1186 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 menopaused women. Furthermore, this action will continue for 3 years and new advertisements will be done.

1187 POSTER

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

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Recently, raised sCD30 levels have been reported in a small group of pts with EC or GCTec (GCT with embrional 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.

1188 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.

1189 POSTER

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

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Background: EORTC-GCCG 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/m^2 iv, d1, 8, B 15 mg/d (continuous infusion starting 6 hrs after E), d1–3, and M 8 mg/m^2 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 × 10^9/l (0.5–4.9 × 10^9/l), for platelets 154 × 10^9/l (14–315 × 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.

1190 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 ± 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.