

EARLY STAGE CERVICAL CANCER IN BOTSWANA

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BACKGROUND:

- Most patients with early stage cervical cancer are treated with a radical hysterectomy and lymph node dissection (LND).
- 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.

Table 1: Demographic and clinical characteristics of cervical cancer patients

Characteristics	Overall n=8 (100%)
Age (y)	50.0 (46.0-54.0)
HIV status	
Positive	6 (75.0)
Negative	2 (25.0)
Disease stage	
IA2	1 (12.5)
IB1	6 (75.0)
IB2	1 (12.5)
Baseline laboratory values	
CD4 (cells/mm ³)	376.0 (371.0-481.0)
Viral Load	
Undetectable	5 (62.5)
Detectable	3 (37.5)
Pathological Response	
Complete	4 (50.0)
Partial	4 (50.0)
Nodes Positive Disease	0 (0.0)
Chemotherapy Cycles	
0	1 (12.5)
2	1 (12.5)
3	6 (75.0)

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RESULTS (CONT):

- 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.