EURASIA CONFERENCES

Book of Abstracts

WORLD CONFERENCE ON

# GYNECOLOGY, OBSTETRICS, AND PEDIATRICS

MAY 01-02, 2025

BANGKOK, THAILAND

Hosting Organization:
Eurasia Conferences, 124 City Road, London, EC1V 2NX.

EURASIA CONFERENCES

World Conference on

# GYNECOLOGY, OBSTETRICS, AND PEDIATRIC

May 01-02, 2025 | Bangkok, Thailand

BOOK OF ABSTRACTS

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# ABOUT EURASIA CONFERENCES

Established in 2022, Eurasia Conferences has rapidly gained recognition for organizing high-quality conferences across a diverse range of fields including science, technology, social sciences, humanities, business and economics, life sciences, medicine, and healthcare. Our mission is to drive progress and innovation through dialogue and collaboration among professionals worldwide.

Since our inception, we have successfully hosted over 50 conferences, providing platforms for scholars, researchers, professionals, and students to exchange knowledge and cultivate new ideas. Our events are strategically designed to foster networking, stimulate in-depth discussions, and facilitate the sharing of cutting-edge research and practical solutions to address contemporary challenges.

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World Conference on

# GYNECOLOGY, OBSTETRICS, AND PEDIATRIC

May 01-02, 2025 | Bangkok, Thailand

## SCIENTIFIC PROGRAM

# DAY 1

## MAY 01, 2025

08:55-09:00 @
**Introduction and Welcome Note**
**Conference Room:** Salathai

## Keynote Session

09:00-10:00

**Title: Deciphering Molecular Mimicry Between Spermatozoa and Bacteria: A Potential Trigger for Immune-Mediated Infertility**

**Dr. Prof. Vijay Prabha,** former Professor in Department of Microbiology, Panjab University, Chandigarh, India

**Chair: Prof. Sergey Suchkov,** The Russian Academy of Natural Sciences, Moscow, Russia
**Co-Chair: Dr. Saraswati Kanase,** Professor&HOD, Obstetrics & Gynecology, Alephata, Tal. Junnar, Dist-Pune, India

## Speaker Sessions

10:00-10:30

**Title: Beyond Beauty : The Expanding Role of Hyaluronic Acid in Female Genital Rejuvenation**

**Dr. Thanawan Sirisuk,** Genitique Clinic, Bangkok, Thailand

## Group Photo, Net Working, Tea and Refreshments Break 10:30-11:15

11:15-11:45

**Title: Combined Thread Lift & Filler in Aesthetic Gynecology: A New Paradigm for Practitioners**

**Dr. Staporn Jinaratana,** Renovia Clinic, Bangkok, Thailand

11:45-12:05

**Title: An overview on Labiaplasty: Function and Beauty with an Aesthetic Gynecological Procedure**

**Dr. Ni Komang Yeni Dhana Sari,** OBGYN, Health360, Jakarta, Indonesia

## Keynote Session

12:05-12:45

**Title: Strategies for integrating Personalized and Precision Medicine (PPM) into Reproductive Healthcare Practice to Secure the Human Healthcare, Wellness and Biosafety: Forging the Grand Consensus**

**Dr. Prof. Sergey Suchkov,** The Russian Academy of Natural Sciences, Moscow, Russia

## Session Wrap and Lunch Break 12:45-14:00

## Keynote Session

14:00-15:00

**Title: To Compare the Effectivenes of Presribed Low Carbohydrate Diet Versus Balanced Diet in the Management of Polycystic Ovarian Syndrome**

**Dr. Saraswati Kanase,** Professor&HOD, Obstetrics & Gynecology, Alephata, Tal. Junnar, Dist-Pune, India

## Speaker Sessions

15:00- 15:30

**Title: Postpartum breast complications and breast-feeding practices in a baby-friendly hospital in Bangladesh**

**Dr. Rifat Ara,** Department of Gynaecological Oncology, National Institute of Cancer Research and Hospital (NICRH), Dhaka, Bangladesh

## Net Working, Tea and Refreshments Break 15:30-16:00

16:00- 16:30

**Title: Preconceptional Counselling: A gateway to Evaluate a Patient with Recurrent Pregnancy Loss**

**Dr. Dina Layla Hossain,** Department of Obstetrics and Gynecology, Dhaka Medical College Hospital, Dhaka, Bangladesh

16:30-17:00

**Title: Advancing and Translating Personalized and Precision Medicine in Pediatric Services to secure the human Wellness and Biosafety: Past, Present and Future**

**Dr. Prof. Sergey Suchkov,** The Russian Academy of Natural Sciences, Moscow, Russia

## Session Wrap Day-1 Conference Closing 17:00-17:10

# DAY 2

## 09:25-09:30 @ Introduction and Welcome Note | MAY 02, 2025

## Speaker Sessions

09:30-10:00

**Title: Neonatal Intensive Care Unit: Ethical Dilemmas**

**Prof. Jagadish C Das,** Professor & Head (rtd), Dept. of Neonatology & Dept. of Pediatrics, Chittagong Medical College, Chattogram, Bangladesh

10:00-10:30

**Title: Sustained Effects of a Peplau-Based Anxiety Reduction Program in Total Knee Replacement Patients: A Repeated Measures Study**

**Dr. Wimolnun Putdivarnichapong,** College of Nursing, Dhurakij Pundit University, Laksi, Bangkok, Thailand

## Net Working, Tea and Refreshments Break 10:30-11:15

11:15-11:45

**Title: Paediatric Ulnar Longitudinal Deficiency due to multiple hereditary exostoses result of Ulnar lengthening by ilizarov external fixation**

**Dr. Md Arifuzzaman,** Assistant Prof of ilizarov and deformity correction surgery, Bangladesh center for Ilizarov Surgery, Bangladesh

11:45-12:15

**Title: Investigation on the Association of Maternal Serum Visfatin Concentration with Gestational Diabetes Mellitus**

**Dr. Hasina Begum,** Department of Feto-maternal Medicine, Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbag, Dhaka, Bangladesh

12:15-12:45

**Title: Personalized Bringing the Promise of Personalized and Precision Medicine (PPM) to Rare and Orphan Disorder Care: The Future of PPM through the View of Biodesign-inspired Hi-Tech Philosophy, Upgraded Mentality and Global Needs of the Consumers**

