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POSTER

CERVICAL CANCER SCREENINGS (CCS): PRELIMINARY RESULTS OF A FRENCH PILOT STUDY IN THREE DISTRICTS OF LYON SUBURBS

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Aims: Cervical cancer frequency in France is from 12 to 16 per 100.00 per year, despite an efficient screening test: the Cervical Smear (CS). This campaign aims to increase women participation, specially for high risk groups, helped by an intensive collaboration of local practitioners and social workers.

Methodology: From November 93 to October 94, a free CS was proposed to 30846 women, from 25 to 65 year-old, living in one of the three target districts (Saint Fons, Saint Priest, Vénissieux).

Women information was performed by sending a personalized letter and using local audio visual possibilities, provided by the town council. Direct information was also given by all family practitioners and/or gynaecologists. During medical consultation, epidemiologic information were collected for each woman, and according to French recommendation of "Consensus de Lille", a CS was eventually done. All the action is free of charge for the women, due to the French Insurance System and personal complementary insurance.

Results: From November 93 to October 94, 2934 women were included in the study. 33% were over 50 and participation rate was higher for women over 50. 43% of CS were done by the family practitioner. In this series, 58.3% of women had an insufficient screening, with a 70% rate for women over 50. For 8.2% of them, no previous CS were performed. High quality of technic may be underlined, with 98% of interpretable CS. Only 33 abnormalities were found (2%).

Conclusions: After one year, a low women participation is observed. Nevertheless, a fraction of high risk group was screened: 3 out of 4 women over 50 had an insufficient or no screening and we noted a good participation for menopausal women. Furthermore, this action will continue for 3 years and new advertisements will be done.

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POSTER

SOLUBLE CD30 (SCD30) SERUM LEVELS IN PATIENTS WITH EMBRYONAL CARCINOMA (EC) OR MIXED GERM CELL TUMORS (GCT) WITH EMBRYONAL COMPONENT

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Recently, raised sCD30 levels have been reported in a small group of pts with EC or GCTec (GCT with embryonal component). In this study, we measured by a sandwich ELISA the level of sCD30 in 30 pts with EC or GCTec. In 21 pts the level was measured after surgery and before chemotherapy, in 3 pts with extragonadal GCT before chemotherapy and in 6 at relapse. Abnormal levels (>20 U/ml) were found in 12/24 pre-chemotherapy pts and in 1/6 relapsed pts. Higher median levels (67 vs 11 U/ml, $P = 0.04$) were found in pts with more advanced disease and/or lung metastasis. At immunohistochemistry (IHC) the presence of tumor cells expressing CD30 was detected in 8/14 pts; of the 8 pts with positive cells at IHC, 6 also had abnormal serum levels, vs only 1 of the 6 pts with negative IHC. Therefore, there was a correlation in 11/14 (78%) cases between serum level and CD30 expression at IHC. These preliminary data suggest the possible interest of sCD30 serum detection in pts with EC or GCTec as new tumor marker.

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POSTER

IS THERE A ROLE FOR POSTOPERATIVE RADIOTHERAPY IN CERVICAL CARCINOMA?

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Objective: The value of postoperative radiotherapy after extended radical hysterectomy is disputed, because postoperative radiotherapy is commonly given to high risk patients without randomisation.

Materials and methods: 114 patients with squamous cell carcinoma of the cervix were grouped according to fractionation and dose of radiotherapy in a retrospective study: Group (A) more than 45 Gy continuous course. Group (B) less than 45 or split course radiotherapy.

Results: For 57 patients of the group (A) the 5 year relapse-free survival was 67% vs. 26% in group (B) ($P = 0.0002$). 51 cases were available for Cox-regression analysis: the quality of radiotherapy, the size of the tumor and lymph node involvement were significant.

Conclusion: Dose and fractionation are of significant impact for the value of postoperative radiotherapy.

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SECOND-LINE CHEMOTHERAPY WITH BLEOMYCIN/VINDESINE (ELDESINE®)/MITOMYCIN-C (BEM) IN CERVICAL CANCER (CC) PATIENTS

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Background: EORTC-GCGG protocol 55863 investigates the potential superiority of a 4-drug cisplatin (P) containing combination (BEMP) over P alone in patients (pts) with squamous cell CC. The value of combination chemotherapy after P is unclear.

Objective: A second goal in protocol 55863 was to study the activity and toxicity of the BEM regimen in squamous cell CC pts after P.

Methods: Pts who progressed (PD) on P after 2 or 4 cycles or who showed no change (NC) after 4 cycles were planned to start BEM. Pts relapsing after an initial response (CR or PR) to P could be treated with BEM also. BEM consisted of E 3 mg/m² iv, d1, 8, B 15 mg/d (continuous infusion starting 6 hrs after E), d1-3, and M 8 mg/m² iv, d4 (at the end of the infusion of B). BEM was given every 4 weeks.

Results: So far 37 pts were considered eligible for this study. Their median age was 54 yrs (range: 30-71 yrs), median performance status 1 (0-3); 26 pts had received prior radiotherapy. Responses (WHO) are summarized in the table below:

Response on P	N	Interval*	PR	NC	PD	NE	TE	RR	Duration
PD or NC → PD	21	4 wks	3	3	9	2	4	17%	17-32 wks
NC	9	4 wks	2	2	4	1	-	22%	10, 27 + wks
CR(1) + PR(6)	7	4 wks	1	2	2	1	1	17%	23 wks
All categories	37	4 wks	6	7	15	4	5	19%	24(10-32) wks

* Median time between P and BEM. NE = not evaluable, TE = too early.

Nadir values (median and ranges) were for WBCs $2.2 \times 10^9/l$ ($0.5 - 4.9 \times 10^9/l$), for platelets $154 \times 10^9/l$ ($14 - 315 \times 10^9/l$). Grade 3 neurotoxicity occurred in 3 pts, grade 3 infection in 1. There were 2 treatment related deaths.

Conclusion: BEM after P has only moderate activity. Evaluation of new drugs as single agent should have high priority in these circumstances.

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PUBLICATION

COMBINED RADIOTHERAPY AND IMMUNOTHERAPY IN ADVANCED STAGES OF CANCER OF THE UTERINE CERVIX

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Material and Method: 31 women with squamous cell carcinoma of the cervix were entered in this pilot study, 15 stage II_b L (lateral extension to the parametria) and 16 stage III. In 27 women the tumor diameter was >3 cm (87.1%). All women underwent combined modality treatment with XRT (external irradiation 54 Gy + 20 Gy Brachytherapy) and the administration of 3 MIU daily interferon alpha-2a together with 30 mg 13-cis retinoic acid. Total treatment duration was 2 months.

Results: The response rate was evaluated 6 weeks post treatment. In stage II_b L complete response (CR) was present in 14 pts (74.2%) and partial response (PR) in 8 (25.8%). In stage III CR was present in 9 pts (56.3%) and PR in 7 pts (43.8%). A colpo-hysterectomy with lymphadenectomy (Wertheim) was carried out in 11 women (35.5%) and histological CR was proven in 6 (54.5%). The disease free survival was 21.65 months \pm 5.64. Regional relapses were detected in 4 women during the two years (17.4%). The 2 year survival was 96.8% (30 pts). Complication rate was acceptable.

Conclusion: The combination of 13CRA and interferon with XRT is well tolerated therapy for advanced stages of squamous cell carcinoma of the uterine cervix and these early results appear promising.