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SOLID PSEUDOPAPILLARY TUMOR OF THE PANCREAS. ABOUT 4 CASES

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Introduction: Solid pseudopapillary tumor of the pancreas (SPPTP) is an uncommun cystic tumor with attenuated malignancy. The objective is to determine diagnostic and therapeutic features while emphasizing the contribution of imaging
Methods: Pancreas This is a retrospective study of 4 cases of SPPTP proven histologically and operated in department of general surgery, Habib Bourguiba Hospital, Sfax, Tunisia, during the last 15 years
Results: The mean age was 32.5 years. The average time between the onset of clinical symptoms and surgery was 1.7 year. The epigasrtric pain was the main revealing symptoms. Clinical examination has revealed an abdominal mass in 2 cases. Abdominal ultrasound and computed tomography had shown an abdominal mass in all cases, with a mean size of 15 cm. The tumor was located at the tail of the pancreas in 2 cases, at the pancreatic body and tail in 1 case and occupying the entire pancreatic gland with extension to the omentum burse in one case. All patients were operated on. The surgical procedure was a tumorectomy in 3 cases and a median pancreatectomy in one case. The diagnosis of SPPTP was confirmed by histological examination with immunohistochemical study in all cases. Surgical limits were healthy in all cases. No patient had adjuvant or neo adjuvant therapy. One patient died during surgery because of hemorrhage. No local recurrence or metastases were observed after a mean follow up of 1 year.
Conclusion: The diagnosis of SPPTP is suspected on clinical and radiological signs (CT, MRI) and confirmed by histological examination. The treatment of choice is surgical complete resection.

CANCER INCIDENCE IN MISURATA CANCER CENTER

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A Hospital-Based Registry Of Cancer Was Used To Document The Facts Of Patients Received By Misurata Cancer Centre In The Year Of 2016.

Introduction: Studying the epidemiological data of cancer cases provides vital scientific information to evaluate and estimate the burden of the disease.
Methods: Epidemiological Data Of Cancer Cases
A total of 974 cases were diagnosed by different types of cancers in the department of histopathology and recorded as cancer patients. Among them were 538 females with average age of 53 years old. The recorded male cancer patients were 436 men with average age of 57.7 years old.
Results: The most common cancers in women were: breast (n=222; 41.3%), colon (n=69; 12.8%), lymphoma (n=32; 5.9%), ovary (n=31; 5.8%) and uterus (n=27; 5%). On other hand, the most common cancers in men were colon (n=80; 18.3%), lung (n=80; 18.3%), prostate (n=55; 12.6%), lymphoma (n=42; 9.6%), and leukemia (n=22; 5%).
Conclusion: The Cancer Incidences Present The Source Of Cancer Clinical Information Required For Estimating The New Cases And Improving The Strategies For Cancer Diagnostics And Therapy.

LONG-TERM SURVIVAL OF COLORECTAL CANCER : EXPERIENCE OF SURGERY DEPARTMENT OF FARHAT HACHED HOSPITAL SOUSSE TUNISIA

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Introduction: Colorectal cancer is, by its frequency and severity, a major public health problem. It is the third most common cancer in the world. In Tunisia, the incidence of CRC is difficult to specify due to lack of a national cancer registry. It is estimated at 3.8 for 104 inhabitants / year.
Methods: Digestive Surgery
Results: We Led A Retrospective Study At Surgery Department Of Farhat Hached University Hospital In Sousse From January 2004 To December 2012 Including 130 Patients With CRC. We Aim To Study The Overall Survival And Recurrence-Free Survival Of CRC After Curative Surgery. The Average Age Was 59.72 Years (22 - 90 Years). The Sex Ratio Was 1.20 And Predisposing Diseases To The CRC Affected 6.1% Of The Patients. 23.7% Of Cases Underwent Laparoscopic Surgery. Tumor Localization Was Sigmoidal In 26% Of Cases. Rectal Anterior Resection And Low Segmental Colectomy Were The Two Scheduled Procedures In 54.2% Of Cases, Followed By Right Hemi Colectomy And Total Coloproctectomy.
TNM IIa Was The Most Represented With 55.1%. 25.4% Of Cases Had Had A Specific Postoperative Complication Requiring Surgical Revision In 10.5%. 39.2% Of Cases Had Received Adjuvant Chemotherapy And 28.8% Had Relapsed In 5 Years. Liver Metastases Was Found In 13.8% Of Cases. The 5-Year Survival Was 63.07% At Any Stage. Recurrence-Free Survival After Five Years Was 58.7%.
Conclusion:CRC In Tunisia Is The First Digestive Cancer With Increasing Incidence Over Time This Will Allow The Clinician To Classify Patients Into Different Risk Groups, To Propose Appropriate Therapeutic Strategies To Improve The Survival Rate.