**Dr.Prof. Sergey Suchkov,** The Russian Academy of Natural Sciences, Moscow, Russia

## Session Wrap and Lunch Break 12:45-14:00

14:00-14:30

**Title: APPLE STRATEGY for HPV Vaccination Acceptance Among Teenage Girls in LMIC**

**Dr. Rajkumar Rajamanickam,** Professor, Community Medicine, Meenakshi Medical College Hospital & Research Institute, Kanchipuram, TN, India

## Certificate Ceremony and Photo Session 14:30-15:30

## Net Working, Tea and Refreshments Break 15:30-16:15

## Day-2 Conference Closing 16:15-16:30

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## KEYNOTE PRESENTATIONS | DAY 1

https://doi.org/10.62422/978-81-981865-0-8-001

# Deciphering Molecular Mimicry Between Spermatozoa and Bacteria: A Potential Trigger for Immune-Mediated Infertility

**VIJAY PRABHA and DEEPALI THAPER**
Department of Microbiology, Panjab University, Chandigarh, India

Infertility, affecting approximately 48.5 million couples worldwide, is a multifaceted reproductive health challenge with profound physiological and psychological ramifications. While genetic, hormonal, structural, and environmental etiologies are well-documented, immune-mediated infertility has emerged as a pivotal area of research. Among these, antisperm antibodies (ASAs) have been extensively studied for their detrimental impact on sperm function; however, their occurrence in prepubertal children raises compelling questions regarding their origin. Emerging evidence suggests that prior microbial infections may trigger ASA production through molecular mimicry, a mechanism wherein bacterial antigens structurally resemble sperm proteins, eliciting an immune response that compromises fertility. To explore this phenomenon, the present study investigated bacterial receptors that mimic sperm receptors in response to a common Sperm Immobilization Factor (SIF). SIF, isolated from a clinical strain of Staphylococcus aureus, exhibited 100% sperm immobilization. SIF exposure led to sperm motility and viability loss, morphological abnormalities, and infertility in female BALB/c mice. Notably, FITC-labeled SIF demonstrated binding not only to mouse spermatozoa but also to various motile and non-motile bacteria, supporting the presence of shared SIF-binding receptors (SBRs) and thereby, reinforcing the hypothesis of molecular mimicry. Purified SBRs from mouse spermatozoa (MS-SBR), Escherichia coli (E-SBR), and Streptococcus pyogenes (S-SBR) were found to ameliorate SIF-induced sperm impairment in-vitro and infertility in-vivo, confirming their protective role. Further, polyclonal antibodies raised against MS-SBR exhibited cross-reactivity with bacterial proteins, providing definitive evidence of antigenic overlap between bacteria and spermatozoa. Collectively, these findings substantiate the role of molecular mimicry in immune infertility, highlighting its potential implications in the pathogenesis of ASA-mediated reproductive dysfunction.

## Biography:

She is former Professor in Department of Microbiology, Panjab University, Chandigarh, India. She has 32 years of teaching and 42 years of research experience. Her area of expertise is “Role of microorganisms in male and female infertility, exploitation of microbial factors as male and female contraceptive agents, molecular mimicry between bacteria and spermatozoa, understanding bacteria sperm interaction at the receptor ligand level to develop immunocontraceptives, Protein profiling in unlocking the basis of microorganisms’ associated infertility”. She has 107 publications in reputed journals. She has also presented her work in various national and international conferences as an invited and keynote speaker.

https://doi.org/10.62422/978-81-981865-0-8-002

# Strategies for integrating Personalized and Precision Medicine (PPM) into Reproductive Healthcare Practice to Secure the Human Healthcare, Wellness and Biosafety: Forging the Grand Consensus

**Sergey Suchkov[1-6], Hiroyuki Abe[5,9], Shawn Murphy[7,8], David Smith[10], William Thilly[11], Paul Barach[12]**
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[2]Department for Clinical Allergology & Immunology, the Russian University of Medicine, Moscow, Russia
[3]EPMA, Brussels, EU
[4]PMC, Washington, DC, USA
[5]ISPM, Tokyo, Japan
[6]New York Academy of Sciences, USA
[7]MGH, Boston, MA, USA
[8]Harvard Medical School, Boston, MA, USA
[9]Abe Cancer Clinic, Tokyo, Japan
[10]Mayo Clinic, Rochester, MN, USA
[11]MIT, Cambridge, MA, USA
[12]Wayne State University, School of Medicine, Detroit, MI, United State

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). Meanwhile, the era of genomics-based medicine and thus genomics biomarkers promises to provide molecular tests that will permit PPM as applicable to personalized & precision oncology (PPO).

To achieve the implementation of PPM-guided oncology concept, it is necessary to create a funda-mentally new strategy based upon the subclinical recognition of biopredictors (including genomics ones) of hidden abnormalities (pre-cancer conditions) long before the disease clinically manifests itself.

Every human has a unique genetic makeup that causes them to respond differently to cancer. In this context, the genomic profiling can be done using genomic, transcriptomic, epigenomic or meta-genomic information, and will look at the genetic structure of the tumor. This helps us discover “ac-tionable” mutations that can be targeted with therapy. These discoveries can lead to new treatment recommendations that may effectively treat your cancer on a personalized level. Through those analyses, we can not only diagnose and classify cancer patients and/or pre-cancer persons-at-risk based on their comparative risk, but also monitor their response to emerging canonical, preventive or prophylactic therapies. Continued progress using these methods will transform how we approach treatment modalities for cancer patients.

The advent of next generation sequencing (NGS) and GWAS technologies has advanced our under-standing of the intrinsic biology of different tumor types. Prospective randomized clinical trials will determine whether matching actionable aberration with targeted therapy will contribute to improve survival in patients with malignancies.

PPM globally holds great promise, especially in cancer therapy and control, where PPO would allow practitioners to use this information to optimize the targeted treatment of a patient. PPO for groups of individuals would also allow for the use of population group specific diagnostic or prognostic cancer biomarkers. The integration of PPM-guided genomics into clinical practice is transforming treatment paradigms. Identification of oncogenes and tumor suppressor genes can become the stim-ulus for rational design of novel, selective drugs that execute specific activity directed at underlying genetic aberrations. This information can be used to track the progress of cancer, and to establish the molecular basis for drug resistance and allow the targeting of the genes or pathways responsible for drug resistance.

