

FCS720

THE INTEGRATION OF THERMOCOAGULATION INTO THE CERVICAL CANCER PREVENTION PROGRAM IN ZAMBIA

THEME: AB 08 GYNECOLOGICAL ONCOLOGY/ SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives :

Low- and middle- income countries have historically used cryotherapy to treat cervical cancer precursors that do not require excision. Cryotherapy use in these environments is often limited by refrigerant gas costs, a fractured gas supply chain, lack of portability when screening in remote areas and the duration of treatment, which can last up to 12 minutes. In 2012 because of these challenges, Zambia's cervical cancer prevention program piloted thermocoagulation in the tertiary hospital-University Teaching Hospital-and a district clinic. Since, it has also been integrated into the rural outreach screening program.

Method:

Our screening and treatment approach involves the following steps: Women receive cervical cancer prevention education by peer educators. Then they undergo visual inspection with acetic acid (VIA) by trained nurses. For those who screen VIA- positive and have a lesion eligible for ablative therapy, thermo coagulation is performed using either WiSAP or Liger thermo coagulators. Women with more complex lesions are referred for histologic evaluation. Data were retrospectively analyzed from stationary clinical sites and ten outreach programs; all providers underwent a survey regarding experience with its use (n=6).

Results:

Since 2012, 1,162 eligible women have been treated with thermo coagulation (stationary clinics n=746; rural outreach n=276; clinical research, n=140). Of the 886 women receiving treatment in stationary clinics or as part of clinical research, 50.3% were HIV positive. HIV data were not available for the rural outreaches. No major complications were reported, regardless of HIV status. The most commonly reported side effect was mild cramping during treatment. No treatment interruptions were reported. Thermocoagulation is acceptable treatment for cervical precancer and is preferred over cryotherapy by surveyed providers.

Conclusions:

Thermo coagulation is a safe, acceptable and practical treatment option for cervical precancer in women in resource-constrained environments.