Methods We reviewed patient files from January 2015 to December 2019 from the Princess Marina Hospital in Gaberone. Our curative RT eligibility criteria were TNM Stage T ≥3, N ≥1; AJCC Stage IIB to IIIC; and undergoing lumpectomy. This study received domestic and international Institutional Review Board approval.

Results We reviewed 441 patient records. The mean age was 53.0 years and 56.0% of patients presented with Stage IIIA-C breast cancer. The median distance traveled for RT was 155 km (range = 3.3–1082 km). We had surgery data on 313 patients (71%) with 41.0% of patients undergoing mastectomies and 11.3% undergoing lumpectomies. Most patients presented with a Karnofsky Performance Status of 90–100 (84.1%). The majority of patients were eligible for curative RT (340; 77.1%), however, only 150 (44.1%) went on to initiate radiation treatment. The median dose received was 4500 cGy and the median boost dose was 900 cGy. Univariate logistic regression analysis revealed the following variables as significantly associated with initiating RT: Mastectomy (p<0.001) and Karnofsky Performance Status >90 (p = 0.04).

Conclusions This study identified a sizable gap in RT uptake among patients with breast cancer in Botswana, with only 44.1% of eligible patients initiating treatment. Since radiation therapy is covered by the government, it is imperative to consider other factors that could contribute to the lack of treatment initiation, including health literacy and RT schedules with downtime.

Objectives To evaluate the results of sentinel lymph node research performed by physicians in training under the supervision of a qualified preceptor.

Methods This is a prospective Phase II trial including all consecutive early endometrial and cervical cancer patients, older than 18yo, from January 2016 to May 2022. All surgical procedures were performed by surgeons in training, under the supervision of a qualified preceptor. SLN detection was performed with blue dye or ICG, preferably combined with a radiotracer/Technetium (availability).

Results 284 patients were included (130 cervical and 154 endometrial cancer). 185 (65.1%) underwent laparoscopy, 88 (31%) laparotomy, and 11 (3.9%) robotic surgery. Lymphadenectomy was performed in 149 (52.4%) cases: 122 (82%) bilateral and 16 (11%) unilateral pelvic, and 11 (7%) pelvic and paraaortic. Lymphoscintigraphy was performed in 122 patients (122/284), with a 75% detection rate with the gamma probe (91/122). Detection rate was 73.3% (208/284) with blue dye, 69.7% (145/208) bilateral. ICG was introduced in May/2021, and 38 patients were included, 31 in combination with Technetium, with 95% (36/38) bilateral and 5% (2/38) unilateral detection rates. There were no Grade 3–4 complications in 30 POD.

Conclusions In this Phase II trial, SLN biopsy performed by surgeons in training is feasible, reproducible, and may achieve excellent detection rates, mainly when ICG was combined with Technetium.