The enormous development of biodesign-driven genomics research has raised great expectations concerning its

impact on PPM aiming to customize medical practice with a focus on the individual, based on the use of genetic tests, identification of genomic biomarkers, and development of targeted drugs. In this sense, the impact of precision cancer pathology allows a modular approach, as its various aspects are under development in sometimes unrelated areas of PPM. Integration of the concepts will provide a true challenge for the future, requiring collaboration between clinicians, physiologists, pathologists, biodesigners and bioengineers and remaining a real challenge to bioin-dustry.

Meanwhile, each decision-maker values the impact of their decision to use PPM and PPO on their own budget and well-being, which may not necessarily be optimal for society as a whole. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for can-cer patients and/or pre-cancer persons-at-risk resulting in improved outcomes, reduced adverse events, and more cost effective use of health care resources. A lack of medical guidelines has been identified by the majority of responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PPM in clini-cal practice!

## Biography:

Dr Sergey V. Suchkov, MD, PhD

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, gradu-ated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia.

From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Re-search Institute in Moscow. From 1995 through 2004-a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK.

At present, Dr Sergey Suchkov, MD, PhD, is:

- The Russian Academy of Natural Sciences, Moscow, Russia
- New York Academy of Sciences, USA
- Department for Clinical Allergology & Immunology, The Russian University of Medicine, Moscow, Russia
- Secretary General, United Cultural Convention (UCC), Cambridge, UK.

Dr Suchkov is a member of the:

- American Chemical Society (ACS), USA;
- American Heart Association (AHA), USA;
- European Association for Medical Education (AMEE), Dundee, UK;
- EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU;
- ARVO (American Association for Research in Vision and Ophthalmology);
- ISER (International Society for Eye Research);
- Personalized Medicine Coalition (PMC), Washington, DC, USA

https://doi.org/10.62422/978-81-981865-0-8-003

# To Compare the Effectivenes of Presribed Low Carbohydrate Diet versus Balanced Diet in the Management of Polycystic Ovarian Syndrome

**Dr. Saraswati Kanase**
Professor&HOD, Obstetrics & Gynecology, Alephata, Tal. Junnar, Dist-Pune, India

**INTRODUCTION :** Polycystic ovarian syndrome is a group of conditions with – menstrual irregularities, anovulatory cycles, hyperandrogenism and polycystic ovarian morphology. The possible factors include – Genetic factor and epigenetic factors

Polycystic ovary syndrome (pcos) mainly affects women of reproductive age. It affects 8% to 13% of women of reproductive age. The prevalence of pcos in india is 3.7 to 22.5%. Most influential factor in insulin levels is dietary carbohydrates specially processed carbs. The dietary carbohydrates is most important and easily modifiable factor in patients with pcos.

**NEED OF THE STUDY – LIFE WITH PCOS-INCREASES**

1. Pregnancy related complications-infertility, miscarriage, gestational diabetes (14-22%), pregnancy induced hypertension (12.7%), preeclampsia (8%)
2. Cancer-endometrial, ovarian , breast
3. Metabolic diseases.
4. Psychological problems

Very little importance being given to lifestyle modifications. Most effective way in pcos management is to reduce 5-10% body weight by lifestyle modification.

**AIM AND OBJECTIVES-**To compare the effectiveness of low carbohydrate diet versus balanced diet in women with polycystic ovarian syndromewith respect to menstrual irregularity, obesity/ overweight and conception, pregnancy in married patients with polycystic ovarian syndrome.

**METHODS:-**

**STUDY DESIGN-** An open label two arm randomized controlled trial population- patients of polycystic ovarian disease of age group 18 -35 yrs

All patients would be divided in control and intervention group.

- All polycystic ovarian syndrome patients included in the study would be observed monthly for a period of 6 months
- Total 186 patients of pcos taken for study.

All patients studied for physical and laboratory changes beforeduring and at the end outcome

PRIMARY OUTCOME – Menstrual regularity (an initiation of menses or significant shortening of cycle length where possible (21-35 days menstrual cycle length)

**SECONDARY OUTCOME**

1. Weight loss in patients of pcos
2. Symptomaticimprovement in patients of pcos. (hirsutism assessed clinically by ferriman-gallwey score), acanthosis nigricans, acne
3. LABORATORY VALUES-FASTING (12 HR) INSULIN FASTING, SUGAR, LIPID PROFILE.

**RESULTS:-**

TOTAL PATIENTS – 186 BALANCED DIET – 107

LOW CARBOHYDRATE DIET – 79

We observed irregular to regular menses in 39 patients, out of 38 patients 12 patients conceived, hirsutism and acanthosis was reduced in 38 and 34 patients respectively, weight and bmi reduced in 66 patients.

We observed irregular to regular menses in 11 patients, out of 47 patients 0 patients conceived, hirsutism and acanthosis was reduced in 6 and 10 patients respectively, weight and bmi reduced in 40 patients of balanced diet.

**CONCLUSIONS:-** Low carbohydrate diet helps in achieving regular menses, infertility and weight reduction.

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## SPEAKER PRESENTATIONS | DAY 1

https://doi.org/10.62422/978-81-981865-0-8-004

# Beyond Beauty : The Expanding Role of Hyaluronic Acid in Female Genital Rejuvenation

**Thanawan Sirisuk, MD, RTCOG, ABCG, ABLS, ABAARM**
Genitique Clinic, Bangkok, Thailand

The desire of women to correct or retain the youthful appearance of genital area is increase in recent years. Nowadays, more women are seeking the treatment for vulvovaginal rejuvenation. For both aesthetic and functional reasons, such as improved confident, comfort and sexual function. When women are aging, they have labia majora lipoatrophy, creates deflated appearance and wrinkled of the skin. Loss of protection affects labia minora and vestibule, results in vulvovaginal dryness, pain during sexual intercourse.

For the superficial dermal rejuvenation, using HA injected intradermally, for reconstruction of thickness of the dermis, eliminating vulval wrinkles, fine lines, and folds. For correcting fatty atrophy by HA is an alternative to lipofilling. The benefit for using HA are nonsurgical, minimally invasive, In-office practice, convincing results. Patient don't have downtime and can do normal activity as the same day after injection. For vaginal atrophy, vaginal dryness, dyspareunia and sexual dysfunction, using HA inject intravaginal mucosa for improve functional of vaginal mucosa, promotes regeneration of atrophic tissue and increases the sensitivity of erogenous zones.

