). Specificity for low threshold VIA (20%) but high threshold VIA was similar to VILI (74.4%). Positive predictive values for low or high threshold, VIA, VILI and cytology were 22%, 72.2%, 57.7% and 45.5% NPV were 80%, 80%, 88.9%, 77.5%. Negative Predictive Values (NPV) were 80%, 80%, 88.9%, 77.5%. [25]

The evaluation of VIA and VILI was done in a primary health care setting in Kinshasa, Congo. Women (1,528) aged more than 30 years were screened independently by nurses and physicians by VIA and VILI and Pap smear. VIA sensitivity, specificity and negative predictive value in nurses group were 55.5%, 64.6% and 96.8% respectively. The corresponding values for VILI nurse were 44.0%, 74.6% and 96.7%. The equivalent parameters for physicians were 71.1%, 71.3% and 98.6% for VIA and 68.3%, 76.2% and 97.2% for VILI. The sensitivity of cytology ranged between 31% to 72% and the specificity was 94.99% and negative predictive value was 97% - 99%. This study concluded VIA and VILI performed by nurses and physicians was slightly more sensitive but less specific than pap cytology thus it could be used in low resource settings.[26]

Inference of reviewed literature is that downstaging cannot be used as a primary screening test due to low sensitivity, low specificity and high false positive rate ,although its sensitivity can be increased by adequate training of ANMs and paramedical workers.

The conventional Pap test is still the only screening test that has definitively been shown to reduce the incidence and mortality rates of cervical cancer. Because cervical cancer is usually a slow growing disease and many low-grade lesions regress spontaneously, serial testing with Pap smears is effective. Decision analysis have shown that Pap testing every 3 to 5 years is valuable because abnormalities missed during one screening interval will probably be detected during the next. Most women who develop cervical cancer do so because of lack of screening rather than errors in cytodiagnosis.[4]

VIA and VILI are simple and inexpensive methods which can be used for screening carcinoma cervix in developing countries because of high sensitivity and specificity. The studies where VIA and VILI were compared, sensitivity and specificity of VILI was found to be better than VIA. Thus VILI could be used as an independent screening modality in developing countries.

METHODOLOGY

The present study was carried out at Primary Health Center ,Kinaye attached to KLES Dr.Prabhakar Kore Hospital and Medical Reserch Centre, Belgaum, from

1st November 2008 to 31st October 2009

Study Design: Cross sectional study

Source of data: All married women between 25-65 years of age coming for health checkup at Primary Health Center, Kinaye.

Inclusion Criteria:

All married women between 25-65 years of age coming for health checkup.

Exclusion Criteria:

- Active vaginal bleeding.
- Pregnancy
- White discharge per vagina (Infections)

Sample size:

All women fulfilling the inclusion criteria presenting to Kinaye primary health centre, Belgaum and willing to participate in the study.

Statistical Analysis : Sensitivity, Specificity, Negative Predictive Value and Positive Predictive Value was calculated by Med Calc 13.0 software.

Procedure

Written and informed consent was obtained from all participants and procedure was explained.

The woman was asked to void urine and placed in dorsal position. Under all aseptic precautions cusco's speculum was inserted. Cervix was visualized for any gross pathological features under adequate light by trained ANMs , who were trained for 4 days and results were concluded according to WHO picture atlas (Chart 1) as shown on page 22 and 23. In patients with lax vaginal wall examination of cervix was done using a large Sim's speculum and anterior vaginal wall retractor. All findings were carefully recorded in the provided printed forms.

After cleaning the cervix with normal saline. Freshly prepared 5% acetic acid was taken with a swab stick and generously applied on the cervix. The cervix was inspected after one minute. Repeat application of 5% acetic acid was done if required. International Agency for Research on Cancer (IARC) guidelines was used for interpreting VIA test results according to Chart2 as shown on page 25.

After results of VIA, cervix was cleaned with normal saline and lugol's iodine was generously applied on the cervix and was inspected under good light source. International Agency for Research on Cancer (IARC) guidelines were used for interpreting VILI test results according to Chart 3 as shown on page 27.

Biopsy was taken for downstaging, VIA and/or VILI positive women from the abnormal area using punch biopsy forceps. The specimen was sent to histopathology lab in formaline solution. Slides were analysed by experienced consultant pathologist. Biopsy results were categorised as Mild dysplasia (CIN 1), Moderate dysplasia (CIN 2), Severe dysplasia (CIN3), Carcinoma in situ (CIN3). In negative patients biopsy was taken in 1.6% of the cases.

Keeping biopsy as the gold standard, sensitivity and specificity of downstaging was noted. Similarly, sensitivity and specificity of VIA and VILI were computed and compared.

World Health Organization (WHO) Guidelines (Chart 1) [30]

The gross appearance of the cervix should be classified into;

1. Normal
2. Abnormal
3. Suspicious of Malignancy

Normal cervix:

A normal cervix appears smooth, round, pink, lubricated with clear mucoid secretion and has a central hole the 'external os'. The shape of the external os varies with parity, being round in a nulliparous woman and slit like or cruciate in a multipara. Cervix in postmenopausal women appears atrophic.

Abnormal cervix:

This category will include all benign looking lesions, such as;

- Hypertrophy
- Redness or Congestion
- Irregular surface
- Distortion
- Simple erosions (that do not bleed on touch)
- Cervical polyps (with smooth surface)
- Abnormal discharge (foul smelling, dirty/greenish, white/cheesy, blood stained)
- Nabothian follicles
- Prolapsed uterus

These appearances usually accompany following clinical conditions;

1. Infections

2. Ectopy (Erythroplasias)
3. Benign tumours

Suspicious of malignancy:

Malignancy should be suspected when there is;

- An erosion that bleeds on touch
- A growth with an irregular surface

Information Agency for Research on Cancer (IARC) guidelines for reporting VIA results (Chart 2) [31]

Positive VIA Test

a When there are sharp, distinct, well defined, dense acetowhite areas with or without raised margins, abutting the squamocolumnar junction.

b Strikingly dense acetowhite areas in columnar epithelium.

c Condyloma and leukoplakia occurring closer to the squamocolumnar junction turning intensely white after application of acetic acid.

Negative VIA Test

a No acetowhite areas in the cervix.

b Polyps protruding from the cervix with bluish white areas.

c Nabothian cysts appearing as button like areas or as white acne or pimples.

d Faint line like or ill defined acetowhite areas at the squamocolumnar junction.

e Dotted areas in the endocervix.

f When there are shiny, pinkish, cloudy, bluish-white lesions faint patchy lesions or doubtful lesions with ill-defined, indefinite margins, blending with rest of the cervix.

g Angular, irregular, digitalizing acetowhite lesions, resembling geographical regions, far away from transformational zone (satellite lesions).

h Streak –like acetowhitening in columnar epithelium.

i When well defined, patchy, pale acetowhite areas in a inflamed, unhealthy, ulcerated cervix are seen with bleeding and mucopurulent discharge.

j When red spots are observed in the cervix against a pinkish- white hue after the application of acetic acid.

Information Agency for Research on Cancer (IARC) guidelines for reporting VILI results (Chart 3) [31]

Positive VILI Test

The outcome is scored as positive if dense, thick, bright, mustard-yellow or saffron-yellow iodine non-uptake areas are seen in the transformation zone, close to or abutting the squamocolumnar junction or close to the os if the squamocolumnar junction is not seen or when the entire cervix turns densely yellow.

Negative VILI Test

a Screening is reported as negative in the case of any of the following observations after iodine application:

b A normal cervix; the squamous epithelium turns mahogany brown or black and the columnar epithelium does not change colour.

c Patchy, indistinct, ill-defined, colourless or partially brown areas are seen .

d Pale areas of no or partial iodine uptake are present on polyps .

e A leopard-skin appearance is associated with Trichomonas vaginalis infection.

f Pepper-like non-iodine uptake areas are seen in the squamous epithelium, far away from the squamocolumnar junction

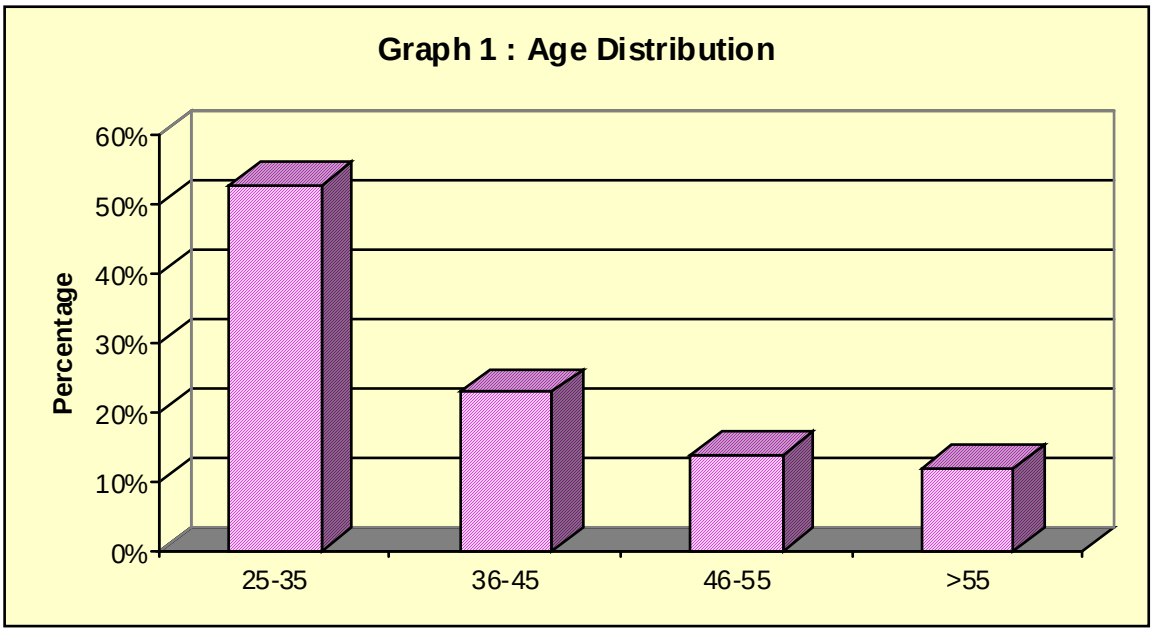
g Satellite, thin, yellow, non-iodine uptake areas with angular, or digitating margins, resembling geographical areas, are seen far away from the squamocolumnar junction.

RESULTS AND OBSERVATIONS

The present study was carried out at Kinaye, Primary health centre attached to KLES Dr.Prabhakar Kore Hospital and Medical Research Centre, Belgaum from 1st November 2008 to 31st October 2009. Six hundred and eighty women between 25-65 years of age who fulfilled the selection criteria were examined.

Table 1: Age distribution (n=680)

Age group (years)	No. of Cases	Percentage
25-35	358	52.64 %
36-45	148	22.76 %
46-55	93	13.67 %
>55	81	11.91 %

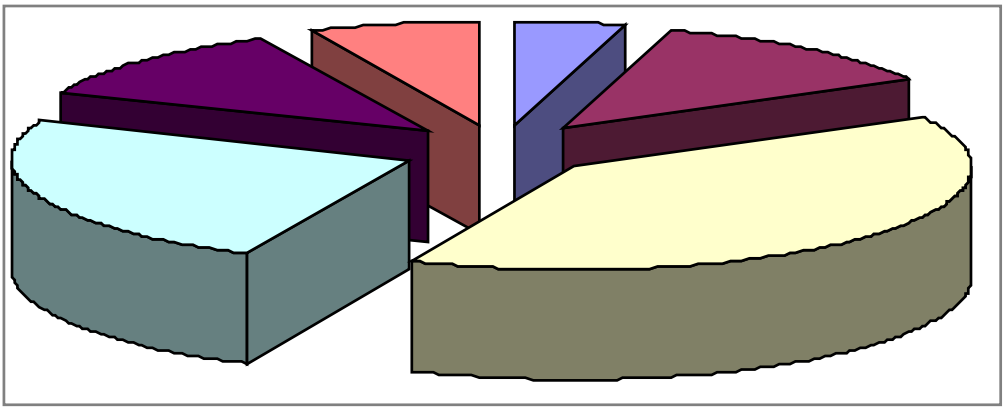


Maximum numbers of cases were found to be in the age group of 25-35 years (52.64%).

Table 2: Distribution of cases based on Parity (n=680)

Parity	No. of cases	Percentage
Nullipara	31	4.5%
Para one	84	12.35%
Para two	271	39.85%
Para three	166	24.41%
Para four	80	11.76%
> 5	48	7.05%

Graph 2 : Distribution of cases based on Parity



Majority of the study group were second Para 2(39.85%).

