

ROLE FOR NEOADJUVANT CHEMOTHERAPY AND LESS INVASIVE SURGERY IN MANAGEMENT OF EARLY STAGE CERVICAL CANCER IN BOTSWANA

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Objectives: Most patients with early stage cervical cancer are treated with a radical hysterectomy and lymph node dissection (LND). However, several low- and middle-income countries lack gynecological oncology expertise. We present our outcomes from treating patients with stage IA2-IB1 cervical cancer with neoadjuvant chemotherapy (NACT) followed by a simple hysterectomy and LND in absence of a gynecological oncologist.

Methods: Between 2017 and 2019, 8 women with early stage cervical cancer (IA2-IB1) with tumor size less than 2cm and absence of lymphovascular invasion in Botswana were treated with 3 cycles of NACT (carboplatin and paclitaxel) followed by a simple hysterectomy and pelvic LND performed by a general gynecologist.

Results: The median age at surgery was 50 years (42-63). Six women (75%) had stage IB1 disease. Six women (75%) were HIV-positive. Three patients (38%) had a pathological complete response with no detectable tumor on final pathology, and the other 5 patients (62%) had a partial response to chemotherapy and were able to undergo surgery. All patients completed chemotherapy as prescribed. None of the women had any high risk features consistent with Peters or Sedlis criteria. Median follow-up time was 3.5 years. One patient died 6 months after treatment due to a non-cancer related cause (accident). Overall survival for all patients was 87.5% and cause-specific survival was 100%.

Conclusions: These pilot data suggest favorable outcomes with NACT followed by a simple hysterectomy and LND for women with early stage cervical cancer in Botswana.