The average amount for injection labia majora is 1-2 ml/side, the maximum is not more than 3 ml/side per session. The result is last long 8-12 months. HA can injected intravaginal area for treat vulvovaginal atrophy also. The average amount for intravaginal injection is 1-2 ml per session.

After injection care, I advice my patient no SI for 3 days, no sauna/stream/wear tight underwear/no massage for 2 weeks, No treatment/laser/RF for 4 weeks, continue oral ATB 5-7 days.

## Biography:

Dr. Thanawan Sirisuk is renowned gynecologist from Thailand. She expert in Aesthetic Gynecology. With extensive experience in both surgical and non-surgical vulvovaginal rejuvenation procedures, Dr. Sirisuk is a leading expert in the field.

She holds numerous prestigious qualifications, including Thai Broad Certificate in Obstetrics and Gynecology, American Board of Cosmetic Gynecology, American Board of Anti-Aging and Regenerative Medicine (ABAARM), American Board of Cosmetic Laser Surgery, Diploma in Clinical Sexology and Sexual Medicine from Thammasat University.

Dr.Sirisuk is also the Vice President of the Thai Aesthetic Gynecology Association(TAGA) and a committee member of several other medical associations in Thailand.

https://doi.org/10.62422/978-81-981865-0-8-005

# Combined Thread Lift & Filler in Aesthetic Gynecology: A New Paradigm for Practitioners

**Staporn Jinaratana,M.D.**
Renovia Clinic, Bangkok, Thailand

The emergence of aesthetic gynecology has transformed the landscape of women's health, enhancing both physical appearance and self-confidence. This presentation introduces a groundbreaking approach that combines thread lifting and dermal fillers, offering a novel paradigm for practitioners. Thread lifting provides immediate lifting and tightening of tissues, while fillers restore volume, contour, and hydration, addressing various aesthetic concerns in the genital and perineal areas.

In this seminar, we will explore the synergistic effects of these two modalities, discussing their complementary nature in achieving optimal patient outcomes. Through a series of clinical case studies, we will demonstrate how this combined technique can effectively treat conditions such as skin laxity and volume loss, thereby improving overall patient satisfaction and quality of life.

Key procedural techniques, patient selection criteria, and safety protocols will be outlined to equip participants with the necessary knowledge for successful implementation in practice. Furthermore, we will review the latest research findings that underscore the efficacy and advantages of using this dual approach compared to traditional methods.

Attendees will gain insights into the innovative applications of combined thread lifts and fillers, positioning them at the forefront of aesthetic gynecology. As practitioners navigate this evolving field, this paradigm shift presents exciting opportunities for enhancing patient care and delivering superior results, ultimately redefining aesthetic outcomes in gynecological practices.

## Biography:

Dr. Staporn Jinaratana, MD, born on September 14, 1951, is a distinguished leader in aesthetic gynecology and laser surgery. He holds certifications from the Royal College of Obstetrics and Gynecology in Thailand and has specialized training in laparoscopic surgery, aesthetic medicine, and thread lift rejuvenation. As the Director of Renovia Clinic, the Renovia-ABLS Academy, and the Cell Therapy Facilities at Piyavate Hospital, he actively contributes to both practice and education. Dr. Jinaratana is also the President of the Thai Association of Aesthetic Gynecology and holds memberships in prestigious medical organizations. He is an inventor of innovative techniques and the author of a handbook in aesthetic skin laser surgery, showcasing his commitment to advancing the field.

https://doi.org/10.62422/978-81-981865-0-8-006

# An Overview on Labiaplasty: Function and Beauty with an Aesthetic Gynecological Procedure

**N.K. Yeni Dhanasari**
OBGYN, HEALTH360 INDONESIA, JAKARTA INDONESIA

Labiaplasty is surgical procedure that modifies the labia minora or labia majora. It can be performed for various reasons, including cosmetic concerns, physical discomfort or to address functional issues like asymmetry or enlarged labia.

Type of Labiaplasty : Labiaplasty for labia minora: This involves reducing the size and shape of the inner labia.

Labiaplasty for labia majora : This focuses on reshaping the outer labia, often involving fat reduction and tightening or lifting of the skin.

Reasons for Labiaplasty: Cosmetic: Many women seek labiaplasty to enhance their appearance or address concerns about the size or shape of their labia.

Functional: Enlarged or asymmetrical labia can cause discomfort, irritation or pain during activities like exercise, walking or intercourse.

Reconstructive: Labiaplasty may be used to repair tears after childbirth or to address other conditions affecting the vulva.

Procedure Overview: Anesthesia: Local anesthesia with sedation or general anesthesia can be used, depending on the patient's preference and the surgeon's recommendation.

Incision and reshaping: The surgeon make precise incisions to remove excess tissue and reshape the labia, aiming for a natural and balanced appearance

Closure: The incisions are closed with sutures, which may be dissolvable.

Recovery: Most patients experience some pain, swelling and bruising after surgery, which typically subsides within a few days

Alternatives: Non-surgical options: For some individuals, non-surgical options like Radiofrequency, laser or fillers may be considered to address certain concern.

Support and Counseling: Body image issues or psychological concerns related to the vulva should be address through support groups, therapy or counseling.

## Biography:

Dr. Ni Komang Yeni Dhana Sari, commonly referred to as Dr. Yeni, is a renowned medical professional with a strong educational foundation and extensive expertise in the field of Obstetrics and Gynaecology. Her medical journey commenced with her graduation from the Faculty of Medicine at Diponegoro University in Semarang in 1999. Following this, Dr. Yeni embarked on and successfully completed her residency in Obstetrics and Gynaecology at the University of Indonesia in 2005, refining her skills in women's healthcare.

To complement her medical knowledge, Dr. Yeni pursued further studies in Hospital Administration Management at the University of Pelita Harapan in Jakarta, graduating in 2020. This equipped her with the knowledge required to excel in healthcare management and leadership.

Dr. Yeni is dedicated to staying at the forefront of medical advancements and has undergone specialised training in Aesthetic Gynaecology Procedures at the esteemed Bader Medical Institute of London. Furthermore, her dedication to innovation is demonstrated through the completion of a Managing Innovation course at Harvard University in Boston, USA.