Table 3 : Downstaging results (n=680)

Outcome	No. of Cases	Percentage
Positive	50	6.20%
Negative	630	92.64%

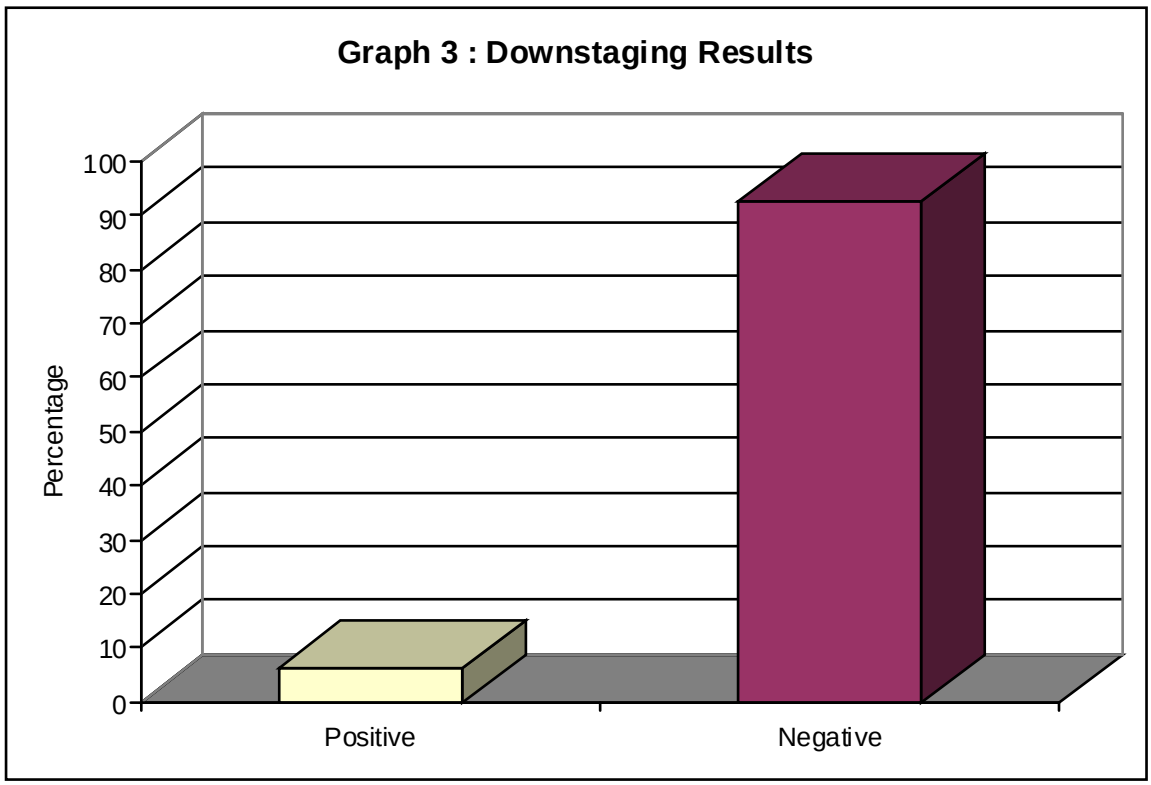


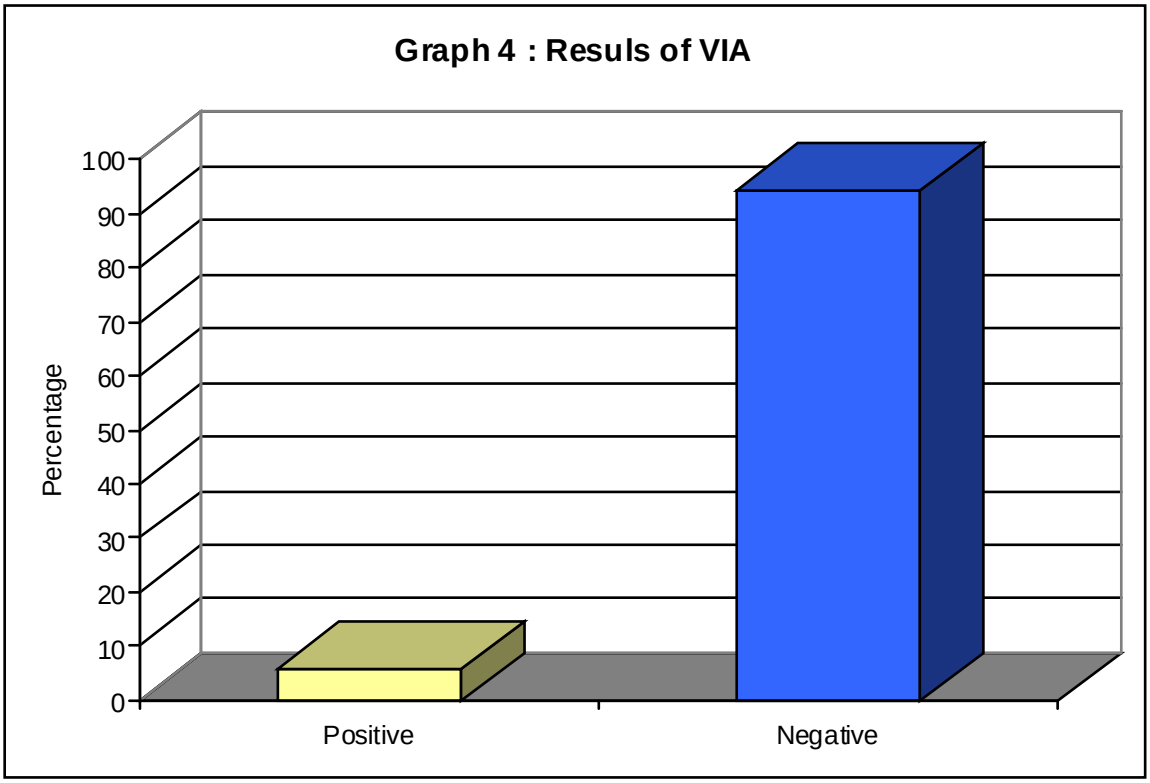
Table 4 : Clinical findings of downstaging

Clinical finings	No. of Cases	Percentage
Normal	**630**	**92.64**
Abnormal	**50**	**6.20**
Hypertrophy	0	0
Redressal congestion	8	1.1
Irregular surface	0	0
Distortion	0	0
Simple erosions	25	3.6
Cervical polyps	2	0.29
Abnormal discharge	7	1.02
Nabothian follicles	1	0.14
Prolapsed uterus	4	0.5
Suspicious of malignancy Erosion that bleeds on touch	3	0.4
Growth with an irregular surface	0	0

Fifty (6.20%) women out of six hundred eighty were detected to have an abnormal cervix. Six hundred thirty (92.64%) women had negative results with downstaging. Out of these fifty women, twenty five had cervical erosions, two had cervical polyp, one had nabothian follicle, four had prolapse uterus, eight had congestion and seven had abnormal discharge. There were three cases which bled on touch.

Table 5: Results of VIA (n=680)

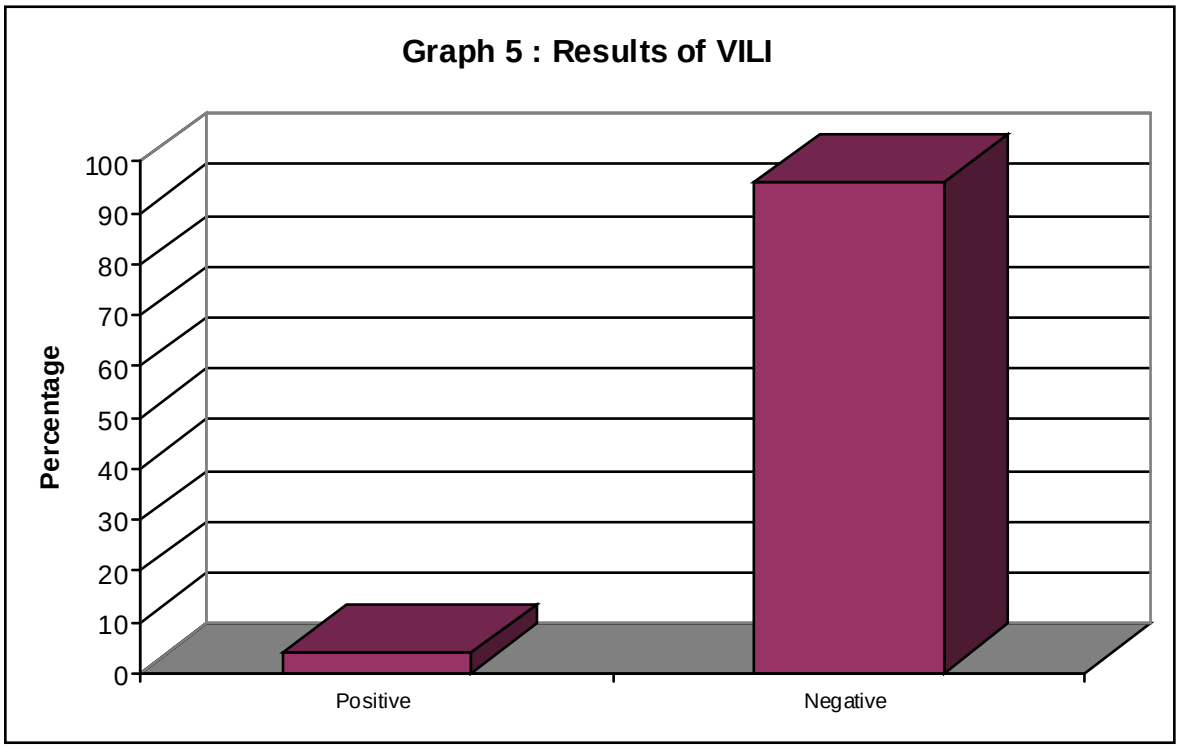
Outcome	No. of Cases	Percentage
Positive	40	5.8%
Negative	640	94. 11%



Forty (5.8%) women out of six hundred eighty had positive results and six hundred forty (94.11%) women had negative results with VIA.

Table 6 : Results of VILI (n=680)

Outcome	No. of Cases	Percentage
Positive	27	3.9%
Negative	653	96.02%



Twenty seven (3.9%) women out of six hundred eighty had positive result and six hundred fifty three (96.02%) women had negative result on VILI.

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Table No. 7 : Correlation between Downstaging and Biopsy (n=62)

Down staging	Biopsy					Total
	Normal	Cervicitis /Metaplasia	CIN1	CIN2	CIN3	
Positive	7	34	5	3	1	50
Negative	4	7	0	0	1	12
Total	**11**	**41**	**5**	**3**	**2**	**62**

Fifty out of six hundred eight women were downstaging positive.

Downstaging missed one case of CIN3 which was detected by VIA and VILI.

Table 8 : Correlation between VIA and Biopsy(n=62)

VIA	Biopsy					Total
	Normal	**Cervicitis /Metaplasia**	**CIN1**	**CIN2**	**CIN3**	
Positive	8	25	3	2	2	40
Negative	4	14	3	1	0	22
Total	**12**	**39**	**6**	**4**	**0**	**62**

Forty out of six hundred eighty women were positive for VIA.

Among forty cases , twenty five were detected as cervicitis / metaplasia, gave a high false positive results.

VIA detected three of CIN 1, two cases of CIN2 and two cases of CIN3.

Table 9: Correlation between VILI and Biopsy (n=62)

Pap smear	Biopsy					Total
	Normal	Cervicitis / metaplasia	CIN1	CIN2	CIN3	
Positive	0	17	5	3	2	27
Negative	12	22	1	0	0	35
	12	39	6	3	2	62

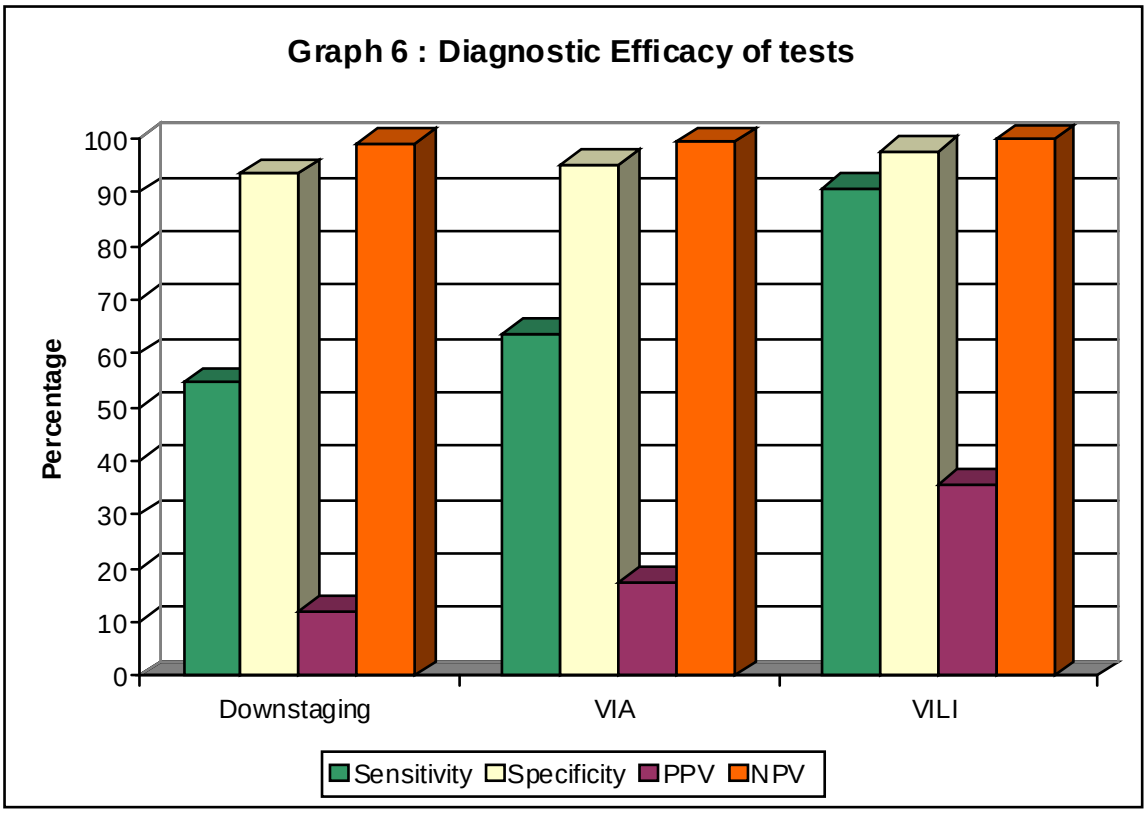
Twenty seven out of six hundred eighty were VILI positive.

Seventeen cases were detected as cervicitis /metaplasia.

VILI detected five cases of CIN1, three cases of CIN2 and two cases of CIN 3 .

