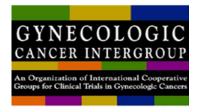


Management of Cervical Cancer in Resource Limited Settings

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- 84% of incidence and death occur in LMIC.
- Fourth highest cause of cancer-related death in women.
- Mortality varies 18-fold among different regions of the world.
- Most available guidelines address women and clinicians in highresource settings.
- Resource stratified guidelines
 - NCCN (2016 version 2)
 - ASCO (2016)



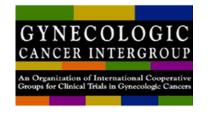
Barriers

- Lack of access to surgeons trained to perform radical surgeries or to radiation.
- Challenges in acquiring routine supplies of chemotherapy and radiation equipment.
- Recommendations are based on weak evidence.
- Practitioners should offer treatments recommended for enhanced/maximal settings whenever possible.

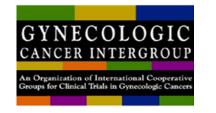


Resource Stratified Settings

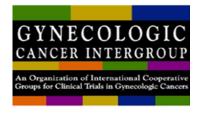
Basic	Essential services providing basic minimal standard of care
Limited/Core	Additional services available to provide major improvement in outcomes that are not cost prohibitive - Limited surgeons to perform radical hysterectomy and radiation machines. Chemotherapy drugs are not always available.
Enhanced	Additional services available to provide lesser improvement in outcomes that may be cost prohibitive
Maximal/NCCN	Further lesser improvement in outcomes



LIMITED (ASCO) OR CORE (NCCN)	ASCO	NCCN
IB1 – IIA1	 Rad hys (RH) CCRT Neoadjuvant CT (NACT) followed by RH or hys if no RT 	1. RH 2. CCRT
IB2 – IIA2	 NACT followed by RH CCRT followed by hys if no brachytherapy Brachytherapy and concurrent CT followed by RH if no EBRT RH 	1. CCRT 2. RH

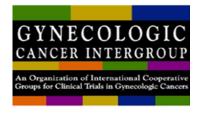


LIMITED OR CORE	ASCO	NCCN
IIB, IIIA	 CCRT or RT followed by extrascial or modified hys NACT followed by hys Extrafascial or modified hys plus adjuvant therapy 	 CCRT NACT followed by RH CCRT followed by RH RT + CT if no brachytherapy and surgery
IIIB, IVA	 CCRT or RT followed by hys NACT followed by hys CCRT plus adjuvant CT 	 CCRT NACT followed by RH CCRT followed by RH RT + CT if no brachytherapy and surgery



Key Points: Lack of Radiation Machines

- Early-stage disease
 - Extrafascial hysterectomy or its modifications.
 - Neoadjuvant chemotherapy followed by surgery is recommended.
- Shorter radiation fractionation schemes with curative intent may be used.



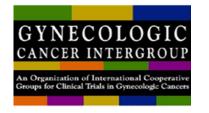
Key Points: Lack of Brachytherapy

- Options:
 - 50.4 Gy CCRT followed by radical hysterectomy.
 - CCRT with a boost of 68 Gy followed by extrafascial hysterectomy if there is residual disease or initial tumor >6cm.



Future Directions

- Too many patients and too few radiation machines
 - Hypofractionation? TRIAL?
- Unpredictable chemotherapy supply
 - Radiation without chemotherapy? RT
- Lack of surgeons to perform radical hysterectomy
 - Extrafascial or its modification for early cervical cancer? SHAPE/ConCerv trial
 - IGCS gynecologic oncology fellowship or SGO/ASCO/HVO training program
- No brachytherapy
 - NACT followed by CCRT randomized to RH vs extrafascial hys trial (CANTU'S TRIAL?
- Palliation: care, radiation and surgery
 - Cervix Cancer Education Symposium, January 2017, Mexico



References

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 Resource-Stratified Clinical Practice Guideline 2016.
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