As a senior member of the European Society of Aesthetic Gynaecology (ESAG), Dr. Yeni remains actively involved in the latest developments within her field. Dr. Yeni's professional interests encompass Female Sexual Dysfunction, reproductive health for adolescents, family planning, and the provision of comprehensive antenatal car

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# Postpartum breast complications and breast-feeding practices in a baby-friendly hospital in Bangladesh

**Rifat Ara[1]*, Shahana Previn[1], Dilruba Yeasmin[1], Farhana Haque[1], Tohmina Akhter[1], Rumana Afroz[1], Sayeba Akhter[2]**

[1]Department of Gynaecological Oncology, National Institute of Cancer Research and Hospital (NICRH), Dhaka, Bangladesh

[2]Department of Gynaecological Oncology, Popular Diagnostic Dhanmondi, Dhaka, Bangladesh

**Background:** Breastfeeding is essential for health of both infants and mothers, but it often encounters challenges such as postpartum breast complications. These issues can adversely affect maternal health and significantly hinder success of breastfeeding practices. Aim of study was to assess postpartum breast complications and breast-feeding practices.

**Methods:** This cross-sectional study was conducted in department of obstetrics and gynaecology, Dhaka medical college hospital, Dhaka, Bangladesh from February 2006 to July 2006. Two hundred patients in the postnatal ward who delivered their babies at DMCH were randomly selected.

**Result:** Among 200 postnatal women, 33.5% experienced breast problems. Women with breast problems were designated as group A and women without breast problems were designated as group B. Most women in groups A and B were aged between 21-30 years with average 24.8 years for both groups. Antenatal check-ups were similar across groups, with breastfeeding advice given to 55.2% in group A and 64.7% in group B pre-lacteal feeds were given to 19.4% of group A and 21.8% of group B neonates, while colostrum was fed to the majority. Most neonates were breastfed within 2 hours. Good breastfeeding position and attachment were observed in most cases. Exclusive breastfeeding was more common in group B (73.7%) than in group A (58.2%). Breast problems in group A included engorgement, lactation insufficiency, and nipple issues.

**Conclusions:** The study reveals that postpartum breast complications, notably breast engorgement and lactation insufficiency, significantly affects the breastfeeding effectiveness of new mothers.

**Keywords:** Postpartum, Breast complications, Breast-feeding practices, Baby-friendly hospital

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# Preconceptional Counselling: A gateway to Evaluate a Patient with Recurrent Pregnancy Loss

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**Background:** Recurrent pregnancy loss (RPL) affects 1-2% of couples attempting to conceive and represents a significant clinical and emotional challenge. Preconceptional counselling offers a valuable opportunity to identify and modify risk factors before conception, potentially improving outcomes for affected couples.

**Objective:** To evaluate demographic, clinical, and psychological characteristics of women with recurrent pregnancy loss attending preconceptional counselling and identify significant risk factors associated with primary and secondary RPL.

**Methods:** This cross-sectional study was conducted from October 2020 to September 2021 at the Fetomaternal Medicine Unit, Department of Obstetrics and Gynecology, Dhaka Medical College Hospital. Sixty-nine women with a history of two or more consecutive pregnancy losses were enrolled. Comprehensive assessment included demographic details, medical history, clinical examination, relevant laboratory investigations, and psychological evaluation.

**Results:** Among participants, 59.4% had the primary RPL and 40.6% had secondary RPL. The mean age was 30.7 ± 4.8 years, with 18.8% above 35 years. Irregular menstruation was reported by 39.1% of women and showed significant association with primary RPL (p=0.041). Obesity (BMI >25) was highly prevalent (55.07%) and significantly associated with both types of RPL (p=0.028). Hypothyroidism affected 14.5% of participants and was significantly associated with primary RPL (p=0.037). Psychological assessment revealed universal presence of negative psychological effects, with clinically significant depressive symptoms in 73.9% and pregnancy-related anxiety in 88.4% of participants.

**Conclusion:** Preconceptional counseling serves as an essential gateway for evaluating women with RPL, revealing significant modifiable risk factors including obesity, hypothyroidism, and psychological distress. The study highlights the importance of comprehensive assessment including endocrine evaluation and psychological support before conception. Addressing these risk factors through targeted interventions during the preconceptional period may improve subsequent pregnancy outcomes and alleviate the emotional burden associated with recurrent pregnancy loss.

## Biography:

Dr. Dina Layla Hossain

Maternal Fetal Medicine Specialist of Dhaka, Bangladesh

MBBS from Dhaka Medical College, 2006

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Special field of interest to manage High risk pregnancy.

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# Advancing and Translating Personalized and Precision Medicine in Pediatric Services to secure the human Wellness and Biosafety: Past, Present and Future

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And personalized tumor molecular profiles (tumor biomarkers can be OMICS-profiles that predict therapy response.), tumor disease site and other patient characteristics are then potentially used for determining optimum individualized therapy options.

Recent advances in systems biology and cancer pathology have tremendously affected the practice of pathology, gradually transforming it from a morphology-based into a precise molecular-based cancer-related discipline. The improvement of methodology for genomic testing has made it one of the cornerstones of PPM-related cancer medicine (PPO). Various genomic analyses of human can-cers are being incorporated into diagnostic and decision-making algorithms of the precision cancer pathology

Genomics and bioinformatics are those of the most rapidly emerging areas of cancer pathology-related research as applicable to PPM and PPO. Examples include the use of AI for improved DNA sequencing and SNP analysis to target specific cell and tissue types, biosensors for specific mole-cules in vivo, and point-of-care molecular diagnostic devices enabled by genomics- and IT tools. Coupled with IT, the upgraded tools are ever more efficient and robust within clinical settings.

In this context, most of advances in PPM-guided cancer management are associated with patient care and treatment, including development of new or more precise individual therapies and genome-driven diagnostics, which had implicated in better outcomes and extended survivals, mostly due to personalized approaches for each tumor, cancer patient and pre-cancer person-at-risk into the PPM era. In order to be effective and successful, PPM-guided approach as applicable to clinical oncology practice assumes the integration of several areas of interdisciplinary knowledge and advanced tech-nologies focused on patient's characteristics and specific healthy needs, including OMICS sciences, bioinformatics, biomarkers, digital health, data science & sharing, and data bioanalytics. In this con-text, the implementation of translational studies based on liquid biopsy and organoids or xenografts to evaluate molecular changes due to clonal pressure generated due to the use of target agents or tumor heterogeneity would help in the detection of mechanisms of resistance, suggesting the possi-bility for novel combinations. Precision pathology has therefore become fundamental not only to inform on tumor diagnosis and prognosis but also to drive therapeutic decisions in daily practice.

