Conclusion These data came to demonstrate that even in cases in which mild forms of COVID-19 infections have been reported, extended surgical procedures such as pelvic exenteration might be associated with a higher risk of perioperative complications.

**Methodology**

Ninety contrast-enhanced MRI images of patients with cervical cancer were retrospectively enrolled. Sixteen patients did not participate in the model building process in order to verify the generalization ability. Totally 446 slices (512×512) with tumors were annotated by radiologists, among that 358 slices were used for training and 88 slices for testing (figure 1). A symmetric eight-layer deep networks were developed by the nnU-Net framework and the channel dimension was 32, 64, 128, 256, 480, 480, 480, 480, respectively. In addition, the training epoch was 1000 with a random 20% validation set(Initial lr=0.001, optimizer: SGD).

**Results**

Dice similarity coefficient(DSC), 95% Hausdorff distance(95% HD) and average surface distance(ASD) were applied to evaluate the segmentation performance (table 1). The average DSC of all slices was 0.77(median 0.83, maximum 0.95). The average 95% HD was 5.92 mm(median 3.56) and the average ASD was 0.88 mm(median 0.12). 14 of 16 patients’ average DSC exceeded 0.70 and average ASD were less than 1.2 mm. Meanwhile, 10 of 16 patients’ average 95% HD were less than 5 mm.

**Conclusion**

This experimental result indicates that the tumor of cervical cancer on dynamic contrast-enhanced MRI images can be accurately segmented under small sampling, with a great application potential as assistant tool for real-time dynamic delineation. Deeper studies will be conducted by validating this model on a larger sample and enhancing the robustness of the model clinically.
Whatever the screening frequency, in both strategies, about 50% of costs were related to Self-HPV testing, while for the Self-HPV/VIA strategy, triage accounted for approximately 1% of costs. At equal frequencies, costs of precancerous treatment were higher in Self-HPV than Self-HPV/VIA strategies, due to high overtreatment rate of CIN1 in the absence of triaging. The costs of cancer treatment were comparable in both strategies.

Conclusion Cost-effectiveness depends on the type and frequency of screening. These results may support decision-makers in selecting adequate screening strategies and frequencies according to their willingness to pay per QALY gained.

Results From January 2020 to December 2021, 57 patients were enrolled (54 assessable): median age 56 years, 28 (52%) pre-treated by bevacizumab, median follow-up 7.4 months. For primary endpoint, 25/54 (46.3%) patients had disease control at 3 months and 6/54 (11.1%) patients presented a Grade ≥2 GU/GI fistula/perforation (5 fistula/1 perforation). Overall response rate was 9.3% (5/54), with no complete response. Median progression-free and overall survivals were 2.8 [95%CI: 2.5–4.6] and 8.9 [6.7–14] months, respectively. Toxicity-related dose reduction was observed for 26 patients. Grade ≥3 treatment-related adverse events were GI toxicities (13% G3, 2% G5), hypertension (7.5% G3), asthenia (14.8% G3).

Conclusion Cabozantinib monotherapy showed promising efficacy with manageable toxicity in a/m CC.

Introduction/Background Lymphoepithelioma-like carcinoma (LELC) is a rare variant of squamous cell carcinoma (0.7% of primary cervical tumors). It has been identified in the lung, thymus, stomach, salivary glands and skin. Uterine cervical localization is very rare.

Methodology A retrospective descriptive study of 3 patients diagnosed with LELC of the uterine cervix in the radiotherapy oncology department of Farhat Hachad Sousse. Data of the three cases was gathered between 1995 and 2018.

Results The patients were 26, 63 and 74 years old at the time of diagnosis. Clinical symptoms were dominated by metrorrhagia and pelvic pain. The gynecological examination showed a bleeding ulcerating mass of 4 to 12 cm long axis, delivered through the cervix in one patient and a bleeding cauliflower-like indurated cervix in the other two. The biopsy concluded to a LELC of the uterine cervix. The MRI showed locally advanced tumor with invasion of the vagina, parametria and posterior bladder wall, classified as IVA according to FIGO in all 3 patients. Node involvement of the internal iliacs was observed in one patient. Two patients had comitant radio-chemotherapy and one patient was treated by exclusive Radiotherapy (RT). In the 3 patients, RT was delivered at a dose of 45 Gy with a complement up to 66 Gy in only 2 patients, at a rate of 1.8 Gy/session, 5 sessions/week. The evolution was marked by the occurrence of two local recurrences after 4 to 5 years, treated by palliative CT. After a median follow-up time of 8 years, two patients died while one patient was in full recovery.

Conclusion LELC of the uterine cervix is a very rare tumor, distinguished by its morphological character and its often favorable prognosis, which was not the case in our observation given the discovery of the tumor at a late stage compared to the literature.