Table 10 : Diagnostic Efficacy of tests

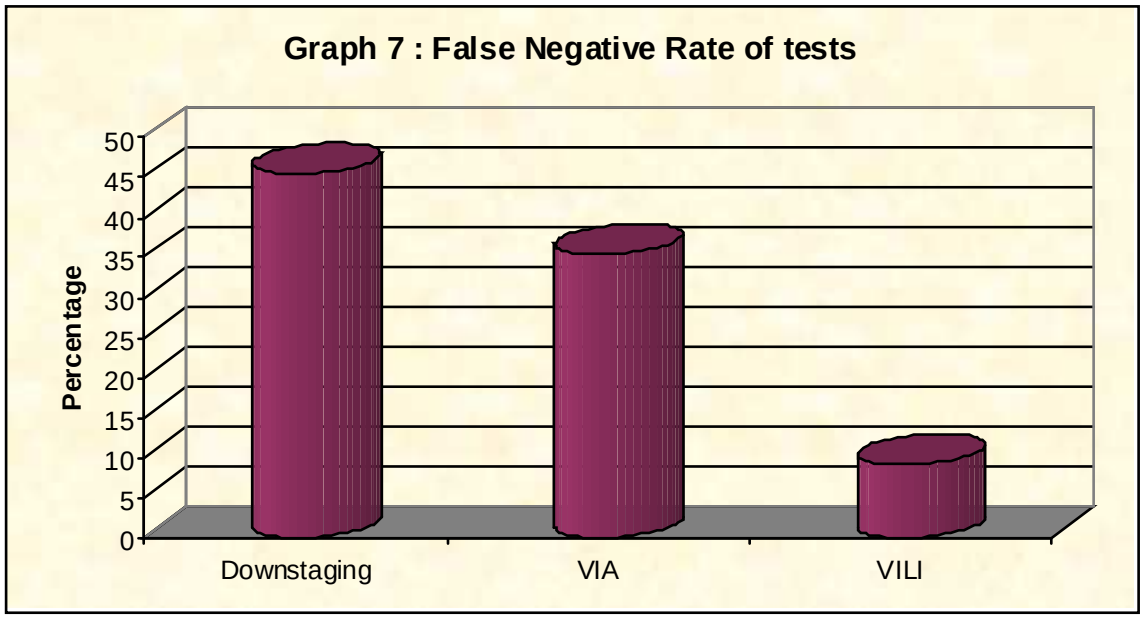
	Downstaging	VIA	VILI
Sensitivity	54.55%	63.64%	90.91%
Specificity	93.42%	95.07%	97.46%
PPV	12%	17.5%	35.7%
NPV	99.2%	99.37%	99.85%



The sensitivities of downstaging, VIA and VILI were 54.55%,63.64% and 90.91% respectively. The specificities of downstaging, VIA and VILI were 93.42%, 95.07% and 97.46% respectively. The positive predictive value of downstaging, VIA and VILI were 12.01%, 17.5% and 35.7% respectively. The negative predictive value of downstaging, VIA and VILI were 99.2%, 99.37% and 98.85% respectively.

Table 11 : False negative rate of tests

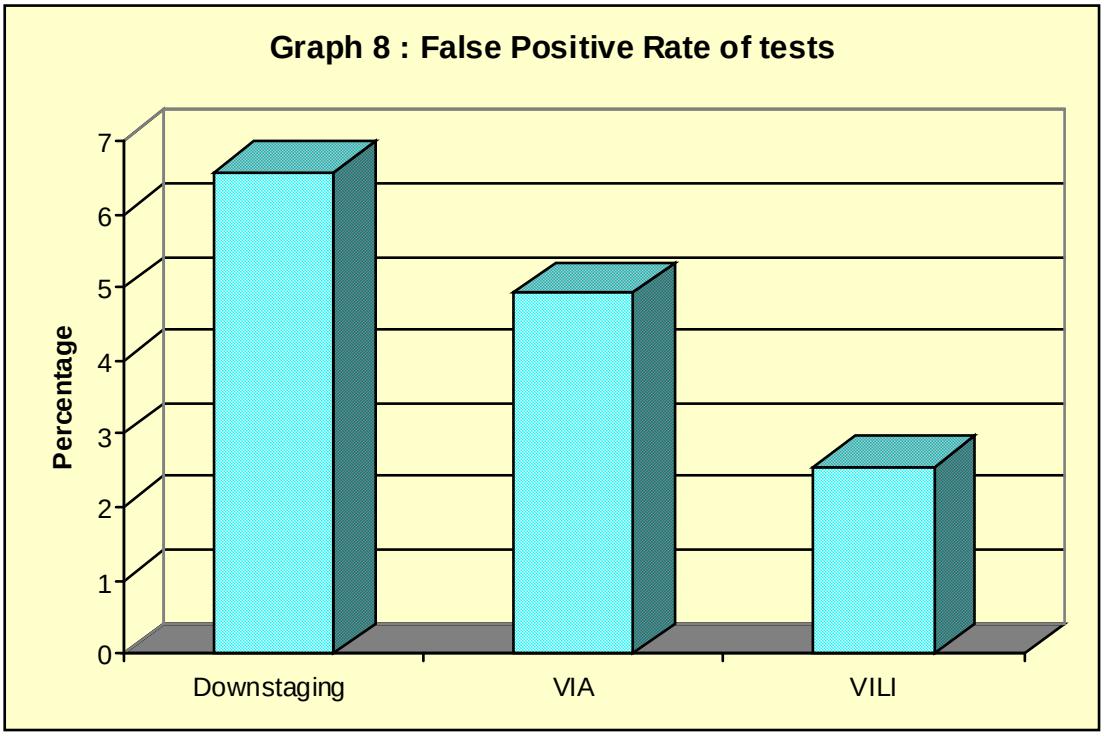
Test	False negative rate
Downstaging	45.45%
VIA	35.36%
VILI	9.09%



False negative rates of downstaging, VIA and VILI were 13.71%, 4.5% and 2.26% respectively.

Table 12 : False positive rate of tests

TEST	False positive rate
Downstaging	6.58%
VIA	4.93%
VILI	2.54%



False positive rates of downstaging**,** VIA and VILI were 6.58%, 4.93% and 2.54% respectively.

DISCUSSION

Well established screening programmes have lead to the reduction in the incidence and mortality associated with carcinoma cervix in the developed countries. But the scenario is not the same in developing countries due to lack of infrastructure, trained health personnel and financial constraints. Hence, there is a need to implement low cost strategies like downstaging, visual inspection with acetic acid and visual inspection with lugol's iodine as compared to cytology.

The present study was carried out to detect the sensitivity and specificity of downstaging and to compare the sensitivity and specificity of downstaging with visual inspection with acetic acid (VIA)and visual inspection with Lugol's iodine(VILI) with cervical biopsy as gold standard.

The present study was conducted at a primary health centre .Downstaging, VIA and VILI was performed in all women who fulfilled the inclusion criteria. Downstaging was positive in fifty out of six hundred eighty women (6.20%) and this test detected nine cases with precancerous lesions, which included five CIN 1, three CIN 2 and one case of CIN3. Downstaging missed one case of CIN3 which was detected by VIA and VILI. Among fifty cases, thirty four were cervicitis and seven were normal which lead to its high false positive rate (6.58%). The sensitivity of downstaging in the present study was less (54.55%) as compared to the study conducted at New Delhi (81.7%) but the specificity of both studies were almost similar. Higher detection rate in other study was perhaps due to the fact that same two ANMs were being involved with this work throughout the study period.[26] There was another study where downstaging missed 15 cases out of 25 cases of dysplasias and carcinoma in situ. The precancerous

lesions were missed because paramedical workers were less experienced. Authors concluded that this test could not be used as primary screening. A study conducted in Kerala showed sensitivity and specificity of 92.6% and 37.7% respectively. High sensitivity was observed in this study because it was performed on symptomatic population.[5] Thus, this test could not be used as an independent screening modality but it could be used in areas with non- availability of acetic acid and lugol's iodine.

In our study the sensitivity of downstaging was less as compared to other studies , it might be because it was not conducted on high risk and symptomatic patients.

In the present study, forty out of six hundred eighty women showed positive VIA results. VIA detected seven precancerous lesions, out of which three were CIN 1, two were CIN2 and two were CIN 3. VIA missed two cases of CIN 1 and one case of CIN 2 which were detected by VILI.

Various studies have shown sensitivity of VIA ranging from 55% -97% and specificity ranging from 33%-93%.[20,16,29,25] In our study the sensitivity of VIA was 63.64% which was less in comparison to other studies. White coherent light source is required for accurate interpretation of VIA results. The lack of this facility in rural area was a contributory factor for poor sensitivity of VIA in our study.

In a study, which was conducted in Egypt where sensitivity was 97%, this was because the local ethics committee did not approve any further testing of women with negative screening results without a sound indication. This restriction created a verification bias and limited statistical analysis. The sensitivity of VIA diagnosing CIN was 97% which was in agreement with the findings of most published trials.[21]

The sensitivity of VIA in a study conducted at Zimbabwe was 76.7% which was low as compared to other studies but higher than our study. This study was conducted in a primary health centre. Low test quality was observed for VIA because of poor service delivery conditions like poor lighting, examination table and speculae.[22]

The specificity in our study was comparatively higher (93.42%) than other studies. The specificity was 30.4% in a study conducted at Lahore whereas it was 64.17% in the study conducted at Zimbabwe.[23]

The positive predictive value of VIA was poor in the present study. Similar results were noted in a study conducted by Sankaranarayanan R et al (17%).[17]

In the present study twenty seven cases were VILI positive, out of which ten cases were detected as CIN, which included five cases of CIN 1, three cases of CIN 2 and two cases of CIN 3 . VILI missed one case of CIN 1 which was detected by VIA whereas VILI detected three cases of CIN 1 and one case of CIN 2 which were missed by VIA.

In various studies the sensitivity and specificity of VILI ranges from 78% to 92%.and 74 to 85% respectively.[29,26,23] In the present study the sensitivity was same (90%) as in the study conducted by Sankaranarayanan et al (91.7%) whereas the specificity was comparatively higher (97.46%).[23]

The diagnostic efficacy of VILI was found to be more as compared to VIA in our study. These findings were similar to the study done by Sankaranarayanan et al.[17] .This could be attributed because the yellow colour changes associated with a positive VILI test result could be recognized with much greater ease by trained health workers compared with the aceto-white lesions associated with VIA.

The results of the present study indicate that VIA and VILI could be used as screening modalities in low resource settings because they are simple and inexpensive. Downstaging is not a suitable primary screening modality as it has poor sensitivity, however, it could be used in the rural areas where acetic acid and lugol's iodine are not available.

CONCLUSION

Six hundred and eighty women who fulfilled the selection criteria were subjected to downstaging, VIA and VILI. Cervical biopsy was obtained from the cases who were tested positive with any of the screening procedures. In addition 1.6% of the cases who were tested negative for any of the screening procedures were subjected for biopsy which was considered as gold standard. The study was carried out for a period of one year.

Following conclusions were drawn from the present study

1. VILI has high sensitivity and specificity.

2. VIA and VILI are suitable primary screening procedures as compared to downstaging because of high sensitivity and specificity.

3. Downstaging is not a suitable primary screening modality as it has poor sensitivity, however, it could be used in the rural areas where acetic acid and lugol's iodine are not available.

4. Negative Predictive Value of both VIA and VILI are better than positive predictive value, thus women who are test negative by VIA / VILI need not further undergo any further investigation. Only those women who test positive with visual techniques require further evaluation. These characteristics make them ideal alternative tools for primary screening

SUMMARY

The present study was conducted at primary health centre, Kinaye attached to KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum. It was done on six hundred eighty women. The objectives of the study were to detect sensitivity and specificity of Downstaging and to compare the sensitivity and specificity of downstaging with visual inspection with acetic acid (VIA) and visual inspection with Lugol's iodine (VILI) with cervical biopsy as the gold standard.

Downstaging was done in all women by trained ANMs, VIA and VILI were performed by a trained physician and cervical biopsy was obtained from the cases who were tested positive with any of the screening procedures.In addition 1.6% of the cases who were tested negative for any of the screening procedures were subjected for biopsy.

WHO guidelines were used to interpret downstaging results and IARC guidelines were used to interpret VIA and VILI results. The sensitivity, specificity, positive predictive value, negative predictive value, false positive rate and false negative rate were calculated for downstating, VIA and VILI.

Downstaging showed positive results in fifty cases (6.20%).Among which nine cases were precancerous, out of that five were CIN 1, three were CIN 2 and one was CIN3.

Forty (5.8%) women showed positive results with VIA. It detected seven cases of CIN, out of which three cases were CIN 1, two were CIN2 and two were CIN 3. VIA missed two cases of CIN 1 and one case of CIN 2 which were detected by VILI.

Out of six hundred eighty women twenty seven (3.9%) were tested positive for VILI. Among these five were CIN 1 ,three were CIN 2 and two were CIN 3..

In this study sensitivity and specificity of downstaging was 54.55% and 93.42% respectively which was lower than VIA and VILI. The sensitivity and specificity of VILI was found to be 90.9%, 97.46%, respectively which was higher than that of VIA which was 63.64% and 95.07% respectively.

NPV for both VIA and VILI was high and better when compared to PPV. VIA and VILI can be used as screening modalities in low resource settings because they had good sensitivity and specificity, also the results are immediately available. Downstaging is not a suitable primary screening modality as it has poor sensitivity, however, it could be used in the rural areas where acetic acid and lugol's iodine are not available. VILI is a better method for primary screening because of higher sensitivity and specificity as compared to VIA.