Providing functional PPM to cancer patients in real life is very challenging. Biodesign-driven transla-tional research has revolutionized how we develop new treatments for cancer patients. This shift in perspective, in which attention is focused on the specific molecular alterations of the tumor, has opened the door to personalized treatment. This situation is reflected in the increasing number of basket trials selecting specific molecular targets. But the complexity of cancer cells enriched with concomitant molecular alterations complicates identification of the driver. Moreover,

tumor hetero-geneity could be responsible for the lack of benefit when targeted agents are used. And thus the fusion of the above-mentioned strategies has created a new dimension for PPM-guided cancer therapy. This entails the development of next generation cancer targeted drugs (for therapeutic applications) and individualized cancer vaccines (for preventive purposes). The latter is becoming crucial for PPM-guided cancer therapy since the molecular heterogeneity of cancer, and the complex interaction of cancer, tumor microenvironment and immune cells, require sophisticated combinatorial geno-phenotypic testing in order to answer a broad scope of important questions for new cancer-related targeted agent discovery, preclinical and clinical development. So, PPM calls for a transdisciplinary approach, and considerations for how best to develop innovation frameworks to support safe and effective deployment of the new enabling diagnostic and therapeutic technologies in clinical oncolo-gy!

## Biography:

Dr Sergey V. Suchkov, MD, PhD

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, gradu-ated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia.

From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Re-search Institute in Moscow. From 1995 through 2004-a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK.

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- ARVO (American Association for Research in Vision and Ophthalmology);
- ISER (International Society for Eye Research);
- Personalized Medicine Coalition (PMC), Washington, DC, USA

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## SPEAKER PRESENTATIONS | DAY 2

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# Neonatal Intensive Care Unit: Ethical Dilemmas

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Sustainable Development Goal (SDG) is targeted for neonatal mortality. For Bangladesh, it is 12 per 1000 live births. Emphasis is being given on neonatal service at community as well as in facility level. Development of Special Care Newborn Unit (SCANU) and Neonatal Intensive Care Unit (NICU) is emphasized. A NICU is a specialized center for ill or premature newborn infants, typically directed by a neonatologist and staffed by nurses, resident physicians and other supporting staffs. The American Academy of Pediatrics (AAP) updated their policy statement of neonatal care into level-1, level-II (SCANU) and level-III (NICU) care. The care is intensified by advancement in NICU. But it is challenging from very premature, congenitally malformed and critically ill newborn infant. Parents smile from favorable outcome of sick infant from promising treatment in NICU. But sometimes it may invite unwanted sufferings and push parents into expensive financial burden. It is difficult to decide whether to do nothing or to do everything for a critically ill infant. Numerous ethical issues and conflicts in decision-making in such service are existent. The issues are related to dependent neonate, uncertain outcome, potential trauma, prolonged support, absence of established guidelines, increasing costs, organization of SCANU and emotional aspect. Basic principles of biomedical ethics in terms of autonomy, beneficence, nonmaleficence and justice need to be addressed. Decision for the best interest of newborn infant is based on perception of parents, medical staff and related others. Help from established guidelines and policies in case of unclear decision are crucial. Rational process and staff-friendly environment in NICU is essential for ethical decision making by the ethical team.

**Key words:** Ethical Dilemma, Decision Making, Neonate, Intensive Care Unit.

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# Sustained Effects of a Peplau-Based Anxiety Reduction Program in Total Knee Replacement Patients: A Repeated Measures Study

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**Background:** This study evaluates the effectiveness of a Peplau-based anxiety reduction program (PARP) in alleviating anxiety levels at three time points: before intervention (T1), after intervention (T2), and on the morning of surgery (T3).

**Methods:** A quasi-experimental study was conducted with 27 total knee replacement (TKR) patients receiving PARP a day before surgery. Anxiety levels were assessed using the State-Trait Anxiety Inventory (STAI) form Y-1 at T1, T2, and T3. Statistical differences were analyzed using the Friedman Test and Wilcoxon Signed Ranks Test.

**Results:** Anxiety levels significantly decreased post-intervention and remained lower on the morning of surgery. The Friedman Test indicated significant differences between T1, T2, and T3 ($\chi^2(2) = 54.000$, $p < .001$). Wilcoxon Signed Ranks Test showed anxiety at T2 was significantly lower than T1 ($Z = -4.543$, $p < .001$), and anxiety at T3 was significantly lower than both T1 ($Z = -4.545$, $p < .001$) and T2 ($Z = -4.549$, $p < .001$).

**Conclusion:** PARP effectively reduced anxiety levels in TKR patients at all measured time points, highlighting its potential as a valuable preoperative psychological preparation strategy.

**Implications:** Integrating PARP into preoperative care can enhance patient well-being, nursing education, and policy development by improving patient education, training, and quality improvement initiatives.

**Suggestions:** Future research should explore the program's generalizability, optimize its components, assess long-term outcomes, and evaluate feasibility in standard care protocols. A cost-benefit analysis is recommended to determine its economic viability compared to other anxiety reduction strategies.

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# Paediatric Ulnar Longitudinal Deficiency due to multiple hereditary exostoses result of Ulnar lengthening by ilizarov external fixation.

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**Introduction.** Multiple Hereditary Exostoses (MHE) is a rare bone disease when involve ulna can cause ulnar shortening and derangement of wrist biomechanics. Ulnar lengthening can solve both the issue of shortening and wrist deviation, cosmesis.

**Material and method:** InNational Institute of Traumatology &Orthopaedic Rehabilitation (NITOR), Bangladesh and private setting, we have operated 6 cases of MHE.among then one was bilateral ulnar lengthening and 5 was single deformity. All are treated by ilizarov external fixation and lengthening of ulna were done by osteotomy. Ring were keept for 12-14 weeks,in one case TENS were used for decreasing frame time.

**Result:** After the removal of ring, wrist deviation was corrected greater amount, ulna is lengthened. handfuction were improved significantly.