EVALUATION OF TOXICITY OF TARGETED THERAPY IN MEDICAL ONCOLOGY

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Introduction: despite the good results of targeted therapies on cancer patients survival, a new toxicity profile had emerged. The objective of this study is to report targeted therapy toxicity in our oncology department.

Methods:prospective study including 49 patients (pts) treated in our department during six months (September 2017-february2018).49 patients were studied. Median age was 46 years. Sex ratio was 0.63. Five patients had hypertension and 7 had diabetes. 20 patients had breast cancer, 19 had colorectal cancer, 8 had gastrointestinal stromal tumor (GIST) and 2 had renal cancer .tumor was metastatic in 23 cases.
Results: For patients treated with trastuzumab (20pts), 2 patients had allergy for which an antihistaminic and an anti-inflammatory were prescribed as a premedication. An other patient had a serious decrease in the left ventricular ejection fraction leading to delay of the cure. For patients treated with bevacisumab (16pts), we reported 3 cases of proteinuria, one of the cases was serious leading to stopping the treatment. For patients treated with cetuximab (3pts), 2 patients developed cutaneous eruption treated with doxycycline. For patients taking imatinib (6pts), 4 patients had asthenia and one patient had an eyelid edema. For patients taking sunitinib (2pts), one patient had c utaneous eruption and eye watering. For the patient taking everolimus, anemia was improved by homeopathy (Ferrum metallicum).
Conclusion: The toxicity of targeted therapy has to be taken into consideration and early managed to prevent patients' inconfort and non-compliance to treatment.

EVALUATION OF THE QUALITY OF LIFE OF PATIENTS WITH METASTATIC CANCERS

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Introduction:The improvement of the quality of life (QoL) of patients with metastatic canceris an important objective of palliative treatment. The aim of our study is to evaluate the QoLof patients with metastatic cancer.
Methods:We conducted a descriptive study includingpatients treated for metastatic cancers followed in the medical oncology department of the military hospital of Tunis between January and February 2018. The QLQ C30 questionnaire validated by the EROTC was used for assessing the QoL.
Results: 64 patients were included.Sex ratio was 0.93. Median age was 55.8 years (27 – 81). Patients were followed for high blood pressure in 29.7% of cases, diabetes in 18.8%, hypothyroidism in 7.8% of cases, coronary artery disease in 9.4% of cases, smoking in 39.1% of cases. Performans status was 0- 1 in 49.6% and 2 in 12.5% of cases. 84.4% of patients received chemotherapy (84.4%) while 7.8% had not started treatment yet. Overall health status and quality of life had a score of 5 out of 7 in 28.1% and 35.9% respectively. Scores assessing overall quality of life were lower in patients with more than one line of chemotherapy. Levels of physical, emotional and social functioning averaged about 3 in chemotherapy patients. The highest symptom scores for body image, anxiety and depression were more frequent for patients undergoing surveillance.
Conclusion: The QoL of our patients with metastatic disease is preserved. The application of the QLQ C30 questionnaire is simple and relevant for metastastic patients.