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PARTICIPANTS INFORMATION AND CONSENT FORM

Sr. No:- _____

Patient's Name Mrs. _____

We here by request you to participate in our study "One year cross sectional study to evaluate Downstaging, visual inspection with Acetic acid and visual inspection with Lugol's iodine in detection of cervical cancer in women attending Kinaye PHC attached to JNMC, Belgaum". We are doing this study under direct supervision of Dr. Kamal Patil Professor, Obstetrics and Gynecology.

INTRODUCTION AND PURPOSE:

Carcinoma cervix is the most common malignancy in females in developing countries like India. By the time they reach a specialized centre, 72% are in stage III and IV. Various screening modalities like pap smear, downstaging, visual inspection with acetic acid (VIA) and visual inspection with lugol's iodine (VILI) have been implemented.

This study is designed to evaluate the efficacy of downstaging and visual inspection with acetic acid and Lugol's iodine to detect carcinoma cervix in its earlier and potentially curable stage and to correlate visual inspection with cervical biopsy.

PROCEDURE:

a. Sim's speculum will be inserted by trained health nurses or ANM's and posterior vaginal wall will be retracted by vaginal wall retractor and the cervix will be examined.
b. Acetic acid will be applied
c. Lugol's iodine will be applied to the cervix to identify any lesion,
d. If visual inspection with acetic acid or Lugol's iodine is found to be positive then you will be further subjected to cervical biopsy.

BENEFITS:

The benefit of this study is that carcinoma cervix if present will be diagnosed in early stages which is potentially treatable.

COMPENSATION:

There are no financial incentives promised to you for being a part of this study.

VOLUNTARY PARTICIPATION/ WITHDRAWAL:

Your participation in this study is entirely voluntary and you may withdraw from the study at any time.

CONFIDENTIALITY:

Information collected about you during the course of this study will be kept confidential and full privacy will be provided to you.

QUESTIONS:

If you have any question about the study you may please contact Chief investigator Dr. Kamal Patil, Professor, Dept of Obstetrics and Gynaecology, J.N.M.C. Belgaum, Ph. No. 9845565454 or Dr. Lakshita Postgraduate. Department of Obstetrics and Gynaecology, J.N.M.C. Belgaum. Ph. No. 9986900928.

If you have any questions regarding rights of participants you may please contact Dr. V.D. Patil, Principal and Dr. Kolkate, Chairman of ethical committee, JNMC, Belgaum. Tel. Phone No. 958312473777.

I have been explained in my vernacular language regarding the proposed procedure and the risks and benefits associated with it and I undersigned give my consent for the same.

Signature or left thumb print of the participant or legally authorized representative.

Participant's Name: _____

Signature or left thumb print :_____

Address : _____

Telephone No. : _____

Experimenters /witness name :_____

Signature :_____

Date :_____

PROFORMA

Visual Examination Reporting Form

(to be filled by trained health nurse or ANM)

PATIENT'S PROFILE			
Name	Last:	First:	Middle:
Age:			
Address:			
ORIGINATING CENTRE:			
Date:			
Address:			
Date of marriage:	No. of childrens:		
Menstrual cycles:	REGULAR:	IRREGULAR:	
Intermenstrual bleeding:	YES:	NO:	
Contact bleeding:	YES:	NO:	
Pregnant:	YES:	NO:	
Last menstrual period:			
Contraceptives:	YES (specify):	NO:	
Cytological examination:	YES:	NO:	
If yes,	Date:	Result:	
HUSBAND'S MEDICAL HISTORY (If ever been treated for STD):			
PER-SPECULUM EXAMINATION OF THE CERVIX:			
Discharge:	Normal:		
	Bloody:		
	Dirty/greenish:		
	Foul smelling:		
	White/cheesy:		
Appearance of cervix:	Normal:		
	Abnormal:	hypertrophy	
		redness/congestion	
		irregular surface	

		distortion	
		erosion (does not bleed on touch)	
		polyp/growth (with smooth surface)	
		Nabothian follicles	
		prolaspsed uterus	
	Suspicious of malignancy:	erosion (friable or bleeds on touch)	
		growth (friable/fungating/irregular)	
		non-specific appearance	
PLAN OF ACTION			
Smear taken:	YES:	NO:	
Advice given:	Rescreen after one year		
	Referred to PHC		
	Referred to oncology centre		
			(SIGNATURE)

PROFORMA

Format for reporting results of VIA AND VILI

Screening with VIA and VILI

1. Clinic/Serial/Unique number [ ] [ ] [ ][ ]
2. Date of testing (day (2 digits)-month (2 digits)-year (2 digits)): [ ][ ]-[ ][ ]-[ ][ ]
3. Name: _____
4. Address: _____

   _____
5. Age (in years) [ ][ ]
6. Education (1: Nil; 2: Primary; 3: Middle; 4: High school; 5: College; 9: Not known) [ ]
7. When did you have your last menstruation? (1: Less than 12 months ago; 2: More than 12 months ago) [ ]
8. Marital status: (1: Married; 2: Widowed; 3: Separated; 8: Other; 9: Not known) [ ]
9. Age at marriage or first sexual intercourse: (99, if not known) [ ][ ]
10. Total number of pregnancies/miscarriages: [ ][ ]
11. Do you suffer from the following? (use Y to indicate if the response is yes; otherwise, leave blank):
    - Excessive vaginal discharge [ ]
    - Itching in the external anogenitalia [ ]
    - Ulcers in the external anogenitalia [ ]
    - Lower abdominal pain [ ]
    - Pain during sexual intercourse [ ]
    - Bleeding after intercourse [ ]
    - Intermenstrual bleeding [ ]
    - Low back ache [ ]
12. Visual examination findings? (use Y to indicate if the response is yes; otherwise, leave blank):
    - Squamocolumnar junction fully seen [ ]
    - Cervical polyp [ ]
    - Nabothian follicles [ ]
    - Cervicitis [ ]
    - Leukoplakia [ ]
    - Condyloma [ ]
    - Growth [ ]
13. Findings one minute after application of 5% acetic acid (VIA)

    (1: Negative; 2: Positive; 3: Positive invasive cancer) [ ]

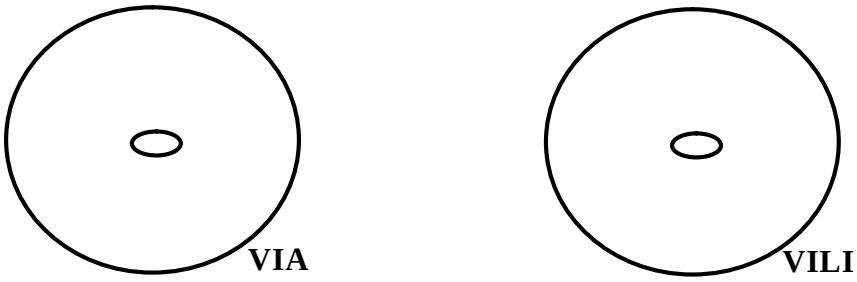
14. If VIA positive, does the acetowhite lesion extend into the endocervical canal?

    (1: Yes; 2: No)

15. If VIA positive, how many quadrants are involved in the acetowhite lesion(s)?

    (1: Two or less; 2: Three; 3: Four quadrants)

16. Diagram
    (Draw the location of the squamocolumnar junction with a dotted line and the acetowhite area/ iodine non-upotake area(s) as a continuous line)



17. Findings after application of Lugol's iodine (VILI) (1: Negative; 2: Positive; 3: Positive, invasive cancer) [ ]

18. If invasive cancer, stage (1: IA; 2: IB; 3: IIA; 4: IIB; 5: IIIA; 6: IIIB; 7: IVA; 8: IVB; 9: Not known) [ ]

19. Biopsy taken? (1: Yes; 2: No) [ ]

    (If yes, indicate the biopsy site(s) in the diagram with 'x' mark)

20. Action taken: [ ]
    (1: Advised follow-up after five years;
    2: Advised medication for cervicitis and follow-up after six months;
    3: Referred for colposcopy;
    4: Referred for immediate treatment;
    5: Referred for staging and treatment of invasive cancer;
    6: Other, specify _____)