**Conclusion:** In MHE ulnar lengthening is good option for preserving the wrist bio mechanism and prevention deviation and cosmesis.

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# Investigation on the Association of Maternal Serum Visfatin Concentration with Gestational Diabetes Mellitus

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**Introduction:** Gestational diabetes mellitus (GDM) is a common pregnancy complication that can have adverse effects on both the mother and the child. Visfatin, an adipokine, has been suggested to play a role in the pathogenesis of GDM. Still, the association between maternal serum visfatin concentration and GDM remains unclear, particularly in the Bangladeshi female population. This study investigated the association between maternal serum visfatin concentration and GDM in the Bangladeshi female population.

**Methods:** A total of 69 patients participated in this study, including 34 patients with gestational diabetes mellitus (GDM, cases) and 35 patients without GDM (non-GDM, controls). Maternal age, gravida, pre-pregnancy BMI, family history of diabetes, fasting glucose, fasting insulin, HOMA-IR, and lipid profile were assessed. Serum visfatin concentrations were measured and compared between the two groups.

**Results:** The GDM group had significantly lower serum visfatin concentrations compared to the non-GDM group (0.72±0.38 ng/ml vs 1.12±0.7 ng/ml, $p < 0.05$).

**Conclusions:** This study suggests that lower maternal serum visfatin concentrations are associated with GDM and visfatin levels are inversely related to insulin resistance in women with GDM. Consequently, a potential role of visfatin in the pathogenesis and management of GDM is associated with the Bangladeshi population and thus visfatin may represent a novel diagnostic or prognostic biomarker for GDM. Therefore, further research will be valuable to elucidate the underlying mechanisms and explore the clinical implications of these associations.

**Keywords:** Gestational diabetes mellitus (GDM), Visfatin, Fasting Glucose, Fasting Insulin, HOMA-IR, Triglycerides, TC, HDL, LDL

## Biography:

Dr. Hasina Begum is an accomplished medical professional specializing in Gynecology and Obstetrics, with over 22 years of experience. She serves as an Associate Professor at the Institute of Child and Mother Health (ICMH), Dhaka, managing high-risk pregnancies, infertility, and surgical procedures. She actively trains postgraduate students, nurses, and healthcare workers. Holding an MS from Dhaka University and an FCPS in Feto-Maternal Medicine from BSMMU, she has contributed extensively to medical research, publishing in national and international journals. Her commitment to patient care, education, and research continues to shape maternal healthcare in Bangladesh, improving outcomes for countless women.

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# Personalized Bringing the Promise of Personalized and Precision Medicine (PPM) to Rare and Orphan Disorder Care: The Future of PPM through the View of Biodesign-inspired Hi-Tech Philosophy, Upgraded Mentality and Global Needs of the Consumers

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A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). The concept of PPM is becoming increasingly relevant for cancer treatment, moving from the 'one-size-fits-all' standard therapy to a more personalized scheme guided by molecular diagnostics.

A comprehensive molecular tumor analysis integrating a combination of NGS methods including whole-exome (WES), whole-genome (WGS) and transcriptome sequencing (RNAseq) offers the best chance for personalizing cancer care, enlarging the scope of therapy choices and offering potential new options for challenging cases, for instance metastatic tumors, rare cancer types, and cancers of unknown primary. Cutting-edge bioinformatics pipelines integrate the multiple data levels to con-struct Big Data and Data Sets and to generate a personalized tumor report. One key asset of this so-lution is the use of whole transcriptome data as a booster enhancing the sensitivity and information content of the diagnostic, predictive and prognostic tests. Up to now personalized and precision on-cology has been largely relying on identifying key mutations in the tumor DNA by means of panel sequencing, a method scanning only designated cancer gene targets. Though the panel approach helps to orientate therapy choices for particular cancer types, many "hard to treat" tumors remain in need of more effective diagnostic solutions.

The improvement of methodology for OMICS-based (i.e., genomic) testing has made it one of the cornerstones of PPM-driven cancer clinical practice, which would incorporate various genomic, pro-teomic and other assays of human cancers into diagnostic, predictive, prognostic, and decision-making algorithms. A consolidated team of molecular pathologists, IT experts and cancer practition-ers of the next step generation are becoming to play a crucial role in developing and implementing OMICS-based profiling tests in practice and communicate the results and their relevance with clini-cians. Such approach is considered to be of utmost importance for successfully translating the latest advancements into a benefit to patients, illustrating a generation of the "next-generation cancer pathologists, cancer-related practitioners and oncologists globally".

Another essential aspect in which the cancer-related pathologists and practitioners play a crucial role is developing and implementing OMICS-based tests being integrated with the frame of IT algo-rithms, in clinical oncology and communicating the obtained results with other diagnostic and thera-peutic disciplines (e.g., microbiology, clinical enzymology, genetics, immunology, etc) and clini-cians.

Along with the above-mentioned, theranostics is an innovative concept of personalized therapy that focuses on both the accurate selection of patients and providing them with targeted radioligand can-cer therapy to improve their

prognosis. As you see, the integrated value chain of PPM-related on-cology tools equips theranostics programs with state-of-the-art solutions at every step of the theranostics care pathway.

PPM has the potential to tailor therapy towards the oncogenic drivers of the tumor and modulate the tumor immune environment, whilst aiming to optimize tumor response and thereby taking into ac-count the therapy-induced toxicities for each specific patient. Globally, PPM in oncology is not lim-ited to optimizing anticancer therapies but can be utilized in tailoring the supportive care of patients diagnosed with malignancies, using the pharmacogenomics data to fine-tune targeted drug set pre-scription and then optimize the treatment strategies.

PPM-related cancer practice (Personalized and Precision Oncology/PPO) is guided by the specific biology of each patient's cancer – the type and subtype of the cancer, its set of genetic abnormalities, its vulnerability to certain therapies, including immunotherapy, and the patient's overall health. To-day, cancer-fighting drugs of the next step generation enable doctors to strike at cancer's fundamen-tal roots in the human genome, whilst using targeted therapies engineered to attack tumor cells with specific abnormalities, while leaving normal cells largely unharmed. Some agents are designed to strike directly at cells with specific genetic changes that drive tumors' development and survival, or to inhibit overactive signaling pathways that allow cancer cells to grow and divide uncontrollably.

