Abstract EP046/#457 OUTCOMES OF WOMEN DIAGNOSED WITH INVASIVE CERVICAL CANCER AS PART OF A SCREENING PROGRAM IN MOZAMBIQUE: A SUBSET-ANALYSIS OF THE MULHER STUDY

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Objectives This study aimed to characterize factors associated with survival and response to treatment among women with cervical cancer in Botswana.

Methods Patients with histologically confirmed cervical cancer were prospectively enrolled between June 2019 and June 2022 at the Iapabalele study in Botswana. Response to treatment was characterized using squamous cell antigen (SCCa) level <2.2 ng/ml at the end of treatment and 3 months post treatment.

Results Of 293 women diagnosed with cervical cancer, 73.7% (n=216) were women living with HIV (WLWH). Fifty-six percent (n=150) of all patients had a complete response to chemotherapy only. No patients received primary chemoradiation due to limited capacity and long wait times for radiotherapy. Six patients (27.3%) received only palliative care or died prior to receiving any treatment and five patients are awaiting workup/treatment.

Conclusions As cervical screening programs are implemented in low-resource settings, there will be an increase in the number of women diagnosed with invasive cervical cancer. Our results in Mozambique demonstrate the need to increase access to advanced surgery, radiation, and palliative care services.
treatment by clinical assessment and 65% (n=78) based on SCC-Ag. There was no difference in response to treatment by either clinical or SCC-Ag by HIV status. Two-year overall survival (OS) probability was 73%. There was no difference in survival by HIV status (5-year OS was 57.1% for WLWH and 61.9% for those without). Survival probability difference by HIV status was not significant. In multivariable regression, EQD2 >80Gy (p<0.0001) and at least four chemotherapy cycles (p=0.002), were significantly related to OS. In logistic regression of clinical and SCC-Ag response, only final stage was associated with clinical response (p<0.001). Among patients with clinical and SCC-Ag documented (n=118), there was no correlation between SCC-Ag and clinical response.

Conclusions Multivariate survival regression of cervical cancer patients demonstrated EQD2 >80Gy and greater than 4 cycles of chemotherapy were associated with OS. There was no difference in OS by HIV status. Further studies are needed to evaluate cut-offs for SCC-Ag and the role of SCC-Ag in Sub-Saharan Africa.

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**STAGING CERVICAL CANCER WITH PET/CT IN LIMITED RESOURCE SETTINGS**

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Objectives To determine the utility of PET/CT in staging locally advanced cervical cancer (LACC) in limited resource settings.

Methods Cross-sectional observational study of 984 records of patients with clinically proven LACC was performed. Only 142 patients had clinical and both image techniques (CT and PET/CT images) available and suitable for evaluation. PET/CT was requested when CT was consistent with advanced disease. Descriptive statistics, Xi^2, and Cohen kappa were performed.

Results Mean age at diagnosis was 47.7 years. All cases were locally advanced disease, most common stages were IIb (41.5%) and IIIC1 (41.5%) for clinical and CT, and IIIC1 (41.5%) for PET/CT. Upstage was present in 74% of CT evaluations and 84% for PET/CT in comparison to clinical staging. Concordance between CT and PET/CT in staging was 50%, with better results in the group of patients with stages IIb and IIIC1. In case of Stage IVB concordance was 33%. Eleven percent of cases IIIC1–2 by CT were upstaged to IVB by PET/CT (Xi^2 = 85.2, p = 0.0001). Concordances given 0% positive tests compared to a parallel group. Another interesting and unique conclusion for this study is that multiple births do not constitute a risk factor for malignant and pre-malignant findings in the cervix, in contrast to what is reported in the literature.