OBSTETRIC OUTCOMES AND CIN CURE RATES FOLLOWING THERMO-COAGULATION (COLD COAGULATION) IN A UK SETTING. CAN WE APPLY THIS TO THE MANAGEMENT OF CIN USING VISUAL INSPECTION WITH ACETIC ACID (VIA) AND TREATMENT IN LOW RESOURCE SETTINGS?

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Objectives: The aim of this retrospective audit was to establish cure rates and preterm delivery rates (PTD) following thermo-coagulation (thermo) treatment for CIN.

Methods: Retrospective data collection of patients undergoing thermo at the Shrewsbury and Telford Hospitals during 2000-2012. Pre-treatment cytology and histology were collected with subsequent follow-up cytology for 558 patients. Data on additional treatments following the Thermo was also collected. Cure rate was taken as no dyskaryosis on cytology at 6-12 months post treatment. The PTD rate was defined as spontaneous deliveries <37/40.

Results: Pre-treatment histology confirmed CIN2+ in 71% (398/558). The cure rate at 6-12 months was 95.7% (534/558), with only four (0.7%) having high-grade dyskaryosis. Excisional treatment was required in 3.58% (20/558) of patients, of which 55% (11/20) had CIN2+ and one had a 1b1 squamous cervical cancer, however this patient was treated outside of our protocol. Following thermo 136 deliveries occurred of which 10 (7.35%) were spontaneous prior to 37/40 (range 27+0 - 36+6).

Conclusion: The safety and efficacy of thermo have been demonstrated in our data. There are concerns about the lack of robust data surrounding the use of cryotherapy for the treatment of high grade disease. Consideration should be given for a more widespread use of thermo as part of the management of CIN, in combination with visual inspection of the cervix with acetic acid (VIA) in low resource settings.