SMALL BOWEL ADENOCARCINOMA: A MONOCENTRIC STUDY

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Introduction: Although the small intestine represents 75% of the length of the digestive tract and covers 90% of the mucosal surface, small bowel adenocarcinomas (SBA) are rare malignant tumors with a poor prognosis. The aim of our study is to evaluate the epidemiologic, clinical and therapeutic features of these tumors.
Methods: We conducted a retrospective study of all cases of SBA in Salah Azaiez Institute during a period of 7 years (2008–2014).
Results: Twenty cases were collected. The median age was 57 years old. 70% of SBA were located in the duodenum, 30% in the ileum. Common symptoms were abdominal pain (75%), weight loss (40%), dysphagia (25%), vomiting (25%) and obstruction (20%). Three of our patients have respectively Celiac disease, Crohn's disease and adenoma of the small bowel. Based on TNM 2009 staging, one patient had Stage I disease, 3 Stage II, 7 Stage III and 9 Stage IV. The peritoneum and the liver were the most common sites of metastasis. Radical surgery was performed in 12 patients. Adjuvant chemotherapy was administered in 8 patients, 7 of them were stage III. Palliative chemotherapy was administered in 7 patients. FOLFOX was the main regimen. The median overall survival time was 14 months.
Conclusion: SBA is challenging to diagnose, often presents at a late stage and has a
poor prognosis. The treatment of early-stage SBA is surgical resection. No standard protocol has been established for unresectable or metastatic disease.

CONTRIBUTION OF CHEMOTHERAPY IN ADVANCED PANCREATIC CANCER

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Introduction: Pancreatic adenocarcinoma has bad prognosis especially if advanced. In our Tunisian context, palliative chemotherapy remains the reference treatment for locally advanced or metastatic stage.
Methods:A retrospective study including locally advanced or metastatic pancreatic adenocarcinoma treated with chemotherapy was conducted between June 2015 and December 2017 in the oncology department of the military hospital of Tunis.
Results:20 patients were included. Sex-ratio was 3. Median age was 64 years. Metastatic stage was observed in 14 cases. Performance status was 0-1 in 8 cases and 2 in 12 cases. The initial rate of C19-9 and ACE averages were 3587 and 45 respectively. 3 patients had pancreatectomy and surgical biliary drainage was performed in 6 cases. 11 patients had a single line of chemotherapy while 9 had 2 or more lines. The first-line chemotherapy was GEMOX in 12 cases, Gemcitabine in 6 cases and FOLFORINOX in 2 cases. Patients progressed after the first line in 14 cases. Second-line chemotherapy was GEMOX in 1 case, FOLFOX in 2 cases, Capecitabine in 4 cases and Gemcitabine in 2 cases. Progression was observed in 5 cases. Third-line chemotherapy was Capecitabine in 2 cases and weekly Irinotecan in 1 case. Median progression free survival was 6.7 months and median progression free survival was 10.3 months.
Conclusion: Palliative chemotherapy improves survival and delay progression in advanced pancreatic adenocarcinoma.

CLINICAL AND ETIOLOGICAL PROFILE OF HYPERCALCEMIA IN ONCOLOGY

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Introduction: Hypercalcemia is a potentially serious biological abnormality due to its own repercussions and some of its etiologies. The purpose of this study is to study the etiologies and the repercussions of hypercalcemia, which constitutes a therapeutic emergency for cancer patients.
Methods: Retrospective study including records of cancer patients presenting with hypercalcemia, hospitalized in the medical oncology department of the HMPIT during a period between 2012 and 2017.
Results: We selected 11 cases, 8 women and 3 men. The sex ratio was 2. The average age was 54 years old. Hypercalcemia ranged from 2.8 to 4.1 mmol / l in our patients. Renal failure was noted in 3 cases. Hypercalcemia was related to metastatic origin in 6 cases (bone metastases of the following cancers: breast cancer, prostate cancer). The treatment consisted of a rehydration protocol alone or hyperhydration with diuretics associated with corticosteroids and zoledomic acid in 8 cases. In addition to the symptomatic treatment of hypercalcemia, hypercalcemia of malignant origin required palliative or curative treatment of the tumor.
Conclusion: The diagnosis of hypercalcemia in cancer patients is a therapeutic emergency given the risk of complications including neurological and heart. Our series, despite its small si ze, illustrates the clinical, biological, radiological and etiological variability of hypercalcemia in cancer patients.