KEYS TO MASTER CHART

M : Married

Sr. No. : Serial Number

VIA : Visual Inspection with Acetic Acid

VILI : Visual Inspection with Lugol's Iodine

W. : Widow

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
1	Surekha Patil	36	M	24	P2L2	Negative	Negative	Negative	
2	Laxmi Patil	35	M	20	P3L3	Negative	Negative	Negative	
3	Bhagyashre patil	25	M	23	P2L2	Negative	Negative	Negative	
4	Jayshree Nagraj	28	M	21	P2L2	Negative	Negative	Negative	
5	Shanta Desai	60	M	22	P4L4	Negative	Negative	Negative	
6	Surekha Sanjay	28	M	21	P2L2	Negative	Negative	Negative	
7	Sunanda Patil	45	M	24	P4L4	Negative	Negative	Negative	
8	laxmi Asyetti	65	W	15	P5L5	Negative	Negative	Negative	
9	Parvati Dukkar	45	M	18	P3L3	Negative	Negative	Negative	
10	Sampada Patil	25	M	20	P1L1	Negative	Negative	Negative	
11	Mangal Mohite	25	M	20	P1L1	Negative	Negative	Negative	
12	Ashwani Hawal	28	M	23	P2L2	Negative	Negative	Negative	
13	Laxmi Patil	28	M	22	P2L2	Negative	Negative	Negative	
14	Gangubai Kawale	65	M	16	P5L5	Negative	Negative	Negative	
15	Priya Dukare	31	M	22	P2L2	Positive	Positive	Positive	Chronic cervicitis
16	Rekha Dukare	31	M	22	P2L2	Negative	Negative	Negative	
17	Ramakha Gurav	50	W	22	P4L4	Negative	Negative	Negative	
18	Gorabai Naik	35	M	21	P3L3	Negative	Negative	Negative	
19	Vimla Navalgatti	30	M	22	P2L2	Negative	Negative	Negative	
20	Vinodhini Patil	28	M	22	P2L2	Negative	Negative	Negative	
21	Vimal Gonde	35	M	21	P3L3	Negative	Negative	Negative	
22	Drampati Kalmankas	30	M	24	P2L2	Negative	Negative	Negative	
23	Chaurabagh Nandur	40	M	20	P4L4	Negative	Negative	Negative	
24	Malava Naik	38	M	24	P2L2	Negative	Negative	Negative	
25	Laxmi Narayan	50	M	21	P5L5	Negative	Negative	Negative	
26	laxmibai Shingonli	60	M	18	P6L6	Negative	Negative	Negative	
27	Malprabha Patil	55	M	20	P4L4	Positive	Positive	Positive	Chronic endocervicitis
28	Mallawa Bermukhi	60	W	18	P1L1	Negative	Negative	Negative	
29	Rama Pawar	25	M	19	Nullipara	Negative	Negative	Negative	
30	Parvati Pawar	62	M	17	P4L4	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
31	Anandi Gojekar	62	W	19	P4L4	Negative	Negative	Negative	
32	Laxmi Naik	57	M	18	P3L3	Negative	Negative	Negative	
33	Tulsabai Patil	45	M	22	P6L6	Negative	Negative	Negative	
34	Nagawwa Patil	50	M	18	P4L4	Negative	Negative	Negative	
35	Yallutai Gavada	42	M	19	P1L1	Negative	Negative	Negative	
36	Maya Patil	25	M	19	P1L1	Negative	Negative	Negative	
37	Laxmi Dalvi	48	M	22	P2L2	Negative	Negative	Negative	
38	Manisha Mutgekar	30	M	22	P3L3	Negative	Negative	Negative	
39	Sarika Desai	26	M	23	P2L2	Negative	Negative	Negative	
40	Akshata Patil	25	M	19	P2L2	Negative	Negative	Negative	
41	Kalpana Patil	25	M	22	P1L1	Negative	Negative	Negative	
42	Jaishree Patil	26	M	25	Nullipara	Negative	Negative	Negative	
43	Parvati Bamane	40	W	20	P2L2	Negative	Negative	Negative	
44	Laxmi Margale	26	M	22	P1L1	Negative	Negative	Negative	
45	Mangal Dervadge	40	M	20	P4L4	Negative	Negative	Negative	
46	Parvati Gojekar	50	M	18	P4L4	Negative	Negative	Negative	
47	Meera Patil	25	M	20	P2L2	Negative	Negative	Negative	
48	Laxmi Devendre	35	M	21	P3L3	Negative	Negative	Negative	
49	Renuka Patil	28	M	24	P2L2	Negative	Negative	Negative	
50	Sunanda Lohar	30	M	25	P2L2	Negative	Negative	Negative	
51	Gangubai Naik	45	M	18	P4L4	Negative	Negative	Negative	
52	Manisha Nagunde	25	M	20	P2L2	Negative	Negative	Negative	
53	Sushila Rajput	35	M	22	P2L2	Negative	Negative	Negative	
54	Kadrodani Rajput	35	M	22	P3L3	Negative	Negative	Negative	
55	Laxmi Patil	45	W	20	P4L4	Negative	Negative	Negative	
56	Anandi Patil	65	M	18	P3L3	Negative	Negative	Negative	
57	Gangubai Charen	60	M	19	P3L3	Negative	Negative	Negative	
58	Chanda Patil	25	M	24	Nullipara	Negative	Negative	Negative	
59	Sheema Talwal	27	M	22	P2L2	Negative	Negative	Negative	
60	Sunita Desai	35	M	21	P3L3	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
61	Janabai Sambelkar	56	M	18	P3L3	Negative	Negative	Negative	
62	Laxmi Patil	45	W	19	P3L3	Negative	Negative	Negative	
63	Shanta Patil	50	M	21	P3L3	Negative	Negative	Negative	
64	Devakka Soutar	60	M	19	P5L5	Negative	Negative	Negative	
65	Niuguli	65	M	17	P5L5	Negative	Negative	Negative	
66	Renuka Nakennuwua	25	M	21	P2L2	Negative	Negative	Negative	
67	Nalpuri Naik	26	M	22	P2L2	Negative	Negative	Negative	
68	Kavita Patil	26	M	20	P2L2	Positive	Positive	Positive	Chronic cervicitis with ulceration
69	Yallawwa Talwar	55	M	17	P5L5	Negative	Negative	Negative	
70	Meena Dukre	50	M	19	P4L4	Negative	Negative	Negative	
71	Gayatri Medar	25	M	20	P2L2	Negative	Negative	Negative	
72	Vantiha Sambrekar	29	M	21	P3L3	Negative	Negative	Negative	
73	Subangi Desai	28	M	23	P2L2	Negative	Negative	Negative	
74	Manisha Gurav	25	M	21	P2L2	Negative	Negative	Negative	
75	Madhu Tottagi	26	M	22	P2L2	Negative	Negative	Negative	
76	Shankuntala Bhaugi	58	M	18	P2L1D1	Negative	Negative	Negative	
77	Jamabai Krishna	35	M	22	P3L3	Negative	Negative	Negative	
78	Laxmi Patil	65	M	18	P6L6	Negative	Negative	Negative	
79	Renuka Dutwalkar	26	M	20	Nullipara	Negative	Negative	Negative	
80	Talsa Naik	50	M	18	P5L5	Negative	Negative	Negative	
81	Laxmi Naik	30	M	22	P3L3	Negative	Negative	Negative	
82	Renuka Karlekar	30	M	22	P3L3	Negative	Negative	Negative	
83	Savita Maudolokar	25	M	20	P2L2	Negative	Negative	Negative	
84	Laxmi Kintaral	40	M	25	P3L3	Negative	Negative	Negative	
85	Shanta Mudol	50	M	19	P5L5	Negative	Negative	Negative	
86	Lata Tukaram	45	W	23	P4L4	Negative	Negative	Negative	
87	Shanta More	40	M	18	P4L4	Negative	Negative	Negative	
88	Balatai Kalkuikar	40	M	18	P4L4	Negative	Negative	Negative	
89	Maruti Jyoti	25	M	24	P1L1	Negative	Negative	Negative	
90	Sushila Khankar	32	M	22	P3L3	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
91	Mahadevi Harijan	25	M	19	P2L2	Negative	Negative	Negative	
92	Radhika Harijan	50	M	20	P5L5	Negative	Negative	Negative	
93	Rekha Patil	25	M	18	P4L4	Positive	Negative	Positive	Moderate Dysplasia
94	Gangu Ambrusal	45	M	19	P4L4	Negative	Negative	Negative	
95	Surebha Goral	28	M	20	P2L2	Negative	Negative	Negative	
96	Rekha Laid	36	M	23	P2L2	Negative	Negative	Negative	
97	Vimal Patil	35	M	22	P4L4	Negative	Negative	Negative	
98	Laxmi Patil	50	M	21	P5L5	Negative	Negative	Negative	
99	Alisha Mulla	36	M	21	P1L1	Negative	Negative	Negative	
100	Irawur Naik	45	M	18	P4L4	Negative	Negative	Negative	
101	Sunita Yallubai	35	M	22	P2L2	Negative	Negative	Negative	
102	Fakirawwa Harijan	50	M	20	P5L5	Negative	Negative	Negative	
103	Manisha mohan	40	M	21	P3L3	Positive	Positive	Negative	Chronic cervicitis
104	Suman Mohite	40	M	19	P1L1	Negative	Negative	Negative	
105	Kamalbai Patil	62	W	17	P6L6	Negative	Negative	Negative	
106	Sukarna Patil	40	M	19	P3L3	Negative	Negative	Negative	
107	Heera Desai	60	M	19	P4L4	Negative	Negative	Negative	
108	Geeta Naik	25	M	19	Nullipara	Negative	Negative	Negative	
109	Yashoda Lohar	25	M	20	P2L2	Negative	Negative	Negative	
110	Reshma Vantmuri	26	M	23	P1L1	Negative	Negative	Negative	
111	Aisha Tashildar	26	M	22	P1L1	Negative	Negative	Negative	
112	Anita Jagut	25	M	22	P1L1	Negative	Negative	Negative	
113	Matapathi	45	M	22	P2L2	Positive	Positive	Negative	Papllary endocervitis
114	Laxmi Sambarkar	40	M	20	P3L3	Negative	Negative	Negative	
115	Laxmi Gavde	35	M	21	P3L3	Negative	Negative	Negative	
116	Malaprabha Patil	55	M	21	P5L5	Negative	Negative	Negative	
117	Sushila Kochu	65	W	20	P4L4	Negative	Negative	Negative	
118	Kawalava Wadali	65	W	20	P6L6	Negative	Negative	Negative	
119	Varsha Gojekar	25	M	18	P2L2	Negative	Negative	Negative	
120	Kavita Patil	25	M	20	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
121	Shobha Navgekar	35	M	19	P3L3	Negative	Negative	Negative	
122	Anita Partil	25	M	18	P3L3	Negative	Negative	Negative	
123	Malawwa Hoshchandra	30	M	25	P1L1	Negative	Negative	Negative	
124	Kamala Tarval	32	M	25	P1L1	Negative	Negative	Negative	
125	Parwati Channannavar	49	M	19	P4L4	Positive	Negative	Positive	Chronic cervicitis and CIN I changes
126	Savita Mandolkar	38	M	22	P2L2	Negative	Negative	Negative	
127	Meena Dukre	48	M	22	P3L3	Negative	Negative	Negative	
128	Rukhmini Gurav	60	M	16	P5L5	Negative	Negative	Negative	
129	Bharti Hosatti	25	M	20	P1L1	Negative	Negative	Negative	
130	Laxmi Patil	25	M	20	P2L2	Negative	Negative	Negative	
131	Roopa Desai	25	M	24	P1L1	Negative	Negative	Negative	
132	Gangawwa Hosatti	35	M	22	P4L4	Negative	Negative	Negative	
133	Yamuna Patil	40	M	21	P4L4	Negative	Negative	Negative	
134	Jakkawwa Naik	60	W	18	P2L2	Negative	Negative	Negative	
135	Harijan Radhika K	50	M	19	P4L4	Negative	Negative	Negative	
136	Mallubai Gojekar	62	W	16	P5L5	Negative	Negative	Negative	
137	Saroja Navgekar Y	25	M	21	P2L2	Negative	Negative	Negative	
138	Deepa Patil	25	M	20	P2L2	Negative	Negative	Negative	
139	Yamuna Gaurav	40	M	21	P2L2	Negative	Negative	Negative	
140	Rajashree Naik	30	D	21	P3L3	Negative	Negative	Negative	
141	Dropadi Nakadi	65	M	16	P6L6	Negative	Negative	Negative	
142	Renuka Patil	40	M	18	Nullipara	Negative	Negative	Negative	
143	Priya Dukare	35	M	21	P3L3	Negative	Negative	Negative	
144	Tulsabai laxman Raut	55	M	18	P5L5	Negative	Negative	Negative	
145	Mallawa Laxman Sutar	60	M	19	P3L3	Negative	Negative	Negative	
146	Madavi Patil	31	M	22	P2L2	Negative	Negative	Negative	
147	Geeta Mashekar	35	M	20	P3L3	Negative	Negative	Negative	
148	Sumitra Dalvu	50	M	18	Nullipara	Negative	Negative	Negative	
149	Apurva Dalvi	34	M	22	P2L2	Negative	Negative	Negative	
150	Savitri Katenavvar	29	M	20	P3L3	Positive	Positive	Negative	CIN I

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
151	Yamuna Patil	55	M	18	P3L3	Negative	Negative	Negative	
152	Ningawwa Kesanatti	61	M	19	P2L2	Negative	Negative	Negative	
153	Ansuya Ajgolkar	60	M	20	P4L4	Negative	Negative	Negative	
154	Tulsa Harijan	58	M	21	P4L4	Negative	Negative	Negative	
155	Saraswati Babbar	63	M	19	P5L5	Negative	Negative	Negative	
156	Khatumbee P	48	M	17	P5L5	Negative	Negative	Negative	
157	Tulsabai Patil	64	M	18	P4L4	Negative	Negative	Negative	
158	Krishna Patil	25	M	19	P2L2	Negative	Negative	Negative	
159	Yashodha Patil	55	M	18	P3L3	Negative	Negative	Negative	
160	Yallu Patil	58	M	21	P3L3	Negative	Negative	Negative	
161	Devakka Naik	60	M	18	P2L2	Negative	Negative	Negative	
162	Swapna Patil	26	M	20	P1L1	Negative	Negative	Negative	
163	Indira Patil	60	M	20	P4L4	Negative	Negative	Negative	
164	Bhagirathi Yallubai	60	W	18	P5L5	Negative	Negative	Negative	
165	Anandi Patil	52	M	18	P1L1	Negative	Negative	Negative	
166	Nanda Chougle	33	M	18	P2L2	Negative	Negative	Negative	
167	Sunita Dalvi	43	M	22	P1L1	Negative	Negative	Negative	
168	Rukmini Patil	60	M	22	P2L2	Negative	Negative	Negative	
169	Tulsabai Raut	60	M	20	P6L6	Negative	Negative	Negative	
170	Ambakka Patil	65	M	18	P5L5	Negative	Negative	Negative	
171	Mallawa Patil	64	M	22	P4L4	Negative	Negative	Negative	
172	Laxmi Tarwar	60	M	19	P3L3	Negative	Negative	Negative	
173	Sunitha	50	M	20	P2L2	Negative	Negative	Negative	
174	Chaya Dalvi	28	M	22	P1L1	Negative	Negative	Negative	
175	Balabai T	60	M	18	P4L4	Negative	Negative	Negative	
176	Kaluabai Y	65	M	18	P1L1	Negative	Negative	Negative	
177	Shobha babu	30	M	21	P2L2	Positive	Positive	Positive	CIN1 with ulceration
178	Surekha Patil	27	M	22	P3L3	Negative	Negative	Negative	
179	Duadawwa Baganawar	58	M	18	P2L2	Negative	Negative	Negative	
180	Nisha Veer	25	M	22	P1L1	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
181	Shanta Patil	35	M	22	P2L2	Negative	Negative	Negative	
182	Vanita Chougle	25	M	25	Nullipara	Negative	Negative	Negative	
183	Tulsa Kadam	25	M	22	P1L1	Negative	Negative	Negative	
184	Ratnaprabha Tovwmavae	42	M	25	Nullipara	Negative	Negative	Negative	
185	Gangamma H	50	M	25	P2L2	Negative	Negative	Negative	
186	Laxmi Kutubai	45	M	22	P3L3	Negative	Negative	Negative	
187	Renuka Patil	26	M	21	P1L1	Negative	Negative	Negative	
188	Devakka Javali	32	M	22	P2L2	Negative	Negative	Negative	
189	Renu Vinayak	25	M	20	P2L2	Negative	Negative	Negative	
190	Khurshid Dimbal	38	M	22	P2L2	Negative	Negative	Negative	
191	Janabai Mujawar	50	M	22	P6L6	Negative	Negative	Negative	
192	Rajiya Betkeri	25	M	18	P2L2	Negative	Negative	Negative	
193	Hira Mulla	60	M	19	P4L4	Positive	Positive	Negative	Normal cervix
194	Sharda Muchandikar	42	M	19	P3L3	Negative	Negative	Negative	
195	Sarojini Jikanada	55	M	20	P2L2	Negative	Negative	Negative	
196	Sunita Ganpati	30	M	18	P2L2	Negative	Negative	Negative	
197	Khatumbee Hosur	35	M	22	P1L1	Negative	Negative	Negative	
198	Afroz Moomeen	38	M	22	Nullipara	Negative	Negative	Negative	
199	Shameem Bestithi	58	M	20	P6L6	Negative	Negative	Negative	
200	Shaheen Mulla	38	M	20	P2L2	Negative	Negative	Negative	
201	Ratnawwa Patil	55	M	19	P2L2	Negative	Negative	Negative	
202	Padmavati Patil	55	M	19	P2L2	Negative	Negative	Negative	
203	Yashodha Patil	44	M	18	P2L2	Negative	Negative	Negative	
204	Renuka Belgaunkar	42	M	20	P2L2	Negative	Negative	Negative	
205	Tanveer Akhtar	30	M	22	P1L1	Negative	Negative	Negative	
206	Sushila Patil	52	M	19	P3L3	Negative	Negative	Negative	
207	Shanta Marsal	40	M	20	P1L1	Negative	Negative	Negative	
208	Sujatha Patil	40	M	20	P2L2	Negative	Negative	Negative	
209	Yamuna Patil	35	M	19	P1L1	Negative	Negative	Negative	
210	Geetha Desai	27	M	20	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
211	Nirumala Jadhav	30	M	21	P3L3	Negative	Negative	Negative	
212	Yallawwa Patil	65	M	19	P4L4	Negative	Negative	Negative	
213	Sulochana Katagi	25	M	20	P1L1	Negative	Negative	Negative	
214	Lakawwa A	25	M	20	P1L1	Negative	Negative	Negative	
215	Smitha Patil	29	M	19	P2L2	Positive	Positive	Negative	Chronic cervitis
216	Laxmi Settiappa	35	D	19	P3L3	Negative	Negative	Negative	
217	Pooja Gurav	25	M	22	P1L1	Negative	Negative	Negative	
218	Malkarna D	30	M	23	P2L2	Negative	Negative	Negative	
219	Siddawwa Somanawar	40	M	20	P4L4	Negative	Negative	Negative	
220	Balatai Kalkuikar	40	M	20	P2L2	Negative	Negative	Negative	
221	Rekha G	27	M	20	P1L1	Negative	Negative	Negative	
222	Mahadev Kodanavar	25	M	16	P2L2	Negative	Negative	Negative	
223	Goure Patil	26	M	20	P1L1	Negative	Negative	Negative	
224	Shante Bame	26	M	19	P2L2	Negative	Negative	Negative	
225	Gangubai Dukera	50	M	18	P3L3	Negative	Negative	Negative	
226	Avakka Sanawar	25	M	19	P1L1	Negative	Negative	Negative	
227	Savitri Lohar	25	M	20	P1L1	Negative	Negative	Negative	
228	Yamuna Patil	40	M	20	P2L2	Negative	Negative	Negative	
229	Parvati Sutal	65	M	19	P3L3	Negative	Negative	Negative	
230	Archana Popat	26	M	18	P4L4	Positive	Positive	Positive	Squamous metaplasia
231	Laxmi patil	25	M	20	P2L2	Negative	Negative	Negative	
232	Laxmi N Patil	50	M	18	P3L3	Negative	Negative	Negative	
233	Laxmi Guru	45	M	20	P5L5	Negative	Negative	Negative	
234	Parvati Lohar	50	M	20	P2L2	Negative	Negative	Negative	
235	Sophia Morlak	35	M	18	P2L2	Positive	Positive	Negative	Chronic cervitis
236	Yallamma Gawli	27	M	18	P3L3	Negative	Negative	Negative	
237	Yallubai Gurav	25	M	22	P1L1	Negative	Negative	Negative	
238	Akkamma S	25	M	20	P3L3	Negative	Negative	Negative	
239	Awakka Kamble	60	M	19	P1L1	Negative	Negative	Negative	
240	Laxmi Dukare	45	M	22	P3L3	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
241	Shoba patil	40	M	21	P2L2	Negative	Negative	Negative	
242	Riahna Tehsildar	27	M	18	P1L1	Negative	Negative	Negative	
243	Khiarumsi Mula	60	M	22	P1L1	Negative	Negative	Negative	
244	Somana murage	60	M	18	P4L4	Negative	Negative	Negative	
245	Chandrabhaya Pawar	35	M	26	P1L1	Negative	Negative	Negative	
246	Shabana Dilwarkhan	28	M	20	P3L3	Negative	Negative	Negative	
247	Shalan Bekwadkar	40	M	22	P2L2	Negative	Negative	Negative	
248	Shanta Yallawkar	50	M	18	P7L7	Negative	Negative	Negative	
249	Anandabai Patil	50	M	23	P2L2	Negative	Negative	Negative	
250	Rukmini Vasudev	35	M	24	P1L1	Negative	Negative	Negative	
251	Sahanta Dipak	34	M	23	P4L4	Negative	Negative	Negative	
252	Laxmi Patil	50	M	17	P8L8	Negative	Negative	Negative	
253	Reshma Gurav	30	M	22	P2L2	Positive	Positive	Negative	Papllary acute endocervitis
254	Laxmi Mane	28	M	22	P3L3	Positive	Positive	Negative	Moderate Acanthosis with hyperkeratosis
255	Malu Dalvi	25	M	17	P3L3	Negative	Negative	Negative	
256	Lata Patil	35	M	24	P2L2	Negative	Negative	Negative	
257	Manisha Mutangaker	30	M	22	P3L3	Negative	Negative	Negative	
258	Tulasa Harjan	55	M	17	P4L4	Negative	Negative	Negative	
259	Ramakka Dukare	60	M	18	P5L5	Negative	Negative	Negative	
260	Laxmi Patil	50	M	19	P1L1	Negative	Negative	Negative	
261	Nanda Patil	35	M	24	P4L4	Negative	Negative	Negative	
262	Sugra Dharail	31	M	22	P3L3	Negative	Negative	Negative	
263	Akhtar Dhalait	30	M	21	P3L3	Negative	Negative	Negative	
264	Muktabai Jalgekar	50	M	18	P5L5	Negative	Negative	Negative	
265	Laxmi Dilwarkhan	43	M	19	P2L2	Negative	Negative	Negative	
266	Yamunabai Patil	29	M	20	P2L2	Negative	Negative	Negative	
267	Kasturbai Diwakar	32	M	20	P3L3	Negative	Negative	Negative	
268	Hansika Patil	25	M	24	Nullipara	Negative	Negative	Negative	
269	Ramya D	26	M	21	P2L2	Negative	Negative	Negative	
270	Shanta Mane	38	M	22	P3L3	Positive	Positive	Negative	Chronic cervitis with ulceration

