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)

**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 multicenter 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) perforation/fistula grade ≥2 within 1 month after the end of treatment. Considering π_{efficacy} = 30% / π_{efficacy} = 50% the unacceptable/acceptable 3-month DCR, and π_{toxicity} = 25% / π_{toxicity} = 10% the unacceptable/acceptable perforation/fistula rate, and a 10% drop-out rate, 57 patients were needed (51 assessable); p_{efficacy} ≥ 21/51 and p_{toxicity} ≤ 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

**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 Hachached 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-therapy 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 7 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.