PANCYTOPENIA IN CANCER PATIENTS: STUDY OF 30 PATIENTS

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Introduction: Pancytopenias are common in oncology patients. They can be central, peripheral or mixed. They can be limited to bicytopenia and impose the same diagnostic procedure. Through this series we try to predict the particularities of pancytopenia in the cancerous subject.
Methods:A retrospective study of cancer patients followed in medicaloncology departement for bicytopenia or pancytopenia over a period of four years.
Results: There were 30 patients (24 females and 6 males), the average age was 52 years (between 48 and 85 years). We collected 8 cases of bicytopenia (36.36%) and 22 cases of pancytopenia (63.63%). The modes of discovery were anemic syndrome, general impairment, fever and haemorrhagic complication. The physical examination found fever, stigmata of bleeding, dyspnea at the least effort, splenomegaly. The etiological investigation found febrile medullary aplasia (8 cases), infectious cause (6 cases), megaloblastic anemia (1 case), etiology was indeterminate in 5 cases.
Conclusion: In Our Series, We Stress The Frequency Of The Central Causes Of Pancytopenia In Cancer Patients And The Need For A Rigorous Etiological Investigation. Febrile Aplasia Was The Most Common Etiology Of Cytopenias Of The Cancerous Patient.

PREVALENCE AND CHARACTERISTICS OF HEPATOCELLULAR CARCINOMA IN CHRONIC INFECTION WITH HEPATITIS B

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Introduction: The hepatitis B virus (HBV) is a widespread human pathogen causing liver inflammation, cirrhosis and hepatocellular carcinoma (HCC). HCC is the third leading cause of cancer mortality worldwide and its most common etiological factor still HBV. This study was undertaken to determinate the prevalence and characteristics of HCC in HBV infection.
Methods: A Retrospective Study Covering All Patients With HBV Infection Observed Over A Period Of 5 Years (J anuary 2011 –December 2016) At The Gastro-Enterology Ward B La Rabta Hospital.
Results: Seventy-six patients with chronic HBV infection were included with a mean age of 44,6 years and a sex ratio of 0,62. Four patients had HCC,a prevalence of 5,2%. Their average age was 55,5 years and sex ratio was of 1. They were all cirrhotic and two of them were decompensated when the HCC was discovered. The mode of presentation was incidental in 3 patients out 4. The biology noted a hepatic cytolysis in 2 cases and an alpha fetoprotein elevated in 3 patients. All patients with HCC were infected with a mutant virus and average initial viral load was 1,2x106UI/ml. The average delay between the diagnosis of HBV infection and the onset of HCC was of 13 months. At the end of staging, three patients were classified BCLC C and received transarterial chemoembolization. The other patient was classified BCLC A and treated with radiofrequency ablation. The 2-year survival was of 25%. Age superior to 50years and advanced fibrosis were significantly associated with the occurrence of HCC(p=0.034,p=0.025).
Conclusion: In our study 5% HBV infected patients had HCC. Strategies on treatment are guided by BCLC classification and the prognosis remains poor.Advanced age and fibrosis are predictive of the occurrence of HCC.

LYMPHOMA OF THE SMALL -INTESTINE: CLINICAL PRESENTATION AND PROGNOSIS FACTORS

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Introduction: Primary malignant tumors of the small intestine are rare. Lymphoma constitutes 20% of all these neoplasms .The aim of this study was to determine the clinical presentation, the predisposing and prognosis factors of patients with bowel lymphoma.
Methods: A retrospective study covering all patients with small intestine lymphoma observed over a period of 18 years (February 1995 –July 2013) at Salah Azaiez Institute.
Results: Thirty-six patients were included with a mean age of 46years and a sex ratio of 1.77. There was a history of celiac disease (CD) in 9 patients, Crohn's disease in 2 patients and chronic ulcerative colitis in 2 other patients. Basedow disease(N=1) and duodenal ulcer(N=3)were found. Most common symptoms were:abdominal pain(61.1%)and weight loss(41.7%).Nineteen patients presented with abdominal emergencies (52.8%) :Bowel obstruction (N=8)and bowel perforation(N=4).Acute abdomen was the initial presentation in

