

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.

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A PHASE II STUDY ASSESSING SAFETY AND EFFICACY OF CABOZANTINIB FOR ADVANCED OR METASTATIC CERVICAL CARCINOMA AFTER PLATINUM TREATMENT FAILURE (CABOCOL STUDY)

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Introduction/Background The addition of bevacizumab and pembrolizumab to platinum-based chemotherapy improves survival in advanced/metastatic cervical cancer (a/m CC). However, few therapeutic options are available after progression, associated with a poor prognosis. Cabozantinib, an oral small molecule tyrosine kinase inhibitor targeting several receptor tyrosine kinases known to influence tumor growth, metastasis, and angiogenesis, represents a potential active treatment in CC. CABOCOL study concomitantly assessed the efficacy and safety of cabozantinib monotherapy in a/m CC after failure to platinum-chemotherapy (NCT04205799)

Methodology CABOCOL was a single-arm two-stage multi-center phase II trial. Using a Bryant-and-Day design, the primary endpoint was based on both clinical efficacy and safety: the 3-month disease control rate (DCR) and the proportion of patients experiencing gastro-intestinal (GI) or genito-urinary (GU) perforation/fistula grade ≥ 2 within 1 month after the end of treatment. Considering $\pi_{\text{Efficacy}0}=30\%$ / $\pi_{\text{Efficacy}1}=50\%$ the unacceptable/acceptable 3-month DCR, and $\pi_{\text{Toxicity}0}=25\%$ / $\pi_{\text{Toxicity}1}=10\%$ the unacceptable/acceptable perforation/fistula rate, and a 10% drop-out rate, 57 patients were needed (51 assessable): $p_{\text{Efficacy} \geq 21/51}$ and $p_{\text{Toxicity} \leq 9/51}$ will allow considering the study as positive. Cabozantinib was administered at the daily oral dose of 60 mg in a 4-week cycle, up to disease progression or unacceptable toxicity.

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.

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LYMPHOEPITHELIOMA-LIKE CARCINOMA OF THE UTERINE CERVIX: A-THREE CASE STUDY

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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 Hached 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 concomitant radio-chemotherapy and one patient was treated by exclusive Radiotherapy (RT). In the 3 patients, RT was delivered at a dose of 45Gy with a complement up to 66Gy in only 2 patients, at a rate of 1.8Gy/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.