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
271	Aanchal Desai	27	M	21	P2L2	Negative	Negative	Negative	
272	Gangu Patil	45	M	22	P4L4	Negative	Negative	Negative	
273	Aerawati Aptil	29	M	20	P3L2D1	Negative	Negative	Negative	
274	Shabana Diwakar	32	M	22	P2L2	Negative	Negative	Negative	
275	Vidya Dukre	54	M	23	P4L4	Negative	Negative	Negative	
276	Shakuntla Desai	38	M	22	P3L3	Negative	Negative	Negative	
277	Sahanta Dalvi	34	M	23	P2L2	Negative	Negative	Negative	
278	Anandabai Patil	31	M	24	P2L2	Negative	Negative	Negative	
279	Kanta bai	29	M	18	P3L3	Negative	Negative	Negative	
280	Laxmi N Patil	58	M	20	P2L2	Positive	Positive	Negative	Normal cervix
281	Nalpuri Satil	54	M	20	P4L4	Negative	Negative	Negative	
282	Kastura Naik	25	M	20	P1L1	Negative	Negative	Negative	
283	Sugre Dukare	65	M	17	P5L5	Negative	Negative	Negative	
284	Renuka Patil	51	M	22	P4L4	Negative	Negative	Negative	
285	Lata Diwakar	43	M	21	P3L3	Negative	Negative	Negative	
286	Surekha Patil	27	M	22	P4L4	Negative	Positive	Positive	Squamous cell carcinoma insitu with microinvasion
287	Sakuntala Devi	32	M	22	P2L2	Negative	Negative	Negative	
288	Shanta Devi	43	M	21	P4L4	Negative	Negative	Negative	
289	Kintabai J	31	M	22	P3L3	Negative	Negative	Negative	
290	Gorkhi pura	49	M	20	P4L4	Negative	Negative	Negative	
291	Kasturba bai	59	M	19	P3L2D1	Negative	Negative	Negative	
292	Parbha rani	45	M	22	P4L4	Negative	Negative	Negative	
293	Ganga Patel	31	M	20	P2L2	Negative	Negative	Negative	
294	Vanjari Devi	65	M	17	P3L3	Negative	Negative	Negative	
295	Vijaymala	51	M	22	P4L4	Positive	Positive	Positive	Ectocervitis
296	Karunanidhi Bai	32	M	22	P2L2	Negative	Negative	Negative	
297	Preet Rani	43	M	24	P4L4	Negative	Negative	Negative	
298	Laxmi Lohar	29	M	25	P1L1	Negative	Negative	Negative	
299	Panvi Gohar	34	M	21	P3L3	Negative	Negative	Negative	
300	Khumrani Naik	25	M	20	P1L1	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
301	Gul Rani	35	M	23	P4L4	Negative	Negative	Negative	
302	Jhulni Ramesh Devi	56	M	20	P4L4	Negative	Negative	Negative	
303	Shantunani Khokhalekar	34	M	22	P3L3	Negative	Negative	Negative	
304	Shankuntala Rani	26	M	20	P2L2	Negative	Negative	Negative	
305	Walleri Rani	34	M	20	P2L2	Negative	Negative	Negative	
306	Suvarna Patil	40	M	20	P2L2	Positive	Positive	Negative	Normal cervix
307	Danuali Devi	40	M	20	P4L4	Negative	Negative	Negative	
308	Falguni Tehsildar	37	M	21	P2L2	Negative	Negative	Negative	
309	Gorkhi Chand	29	M	19	P4L4	Negative	Negative	Negative	
310	Jayashree Kadam	26	M	18	P2L2	Positive	Positive	Negative	Chronic cervitis
311	Reshmabee Khan	29	M	21	P2L2	Negative	Negative	Negative	
312	Priya Dukare	31	M	20	P2L2	Negative	Negative	Negative	
313	Malaprabha Patil	55	M	19	P3L3	Negative	Negative	Negative	
314	Laxmi Sambarkar	33	M	21	P2L2	Negative	Negative	Negative	
315	Usha Prakash	48	M	22	P3L3	Negative	Negative	Negative	
316	Varsha Desai	28	M	24	P1L1	Negative	Negative	Negative	
317	Umavathi	32	M	22	P2L2	Negative	Negative	Negative	
318	Sunitha NAIK	40	M	21	P2L2	Negative	Negative	Negative	
319	Bharti Halgi	36	M	20	P1L1	Negative	Negative	Negative	
320	Gangu Chougale	40	M	21	P2L2	Negative	Negative	Negative	
321	Pooja Hazare	42	M	22	P2L2	Negative	Negative	Negative	
322	Sulochana Patil	35	M	23	P2L2	Negative	Negative	Negative	
323	Sundari Mahadev	55	M	22	P4L4	Negative	Negative	Negative	
324	Sulochana Mahesh	25	M	17	P3L3	Positive	Positive	Positive	Chronic cervitis with squamous metaplasia
325	Parvathi Naik	29	M	21	P2L2	Negative	Negative	Negative	
326	Hemlatha Hiremath	27	M	26	Nullipara	Negative	Negative	Negative	
327	Shamawwa Naikar	25	M	25	Nullipara	Negative	Negative	Negative	
328	Lalitha Kotagi	32	M	19	P2L2	Negative	Negative	Negative	
329	Shbanam Khan	28	M	21	P1L1	Negative	Negative	Negative	
330	Anitha G	25	M	21	P1L1	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
331	Sujatha Desai	30	M	20	P2L2	Negative	Negative	Negative	
332	Vijayalaxmi Bellad	29	M	21	P2L2	Negative	Negative	Negative	
333	Rekha Shirole	29	M	25	P1L0	Negative	Negative	Negative	
334	Jayashree Daval	31	M	24	P2L2	Negative	Negative	Negative	
335	Sunitha Shetty	41	M	19	P2L2	Negative	Negative	Negative	
336	Indrawwa M	32	M	21	P2L2	Negative	Negative	Negative	
337	Wahida Sayeed	49	M	21	P3L3	Negative	Negative	Negative	
338	Gourawwa Navi	41	M	24	P2L2	Negative	Negative	Negative	
339	Nirmala Bellad	29	M	22	P1L1	Negative	Negative	Negative	
340	Rajeshwari Deshmukh	30	M	21	P2L2	Positive	Positive	Negative	Endocervitis
341	Paravthi Tarle	60	M	18	P3L3	Negative	Negative	Negative	
342	Megha S	43	M	19	P2L2	Negative	Negative	Negative	
343	Mangala Pattar	40	M	19	P2L2	Negative	Negative	Negative	
344	Vasanti Patted	39	M	23	P1L1	Negative	Negative	Negative	
345	Girija Patil	62	M	18	P3L2	Negative	Negative	Negative	
346	Shantha Hiremath	28	M	26	P1L1	Negative	Negative	Negative	
347	Laxmibai Malagi	35	M	26	P2L2	Negative	Negative	Negative	
348	Rajashree Patil	42	M	21	P3L3	Negative	Negative	Negative	
349	Pratibha Desai	26	M	22	P1L1	Negative	Negative	Negative	
350	Gangubai	38	M	23	P2L2	Positive	Negative	Positive	Papillary endocervitis
351	Madina Dastgir	41	M	24	P2L2	Negative	Negative	Negative	
352	Sujatha Patil	27	M	25	Nullipara	Negative	Negative	Negative	
353	Meerabai Kadam	31	M	22	P2L2	Negative	Negative	Negative	
354	Shobha Chougale	32	M	22	P3L2	Negative	Negative	Negative	
355	Veena Desai	42	M	20	P2L2	Negative	Negative	Negative	
356	Manisha Mutangaker	30	M	18	P2L2	Negative	Negative	Negative	
357	Yamini Birje	31	M	21	P2L2	Negative	Negative	Negative	
358	Savithri Chavan	32	M	23	P2L2	Negative	Negative	Negative	
359	Preethi Balekundri	28	M	26	Nullipara	Negative	Negative	Negative	
360	lakawwa Pujari	28	M	21	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
361	Renuka Kadam	26	M	21	P2L2	Positive	Positive	Negative	Normal cervix
362	Sunitha Uppar	59	M	20	P2L2	Negative	Negative	Negative	
363	Kalpaa Pawar	27	M	23	P1L1	Negative	Negative	Negative	
364	Shobha Nandeshwar	33	M	20	P2L2	Negative	Negative	Negative	
365	Bhimawwa R	63	W	20	P3L2	Negative	Negative	Negative	
366	Laxmi Patil	31	M	21	P2L2	Negative	Negative	Negative	
367	Suma Naik	28	M	26	P1L1	Negative	Negative	Negative	
368	Rekha Mane	45	M	24	P2L2	Negative	Negative	Negative	
369	Sudha Bhuse	55	M	23	P2L2	Negative	Negative	Negative	
370	Megha Angadi	26	M	25	Nullipara	Negative	Negative	Negative	
371	Namitha Sulanke	43	M	19	P2L2	Negative	Negative	Negative	
372	Archana Jamadar	26	M	23	P1L1	Negative	Negative	Negative	
373	Geetha L	44	M	23	P3L3	Negative	Negative	Negative	
374	Rekha Yelikar	25	M	17	P3L3	Positive	Positive	Positive	Moderate dysplasia
375	Surekha Shelar	32	M	23	P2L2	Negative	Negative	Negative	
376	Kapila Palekar	44	M	22	P2L2	Negative	Negative	Negative	
377	Roopa Naik	27	M	24	P1L1	Negative	Negative	Negative	
378	Shabanam Khan	47	M	20	P1L1	Negative	Negative	Negative	
379	Devakka Pujar	30	M	19	P4L4	Positive	Positive	Positive	Moderate dysplasia & squamous metaplasia
380	Sheela Prasad	52	M	21	P2L1	Negative	Negative	Negative	
381	Bismilla Ali	62	M	19	P2L2	Negative	Negative	Negative	
382	Prabha Gurav	25	M	20	P2L2	Positive	Positive	Negative	Chronic cervicitis
383	Pratibha Patil	30	M	20	P2L2	Negative	Negative	Negative	
384	Rohini M	42	M	21	P3L3	Negative	Negative	Negative	
385	Basawwa G	51	M	20	P1L1	Negative	Negative	Negative	
386	Gangubai	45	M	18	P2L2	Negative	Negative	Negative	
387	Jana Patil	30	M	21	P2L2	Positive	Negative	Positive	Chronic cervicitis& Papillary endocervitis
388	Shruthi Pujar	37	M	23	P2L2	Negative	Negative	Negative	
389	Kasturi Prakash	31	M	25	P2L2	Negative	Negative	Negative	
390	Pooja Desai	48	M	26	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
391	Shamshad Mulla	52	M	21	P2L2	Negative	Negative	Negative	
392	Kavitha Halagi	36	M	28	P1L1	Negative	Negative	Negative	
393	Sunitha Naik	40	M	24	P2L2	Negative	Negative	Negative	
394	Tulsi Patil	40	M	19	P1L1	Negative	Negative	Negative	
395	Bhimawwa Gaonkar	25	M	20	P1L1	Negative	Negative	Negative	
396	Mahadevi Patted	39	M	24	P2L2	Negative	Negative	Negative	
397	Renuka Krishna	35	M	21	P2L0	Negative	Negative	Negative	
398	Shobha Ghorpade	51	M	21	P3L3	Negative	Negative	Negative	
399	Mohini Ratnakar	34	M	28	P1L1	Negative	Negative	Negative	
400	Indira Goudar	42	M	23	P2L2	Negative	Negative	Negative	
401	Zubeda Sheik	31	M	25	P2L2	Negative	Negative	Negative	
402	Sonali Dandagi	26	M	23	Nullipara	Negative	Negative	Negative	
403	Sonawwa M	53	M	21	P2L2	Negative	Negative	Negative	
404	Ramya Balekundri	55	M	21	P2L2	Negative	Negative	Negative	
405	Nafisa J	25	M	25	Nullipara	Negative	Negative	Negative	
406	Lakshmi B	64	M	19	P3L1	Negative	Negative	Negative	
407	Shakuntala	58	M	23	P2L2	Positive	Positive	Negative	Normal CX
408	Balawwa Kamate	63	M	18	Nullipara	Negative	Negative	Negative	
409	Neha Joshi	35	M	22	P3L3	Negative	Negative	Negative	
410	Rachawwa Hublikar	54	M	23	P3L2	Negative	Negative	Negative	
411	Fatima D	33	M	26	P2L2	Negative	Negative	Negative	
412	Yallabai	50	M	24	P4L4	Positive	Positive	Negative	Normal CX
413	Ashwini Mali	37	M	33	Nullipara	Negative	Negative	Negative	
414	Rehmatbee Mulla	56	M	22	P1L1	Negative	Negative	Negative	
415	Reshma M	26	M	22	P1L1	Negative	Negative	Negative	
416	Mallikabee K	47	M	22	P3L3	Negative	Negative	Negative	
417	Nellawwa Patil	26	M	23	Nullipara	Negative	Negative	Negative	
418	Lata Diwakar	59	M	23	P2L2	Negative	Negative	Negative	
419	Laxmawwa tukkar	44	M	21	P1L1	Negative	Negative	Negative	
420	Gangubai H	29	M	25	Nullipara	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
421	Kamala Ullaguddi	36	M	27	P1L1	Negative	Negative	Negative	
422	Nisha Deshpande	54	M	21	P1L2	Negative	Negative	Negative	
423	Alka Kiran	27	M	23	Nullipara	Negative	Negative	Negative	
424	Anjana Karpurshetty	40	M	15	P2L2	Negative	Negative	Negative	
425	Irfanna Mangordi	27	M	17	P2L2	Negative	Negative	Negative	
426	Prema Sudatti	25	M	12Days	Nullipara	Negative	Negative	Negative	
427	Shanta Sunagar	48	M	18	P3L3	Negative	Negative	Negative	
428	Nafisa Kalagar	25	M	16	P2L2	Negative	Negative	Negative	
429	Jijabai Talwar	45	M	10	P3L3	Negative	Negative	Negative	
430	Gaurawwa Kamble	45	M	15	P2L2	Negative	Negative	Negative	
431	Shanta Kkotugulol	31	M	21	P3L3	Negative	Negative	Negative	
432	Laxmi Mullapa	30	M	17	P2L2	Negative	Negative	Negative	
433	Ratna Yaded	25	M	3Months	Nullipara	Negative	Negative	Negative	
434	Padma Yaded	26	M	3Months	Nullipara	Negative	Negative	Negative	
435	Shakuntala Kamble	45	M	15	P4L4	Negative	Negative	Negative	
436	Meharbaan Mabiwala	32	M	20	P4L4	Negative	Negative	Negative	
437	Roopa Vadar	26	M	19	P1L1	Negative	Negative	Negative	
438	Shanta Bai	30	M	11	P3L3	Positive	Negative	Positive	Papillary endocervitis
439	Bibizayeda	25	M	15	P5L5	Negative	Negative	Negative	
440	Anuradha Patil	25	M	21	Nullipara	Negative	Negative	Negative	
441	Reshma Patil	25	M	22	P1L1	Negative	Negative	Negative	
442	Lakshmi Bore	26	M	20	P1L1	Negative	Negative	Negative	
443	Padma Kamble	30	M	20	P3L3	Negative	Negative	Negative	
444	Kavita Hajare	33	M	21	P2L2	Negative	Negative	Negative	
445	Padmaja Patil	35	M	18	P2L2	Negative	Negative	Negative	
446	Laxmi Kamble	45	M	18	P3L3	Negative	Negative	Negative	
447	Meharbaan Bibi	40	M	17	P5L5	Negative	Negative	Negative	
448	Mehboobi Begam	55	M	15	P6P6	Negative	Negative	Negative	
449	Gorawwa Patil	60	M	17	P5L5	Negative	Negative	Negative	
450	Lakhawwa Pujar	41	M	18	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
451	Kavita Pujari	43	W	19	P3L3	Negative	Negative	Negative	
452	Yallubai Kamble	55	M	18	P3L3	Negative	Negative	Negative	
453	Shakuntala Swamy	44	M	19	P3L3	Negative	Negative	Negative	
454	Anuradha Patil	42	M	17	P3L3	Negative	Negative	Negative	
455	Fakirawwa Bibi	55	M	16	P7L7	Negative	Negative	Negative	
456	Lakhawwa Mudhol	45	M	17	P3L3	Negative	Negative	Negative	
457	Hajara Bibi	45	M	16	P2L2	Negative	Negative	Negative	
458	Mamta Patil	25	M	17	P2L2	Negative	Negative	Negative	
459	Laxmi Pujari	34	M	18	P2L2	Negative	Negative	Negative	
460	Anjana Gokte	32	M	19	P2L2	Negative	Negative	Negative	
461	Yallawwa Basappa	45	M	17	P4L4	Negative	Negative	Negative	
462	Yallubai	30	M	18	P3L3	Positive	Positive	Negative	Chronic Cervicitis
463	Ujjwala Holekar	50	M	17	P2L2	Negative	Negative	Negative	
464	Pavitra Kamble	44	M	18	P2L2	Negative	Negative	Negative	
465	Devakka Soutar	26	M	28	P3L3	Negative	Negative	Negative	
466	Uma Patil	30	M	22	P2L2	Negative	Negative	Negative	
467	Rukmawwa Bassappa	61	M	16	P5L5	Negative	Negative	Negative	
468	Suhasini Patil	25	M	21	P2L2	Negative	Negative	Negative	
469	Fakirawwa Begam	54	M	14	P5L5	Negative	Negative	Negative	
470	Mumtaz Bibi	43	M	17	P3L3	Negative	Negative	Negative	
471	Aliya	27	M	18	P2L2	Negative	Negative	Negative	
472	Irfanna Bibi	29	M	17	P3L3	Negative	Negative	Negative	
473	Kamalawwa Suresh	29	M	18	P3L3	Negative	Negative	Negative	
474	Laxmi Ganpati	38	M	17	P2L2	Negative	Negative	Negative	
475	Pooja Lohar	27	M	18	P2L2	Negative	Negative	Negative	
476	Geeta Desai	30	M	18	P2L2	Negative	Negative	Negative	
477	Irffanna Irfan	28	M	17	P2L2	Negative	Negative	Negative	
478	Yallawwa Walli	39	M	16	P3L3	Negative	Negative	Negative	
479	Neeraja Patil	32	M	16	P2L2	Negative	Negative	Negative	
480	Hanummawwa Lohar	44	M	18	P3L3	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
481	Laxami Suresh	27	M	19	P2L2	Negative	Negative	Negative	
482	Puja Atul	25	M	20	P1L1	Negative	Negative	Negative	
483	Sana Patil	25	M	22	P2L2	Negative	Negative	Negative	
484	Roshani Desai	29	M	18	P3L3	Negative	Negative	Negative	
485	Anjana Ramesh	27	M	20	P2L2	Negative	Negative	Negative	
486	Haseena Banu	30	M	17	P4L4	Negative	Negative	Negative	
487	Poonam Basavraj	34	M	20	P2L2	Negative	Negative	Negative	
488	Geetanjali Pujari	35	M	20	P3L3	Negative	Negative	Negative	
489	Suman Rajesh	29	M	20	P2L2	Negative	Negative	Negative	
490	Sanjana Raju	25	M	18	P2L2	Negative	Negative	Negative	
491	Vandhana Umesh	25	M	16	P1L1	Negative	Negative	Negative	
492	Ashawini Holkar	39	M	19	P2L2	Negative	Negative	Negative	
493	Reshma Sohan Patil	29	M	19	P2L2	Negative	Negative	Negative	
494	Leela Umrani	26	M	18	P2L2	Negative	Negative	Negative	
495	Lakhawwa Gurav	55	W	16	P4L4	Negative	Negative	Negative	
496	Suhani Basu	25	M	19	P2L2	Negative	Negative	Negative	
497	Roopa Kurne	42	M	18	P3L3	Negative	Negative	Negative	
498	Shanta Nagoji	60	M	16	P4L4	Negative	Negative	Negative	
499	Suvarna Mallapa Patil	35	M	16	P3L3	Negative	Negative	Negative	
500	Laxmi Naik	35	M	20	P3L3	Negative	Negative	Negative	
501	Rekha Lohar	32	M	25	P3L3	Negative	Negative	Negative	
502	Laxmi Santosh Patil	25	M	16	P3L3	Negative	Negative	Negative	
503	Pushpa Kumbar	26	M	18	P2L2	Negative	Negative	Negative	
504	Reshma Dhannekar	28	M	17	P4L4	Negative	Negative	Negative	
505	Manjula Harijan	35	M	20	Nullipara	Negative	Negative	Negative	
506	Parvati Patil	45	M	20	P6L3	Negative	Negative	Negative	
507	Mamta Sutar Patil	28	M	18	P3L3	Negative	Negative	Negative	
508	Renuka Raghunath Patil	35	M	18	P3L3	Negative	Negative	Negative	
509	Shobha Shivaji Patil	38	M	18	P3L3	Negative	Negative	Negative	
510	Jyoti Shinde	30	M	16	P4L4	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
511	Pinki Jampu	25	M	20	P3L3	Negative	Negative	Negative	
512	Asha Patil	26	M	21	P1L1	Negative	Negative	Negative	
513	Sunita Naik	35	M	20	P1L0	Negative	Negative	Negative	
514	Laxmi Anand Patil	45	M	20	P3L3	Positive	Negative	Negative	Chronic endocervicitis
515	Ranjana Bassapur	25	M	16	P2L2	Negative	Negative	Negative	
516	Ashwini Patil	28	M	19	P2L2	Negative	Negative	Negative	
517	Gulnar Sanadi	42	M	19	P4L4	Negative	Negative	Negative	
518	Bharti Malge	28	M	18	P3L3	Negative	Negative	Negative	
519	Shremantra Sandi	42	M	18	P2L2	Negative	Negative	Negative	
520	Pallavi Vasulkar	29	M	22	Nullipara	Negative	Negative	Negative	
521	Renuka Raju Patil	28	M	18	P3L3	Negative	Negative	Negative	
522	Manisha Manohar Patil	34	M	19	P2L2	Negative	Negative	Negative	
523	Sunanda Suresh Lohar	28	M	20	P2L2	Negative	Negative	Negative	
524	Laxmi Maruti Gourav	28	M	18	P2L2	Negative	Negative	Negative	
525	Sunita Nokudarkar	26	M	18	P3L3	Negative	Negative	Negative	
526	Chaguna Masekar	30	M	20	P3L3	Negative	Negative	Negative	
527	Shabana Haldikar	28	M	20	P2L2	Negative	Negative	Negative	
528	Yasmine Mulla	29	M	24	P2L2	Negative	Negative	Negative	
529	Pooja Patil	38	M	20	P2L2	Negative	Negative	Negative	
530	Manisha Kupputigiri	28	M	22	P2L2	Negative	Negative	Negative	
531	Manisha Suresh	46	M	19	P2L2	Negative	Negative	Negative	
532	Sangeeta Patil	38	M	20	P2L2	Negative	Negative	Negative	
533	Sujal Patil	28	M	19	P2L2	Negative	Negative	Negative	
534	Bhavana Ramesh	28	M	20	P2L2	Negative	Negative	Negative	
535	Shabnam Khan	32	M	20	P2L2	Negative	Negative	Negative	
536	Nazmeen Mulla	25	M	18	P2L2	Negative	Negative	Negative	
537	Rekha Vittal	25	M	20	P2L2	Positive	Negative	Negative	Chronic cervicitis
538	Darshana Patil	50	M	19	P4L4	Negative	Negative	Negative	
539	Bibi Husna Irfan	28	M	16	P2L2	Negative	Negative	Negative	
540	Nidhi Raju Patil	28	M	20	P2L2	Negative	Negative	Negative	