fourteen patients (38,9%).The average delay of consultation was 5 months.The diagnosis was confirmed after surgery (N=27) and endoscopy (N=9).The disease was most often localized in the ileum (N=12) and jejunum (N=10). 23 patients had B-cell lymphoma (82,6% were diffuse large B cell lymphoma),12patients had T-cell lymphoma and one patient had alpha chain disease.The patients were classified according to the Ann Arbor staging:IE and IIE in 25patients,IIIE and IVE in 11 patients.CD or inflammatory bowel disease (IBD) were significantly associated with occurrence of T-cell lymphoma (p=0,014).The 5-years overall survival was 51,9%. Abdominal emergencies, high level of serum lactate dehydrogenase (LDH) and advanced stages were significantly associated with worse survival (p=0, 03; 0,004 and 0, 034, respectively).
Conclusion: In our study, CD and IBD were associated with occurrence of T-cell lymphoma.The main prognostic factors were advanced stages,high level of LDH and abdominal emergencies.

TREATMENT OUTCOME OF PRIMARY SMALL INTESTINE LYMPHOMA

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Introduction: Small intestine lymphoma is the second Non-Hodgkin lymphoma of the digestive tract. The treatment strategy depends on the clinical features and the extent of the disease. The aim of this study was to assess treatment outcome.
Methods:A retrospective study covering all patients with small intestine lymphoma observed over a period of 18 years (February 1995 –July 2013) at Salah Azaiez Institute.
Results: Thirty-six patients with primary small intestine lymphoma(PSIL) were enrolled in the study. The mean age was 46 years. In all patients the diagnosis was established by pathological examination. 23 patients had B-cell lymphoma(19 had diffuse large B-cell lymphoma),12patients had T-cell lymphoma and one patient had alpha chain disease. According to the Ann Arbor classification, 25 patients had stage IE-IIE and 11 patients had stage IIIE-IVE. R0 resection was achieved in 23 out of 27 patients. Lymph node involvement was noted in 19 patients. 24 patients underwent adjuvant chemotherapy.First line chemotherapy was received by 8 patients.The most common regimen were CHOP(cyclophosphamide,doxorubicin, vincris tine and prednisone)in 17 patients and ACVBP(doxorubicin, cyclophosphamide, vindesine, bleomycin and prednisone)in 5 patients. Complete response was achieved in 18 patients: 16 with stageIE-IIE and 2 with advanced stage.Eleven patients failed to respond. Six patients were lost to follow-up. Early stage disease was significantly associated with better response to treatment (p=0,002).Four patients had disease recurrence with a mean delay of 6 months. The 5-years overall survival was 51,9%.
Conclusion: In our study most patients underwent surgery and adjuvant chemotherapy. Early stage disease was significantly associated with better response to treatment.

THE NEUTROPHIL TO LYMPHOCYTE RATIO IS CORRELATED TO TNF- A IN TUNISIAN PATIENTS WITH BREAST CANCER

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Introduction: The neutrophil to lymphocyte ratio (NLR) is a good reflection of inflammation, which plays an important role in tumor progression and metastasis. However, the correlation between NLR and interleukins in breast cancer pronostic is not well studied The aim of our study was to evaluate the corrélation between NLR and inflammatory and anti-inflammatory interleukins in breast cancer patients.
Methods: Serum samples were prospectively collected from a cohort of sixty breast cancer patients after surgery in the military hospital of instruction of Tunis. The outcome course, including biologic markers (Complate cell blood count (CBC),…) were recorded. The TNFα and IL6 were measured with the technique of a solid-phase, two-site chemi-luminescent enzyme immune-metric assay (Immulite 1000, Simens, USA) and IL10 were measured with the technique of ELISA sandwich.
Results: The median age of patients were 47 years; 19 patients were metastatic. The percentage of participants with in situ, localized, and regional stage disease were 23.3%,54.5%, and 22.3%, respectively. The mean level of interleukis Il-6, IL-10 and TNF-α were respectively: 3.31 +/- 4.07pg/ml (min 1, max 29.30pg/ml); 6.560+/- 3.50 pg/ml (min 0.880, max 17.925 pg/ml) and 6.90 +/- 2.99 pg/ml (min 3, max 20.30 pg/ml). The TNFα serum levels were associated with NLR (P=0,04) but not IL6 and IL10..
Conclusion:NLR was correlated to TNFα in our study. Is an easy and routinly performed test for inflammation detection so it is perhaps a potential pronsotic biomarker in breast cancer Future studies should be performed to confirm these results

