

## **Long-Term Outcomes among Women with Cervical Cancer Treated From 1960-1987**

Christopher Yopp MPH<sup>1</sup>, Jo Benda MD<sup>1</sup>, Colleen Stockdale MD, MS<sup>1</sup>, Jami Shepard, MD<sup>1</sup>, Amina Ahmed, MD<sup>1</sup>

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### **Objective**

Determine long term survival among women treated for cervical cancer, with outcomes available up to 48 years following diagnosis, to provide long-term information regarding mortality and morbidity following treatment.

### **Methods**

Retrospective chart review of 356 women aged 15-35 years treated for cervical cancer between 1960 and 1987 at a single institution with outcomes available through March 2008.

*<sup>1</sup>Department of Obstetrics and Gynecology, Carver College of Medicine, University of Iowa Hospitals and Clinics, Iowa City, IA, 52242*

### **Results**

The mean age at diagnosis was 29.8 years; 95% were white, 89% were parous, 52% had a history of hormone use including oral contraceptives, 13% had been treated for an STI, 50% reported tobacco use, 71% had never had an abnormal Pap smear, Pap smear finding prior to diagnosis of cancer was low grade dysplasia in 56%, 94% did not have a family history of cervical cancer. Histology was squamous cell in 85% and adenocarcinoma in 12%. FIGO clinical stage revealed: 54.2% Stage I, 6.7% Stage II, 3.4% Stage 3, 1.1% Stage 4, and 34.6% un-staged.

As expected, long-term survival and cancer recurrence was associated with initial cancer staging. 87 (24%) of women were determined to have recurrent disease with a mean age of

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**Corresponding author:** Jami L. Shepard, *Department of Obstetrics and Gynecology, University of Iowa, 51244 PFP, 200 Hawkins Drive, Iowa City, IA 42242.* [Jami-shepard@uiowa.edu](mailto:Jami-shepard@uiowa.edu).

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recurrence of 32 years. Among women with Stage IA disease there was one recurrence, while all women with Stage III disease had at least one recurrence. No woman with stage IV disease survived beyond the initial treatment period. 157 (44%) of women had passed away by May 2008, of which 74% deaths were from primary or recurrent cancer. Mean age of death was age 47 years. No variables were identified which impacted the duration of survival or risk for cancer recurrence beyond clinical stage of cancer.

### **Conclusion**

Among a cohort of young women treated for cervical cancer over a 27 year period, with survival available up to 48 years from initial diagnosis, there were no variables identified which impacted the duration of survival beyond the initial stage of cervical cancer at presentation.