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541	Dolly Ramesh	38	M	18	P3L3	Negative	Negative	Negative	
542	Jyoti Kamble	44	M	18	P4L3	Negative	Negative	Negative	
543	Mehnaaz Mulla	43	M	17	P5L3	Negative	Negative	Negative	
544	Ashwini Nandan Patil	27	M	17	P2L2	Negative	Negative	Negative	
545	Laxmi Kokitkar	26	M	18	P2L2	Negative	Negative	Negative	
546	Renuka Gurav	40	M	16	P4L4	Negative	Negative	Negative	
547	Surekha Kallapa Patil	27	M	16	P3L3	Negative	Negative	Negative	
548	Sugandha Kanikar	26	M	20	P2L2	Negative	Negative	Negative	
549	Nanda Tanaji Patil	35	M	17	P4L4	Negative	Negative	Negative	
550	Rajeshree Ravaji Patil	25	M	19	P2L2	Negative	Negative	Negative	
551	Annapurna Krishan	30	M	18	P2L2	Negative	Negative	Negative	
552	Darshana Garud	28	M	19	P3L3	Negative	Negative	Negative	
553	Sunita Hattikar	25	M	18	P3L3	Positive	Positive	Positive	Chronic Cervicitis
554	Sumitra Basanayak	25	M	18	P2L2	Negative	Negative	Negative	
555	Jalini Mulla	32	M	16	P3L3	Negative	Negative	Negative	
556	Laxawwa Yalappa	30	M	20	P3L3	Negative	Negative	Negative	
557	Gangawwa Alkoti	35	M	18	P4L4	Negative	Negative	Negative	
558	Geeta Somnath	26	M	20	P3L3	Negative	Negative	Negative	
559	Shweta Vijay Desai	26	M	18	P3L3	Negative	Negative	Negative	
560	Leela Giri	60	M	15	P4L4	Negative	Negative	Negative	
561	Savita Murli Patil	25	M	18	P2L2	Negative	Negative	Negative	
562	Kashawwa Shivdoot	40	M	20	P2L2	Positive	Negative	Negative	Chronic cervicitis
563	Jayshree Jyotiba Patil	25	M	16	P2L2	Negative	Negative	Negative	
564	Tulsabai Laxman Naik	60	M	15	P5L5	Negative	Negative	Negative	
565	Jana Basvant Belgunkar	35	M	20	P2L2	Negative	Negative	Negative	
566	Rama Malappa	60	M	16	P4L4	Negative	Negative	Negative	
567	Sarika Mahesh Desai	26	M	19	P2L2	Negative	Negative	Negative	
568	Kalpana Desai	45	M	18	P3L3	Negative	Negative	Negative	
569	Sushama N Jadhav	45	M	18	P3L3	Negative	Negative	Negative	
570	Rehha Y Naik	28	M	19	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
571	Shobha Sawanta	30	M	18	P3L3	Negative	Negative	Negative	
572	Neelu Dhanavade	42	M	26	P1L1	Negative	Negative	Negative	
573	Pooja Tarle	29	M	21	P2L2	Negative	Negative	Negative	
574	Subdhara Dukare	60	M	19	P4L4	Negative	Negative	Negative	
575	Suvarna Lohar	32	M	20	P2L2	Negative	Negative	Negative	
576	Prabhavati Jadhav	23	M	19	P2L2	Negative	Negative	Negative	
577	Jayshree Desai	30	M	17	P2L2	Negative	Negative	Negative	
578	Shanta Harijan	58	M	16	P5L5	Negative	Negative	Negative	
579	Komal Navgekar	30	M	19	P2L2	Negative	Negative	Negative	
580	Laxmi Sulkar	28	M	20	P2L2	Negative	Negative	Negative	
581	Madhumati Harijan	25	M	20	P2L2	Negative	Negative	Negative	
582	Sunanda Suresh Patil	45	M	18	P3L3	Positive	Positive	Negative	Chronic cervicitis
583	Shanta Chandrkant Patil	40	M	16	P2L2	Negative	Negative	Negative	
584	Kasturi Kallapa	38	M	21	P6L6	Negative	Negative	Negative	
585	Mehboobi Mulla	38	M	16	P4L4	Positive	Negative	Negative	Chronic cervicitis
586	Shobha Mahadev	28	M	18	P2L2	Negative	Negative	Negative	
587	Sugandha Maruti	25	M	18	P2L2	Negative	Negative	Negative	
588	Renuka Modi	25	M	19	P1L1	Negative	Negative	Negative	
589	Yallawa Modi	50	M	18	P4L4	Negative	Negative	Negative	
590	Borawwa	40	M	20	Nullipara	Positive	Positive	Positive	Chronic cervicitis with mild dysplasia
591	Mallawwa Patil	45	M	19	Nullipara	Negative	Negative	Negative	
592	Suvarna Prabhu	29	M	20	P2L2	Negative	Negative	Negative	
593	Neela Mane	48	W	17	P2L2	Positive	Negative	Positive	Normal cervix
594	Sunita Navgere	30	M	19	P2L2	Negative	Negative	Negative	
595	Prema Babu	45	M	18	P3L3	Negative	Negative	Negative	
596	Ammajan Mutagekar	60	W	17	P3L3	Negative	Negative	Negative	
597	Mehboob Shaikh	36	M	17	P1L1	Negative	Negative	Negative	
598	Yallawa Naik	52	M	15	P1L1	Negative	Negative	Negative	
599	Yalabai Manappa Patil	55	M	16	P3L3	Negative	Negative	Negative	
600	Gourabai Sandi	60	M	18	P2L2	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
601	Shobha Shah	59	M	20	P3L3	Positive	Positive	Positive	Cervicitis
602	Hajara Bibi	34	M	18	P3L3	Negative	Negative	Negative	
603	Nilofer Begam	33	M	16	P3L3	Negative	Negative	Negative	
604	Padmavati Prasad	40	W	19	P2L2	Negative	Negative	Negative	
605	Devakka Desai	28	M	20	P3L3	Negative	Negative	Negative	
606	Mehnaz Begam	44	M	20	P3L3	Negative	Negative	Negative	
607	Basswwa Ganesh	42	M	22	P2L2	Negative	Negative	Negative	
608	Sonnawwa Umrani	52	W	16	P3L3	Negative	Negative	Negative	
609	Rehana Irfan	33	M	22	P2L2	Negative	Negative	Negative	
610	Tulsawwa Ramesh	34	M	17	P2L2	Negative	Negative	Negative	
611	Vaijanta	36	M	19	P3L3	Negative	Positive	Positive	
612	Mehadevi B Kamate	45	M	16	P3L3	Positive	Positive	Positive	Chronic cervicitis
613	Shantabai gaurav	40	M	19	P3L3	Negative	Negative	Negative	
614	Shantaawwa Mahesh	38	M	20	P2L2	Positive	Positive	Positive	Severe Dysplasia
615	Yashoda Yalappa	45	M	19	P3L3	Negative	Negative	Negative	
616	Praveen Dariappa	25	M	17	P2L2	Negative	Negative	Negative	
617	Meena Dukare	50	M	19	P3L3	Negative	Negative	Negative	
618	Sushila Desai	65	M	20	P3L3	Positive	Positive	Positive	Chronic cervicitis
619	Parvati Krishana	40	M	19	P2L2	Negative	Negative	Negative	
620	Shantabai Patil	65	M	16	P2L2	Negative	Negative	Negative	
621	Mahadevi S Patil	47	M	18	P3L3	Positive	Positive	Positive	Chronic cervicitis
622	Sattewwa Yallapa	50	M	18	P2L2	Negative	Negative	Negative	
623	Sunita Naik	25	M	19	P1L1	Negative	Negative	Negative	
624	Shobha M Patil	48	M	20	P2L2	Negative	Negative	Negative	Normal cervix
625	Laxmi Kakade	50	W	19	P3L2	Negative	Negative	Negative	
626	Ashwini S Patil	31	M	18	P2L2	Negative	Negative	Negative	
627	Kasturi H Patil	50	M	20	P3L3	Negative	Negative	Negative	Normal cervix
628	Mumtaz Haajara	47	M	20	P2L2	Negative	Negative	Negative	
629	Laxmi Pundalika	50	M	20	P2L2	Negative	Negative	Negative	
630	Mumtaz Shaikh	35	M	18	P3L3	Negative	Negative	Negative	