The latter means that we are entering an era of rapidly evolving transformation in cancer research as it relates to medical practice, and a shifting paradigm of standardized health care in which detailed molecular information regarding a patient's cancer is being used for PPM-related treatments. More-over, there is an ever expanding repertoire of OMICS technologies and methods enabling liquid bi-opsies, and single cell profiling with the significant potential to revolutionize the world of oncology! We are seeing now a grand shift towards PPM-driven cancer practice to enable prevention, predic-tion and personalization in clinical oncology and healthcare as a whole.

Nowadays, taking into account the presence of different genetic changes in cancer patients or pre-cancer persons-at-risk, we would aim at making the need for PPO much greater to get the cancer pa-tients cured! In this context, functioning approach named Cancer Care Team or Trans-Disciplinary Care Team, clinical practice and process, evidence-based decision-making, and smart targeted thera-pies are becoming crucial! The latter integrates multidisciplinary experts and develops real-time therapeutic strategy based on clinical phenomes and translational genomics and related OMICS technologies. That approach provides comprehensive, whole-process, and personalized diagnosis and treatment services for patients with complex cancer or complex drug resistance progression; provides guidance for further adjustment of drug use; and establishes a multidisciplinary coopera-tive team, improves the quality of clinical diagnosis and treatment, and optimizes the process of medical services.

## Biography:

Dr Sergey V. Suchkov, MD, PhD

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, gradu-ated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia.

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- American Chemical Society (ACS), USA;
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- European Association for Medical Education (AMEE), Dundee, UK;
- EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU;
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# APPLE STRATEGY for HPV Vaccination Acceptance Among Teenage Girls in LMIC

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**Introduction:** The strategy known as Awareness,Prevention,Protection,Leadership, and Empowerment (APPLE) represents a comprehensive and all-encompassing global approach aimed at combatting the prevalence of Human Papilloma virus (HPV), a highly significant public health concern that has been strongly linked to the occurrence of cervical cancer and various other malignancies within the human population. This strategic framework places a strong emphasis on the implementation of universal vaccination programs, the establishment of robust screening initiatives, as well as the development of educational campaigns that are designed to enhance public awareness and encourage preventive measures(1).

Through the integration of these key elements, the APPLE strategy strives to effectively diminish the overall global incidence rates of HPV-related diseases, with a particular focus on regions characterized by limited healthcare resources, such as low- and middle-income countries. The ultimate success of this strategic approach is contingent upon fostering international cooperation, ensuring sustained financial support, and adapting programmatic efforts to suit the specific contexts of diverse localities(2).

This multifaceted and comprehensive approach is specifically designed to generate a lasting and sustainable impact on global health outcomes(3). By harnessing the most recent advancements in the realms of medical research and community-based health interventions, the APPLE strategy endeavours to achieve a substantial reduction in the prevalence of HPV- associated cervical cancer cases. Notably, this strategic framework aligns closely with the overarching global health objectives outlined by the World Health Organization, with a strong emphasis on the importance of early detection methods and preventive measures. Given the considerable burden of cervical cancer borne by the population of India, the implementation of this initiative is deemed essential in effectively mitigating the adverse impact of this disease on public health outcomes(4,5).

## Objectives

1. To estimate the levels of knowledge, attitude, and practice concerning the HPV vaccine among medical students.
2. To identify the deficiencies and barriers affecting HPV vaccination uptake and implementation.
3. To deliver comprehensive health education using APPLE strategy to enhance understanding and empower participants to make informed choices regarding their health.
4. To measure the impact of health education interventions.

## Methodology

Type of Study: Cross-sectional Study

Place of study:Tertiary care hospital in Kanchipuram

Study duration: 3 months (From the date of approval in 2025)

Study Population: UG and PG female medical students of tertiary care hospital.

i. Inclusion criteria: UG and PG female medical students of all semesters and all professional years.

ii. Exclusion criteria: Students who are not willing to participate in the study.

Sample size: 430 medical students

**Sampling method:**

Medical students will be selected by using Simple random sampling technique.

Data collection and intervention:

Health education will be provided using the APPLE (Awareness and Acceptance, Practice and Promote, Perseverance and Propagate, Learn and Lifestyle, Efficacy and Empowerment) strategy.

This process will be carried out for three months. Subsequently, a re-assessment is done after obtaining informed consent, the students would undergo an interview using the KAP (Knowledge, Attitudes, and Practices) questionnaire. This will help in determining any changes or improvements in the targeted areas.

Health education intervention on the participant's Knowledge, Attitudes, and Practices (KAP) concerning HPV vaccination will be measured. This comprehensive evaluation will help in determining the intervention's effectiveness in enhancing their understanding, altering their attitudes, and improving their practices related to HPV vaccination.

All the input from the study would be used to enhance and improve the HPV vaccination program at the medical college.

**Data collection tools:**

A Validated Semi-Structured KAP Questionnaire.

**Implementation:**

1. The implementation of the above project will be carried out by the investigator, who will be supported by the assistance of student volunteers.
2. The tools to be utilized will include the KAP questionnaire, which will be employed for both pretest and post-test evaluations. This approach will ensure a detailed assessment of the knowledge, attitudes and practices of the participants both before and after the intervention.
3. Health education materials, including PowerPoint presentations, visual charts, and interactive resources, will be utilized to effectively demonstrate the principles and strategies of the APPLE approach.
4. Medical students not present for the session will be excluded from the study.
5. One session will be held monthly for 3 months, the students who attend at least one session will be included. The students who do not attend at least one session will be excluded from the study.

**Data analysis:**

i. Data once collected will be entered in Microsoft Excel and analysis will be done using SPSS software Version 23.

ii. The impact of intervention, i.e., health education using the APPLE strategy among medical students will be assessed using a post-assessment KAP questionnaire.

iii. Outcome scoring – Pre assessment and post-assessment scores will be compared and expressed in terms of percentages.

**Implications**

- Assessing the knowledge and attitude of medical students concerning HPV vaccination will help in understanding the challenges and barriersto HPV vaccination among the targeted population.
- Assessing the practice of medical students concerning HPV vaccination before and after implementing the health education using the APPLE strategy will help in understanding the impact of the intervention.
- To enhance vaccination coverage rates and effectively address challenges related to completing the full dosage schedule, APPLE STRATEGY will be advocated, locally and Globally, to achieve the WHO Goal of " Elimination of Cervical Cancer by 2030 "..

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