SR NO	NAME	AGE	Marital Status	Age of first intercourse	PARITY	DOWN STAGING	VIA	VILI	BIOPSY
631	Saraswati Yallukar	25	M	20	P2L2	Positive	Positive	Positive	Chronic cervicitis
632	Bharti Rudrappa Patil	45	M	16	P3L3	Negative	Negative	Negative	
633	Shalan Kokitkar	30	M	18	P3L3	Negative	Negative	Negative	
634	Archana Chingree	26	M	20	P2L2	Negative	Negative	Negative	Chronic endocervicitis
635	Madhuri Patil	35	M	15	P4L4	Negative	Negative	Negative	
636	Laxmi Patil	60	M	16	P4L4	Negative	Negative	Negative	
637	Laxmi Kalgaonkar Patil	35	M	14	P3L3	Negative	Negative	Negative	
638	Yallubai Patil	50	M	17	P3L3	Negative	Negative	Negative	
639	Renuka Kanukar	25	M	16	P2L2	Negative	Negative	Negative	
640	Shanta Muchandikar	65	M	17	P3L3	Negative	Negative	Negative	
641	Parwati Kambar	50	M	15	P4L4	Negative	Negative	Negative	
642	Shanta Machekar	48	M	15	P3L3	Negative	Negative	Negative	
643	Akhtar Banu	32	M	17	P3L3	Negative	Negative	Negative	
644	Dropada Patil	45	M	20	P2L2	Negative	Negative	Negative	
645	Yallubai Rajgolkar	40	M	20	P1L1	Negative	Negative	Negative	
646	Yamuna Patil	65	M	16	P3L3	Negative	Negative	Negative	
647	Renuka Krishna	25	M	18	P2L2	Negative	Negative	Negative	
648	Mahadevi Kallappa Patil	47	M	19	P5L4	Negative	Negative	Negative	Chronic cervicitis
649	Laxmi Devi	45	M	18	P2L2	Negative	Negative	Negative	
650	Shobha Patil	48	M	20	P3L3	Negative	Negative	Negative	Normal cervix
651	Keerti Barmani Patil	30	M	17	P2L2	Negative	Negative	Negative	
652	Anuradha Dukare	25	M	20	P2L2	Negative	Negative	Negative	Chronic cervicits
653	Heena Sheikh	41	M	19	P2L2	Negative	Negative	Negative	
654	Ashwini Sudakhar	25	M	19	P2L2	Negative	Negative	Negative	
655	Shanta Sutar	30	M	20	P2L2	Negative	Negative	Negative	
656	Suvarna Lohar	37	M	20	P3L3	Negative	Negative	Negative	
657	Kasturi Prakash Patil	50	M	18	P3L3	Negative	Negative	Negative	Normal cervix
658	Suman Patil	40	M	18	P3L3	Negative	Negative	Negative	
659	Vijay Annapa Patil	42	M	20	P2L2	Positive	Positive	Positive	Chronic cervicitis with CIN1
660	Lata Patil	40	M	19	P2L2	Negative	Negative	Negative	

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661	Bassawwa Pujer	30	M	19	P2L2	Negative	Positive	Positive	Chronic cervicitis with CIN1
662	Anjana Vijay Patil	25	M	18	P2L2	Negative	Negative	Negative	
663	Renuka S. Kamble	25	M	17	P1L1	Negative	Negative	Negative	
664	Laxmi Raju Gogte	27	M	18	P2L2	Negative	Negative	Negative	
665	Sudha Pukar	54	M	19	P3L3	Negative	Negative	Negative	
666	Shantabai K Patil	40	M	20	P4L4	Negative	Negative	Negative	
667	Shobha Gunjetkar	40	M	18	P3L3	Negative	Negative	Negative	
668	Yallubai Ashok Dukare	40	M	19	P3L3	Negative	Negative	Negative	
669	Mahadevi B Kamate	45	M	18	P2L2	Negative	Negative	Negative	Chronic endocervicitis
670	Pallavi Pradhan	29	M	20	P3L3	Negative	Negative	Negative	
671	Pooja Kadam	28	M	20	P3L3	Negative	Negative	Negative	
672	Poornima Patil	26	M	20	P2L1	Negative	Negative	Negative	
673	Heena Patel	29	M	19	P2L2	Negative	Negative	Negative	
674	Laxmi Pattanshetti	28	M	20	P2L2	Positive	Negative	Positive	Chronic cervicitis
675	Jayshree Mujumdar	28	M	20	P2L2	Negative	Negative	Negative	
676	Kareena Goudar	28	M	19	P2L2	Positive	Negative	Negative	Chronic cervicitis
677	Jeejabai Tukar	29	M	23	P2L2	Negative	Negative	Negative	
678	Carmelin S Patil	50	M	22	P3L3	Negative	Negative	Negative	Chronic endocervicitis
679	Savitri Ganpat Patil	35	M	18	P3L3	Negative	Negative	Negative	Chronic cervicitis
680	Javabai Sambrekar	65	W	17	P5L5	Positive	Positive	Negative	Chronic cervicitis