INTERPLAY BETWEEN SOLUBLE IL-6,TNF-A,IL-10 AND HER2 OVEREXPRESSION IN TUNISIAN BREAST CANCER

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Introduction: Breast cancer is by far the most frequent cancer among women. Interleukins in the tumor microenvironment.and Human epidermal growth factor receptor 2 (HER2) overexpression is associated with an aggressive behavior. The correlation between all this factors are not well understood. Some autors suggests that HER2 overexpression activates a transcriptional inflammatory profile. The aim of this study was to evaluate the correlations of serum cytokine levels with HER2over expression
Methods: Serum samples were prospectively collected from a cohort of sixty breast cancer patients after surgery in the military hospital of instruction of Tunis. Circulating levels of the inflammatory cytokines, TNFα and IL6 were measured with the technique of a solid-phase, two-site chemi-luminescent enzyme immune-metric assay (Immulite 1000, Simens, USA) and IL10 were measured with the technique of ELISA sandwich.
Results: The median age of patients were 47 years; 19 patients were metastatic. The mean level of interleukis Il-6, IL-10 and TNF-α were respectively: 3.31 +/- 4.07pg/ml (min 1, max 29.30pg/ml); 6.560+/- 3.50 pg/ml (min 0.880, max 17.925 pg/ml) and 6.90 +/- 2.99 pg/ml (min 3, max 20.30 pg/ml). We observed a high percentage of patients with HER2 overexpression: HER2+ and HER2– were 32% (53.3) and 25% (41.2) respectively. But we didn't found a correlation with interleukins levels.
Conclusion: We observed a high percentage of patients HER2 overexpression. But we didn't found a correlation with interleukins levels. Our findings suggests perhaps a particular activation of inflammation independent from HER2 in our patients.

GASTROINTESTINAL STROMAL TUMORS: A DESCRIPTIVE STUDY.

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Introduction: Gastrointestinal stromal tumors (GIST) are the most common digestive mesenchymal tumors.
Methods: This is a descriptive retrospective study of 14 patients collected in the medical oncology department of the Military Hospital of Tunis between 2016 and 2017.
Results: We included 5 women and 9 men .Sex ratio was 1.8. Median age 47.4 (23-75). The stromal tumor was mainly located in the stomach (50%) and hail (42%). It w as found in an emergency context (tumor rupture or acute intestinal obstruction) in 87.9% of cases. The cancer was localized in 71.4% of cases and metastatic in 14.3% of cases. The average size of the primitive was 7.8 cm and the Miettinen score was at a high risk in 57.1% of cases. Most patients underwent surgery (85.7%), 25% of whom had incomplete surgical resection and 25% had intraoperative tumor rupture. The majority of patients received first-line chemotherapy with 400 mg of Imatinib (64.3%) and had stable lesions in 42.9% of cases. Complete remission was noted in 14.3% of cases and progression in 14.3% of cases. Patients had 3 lines of chemotherapy on average. No deaths were recorded. Progression-free survival was 20.2 months on average.
Conclusion: The only curative treatment of GIST is surgical excision, although treatments with tyrosine kinase inhibitors, eg imatinib mesylate, have been introduced with very good results in terms of survival of patients with irresectable tumors.

MANAGEMENT OF STAGE IV WILMS TUMOR IN THE TUNISIAN CENTER: THERAPEUTIC RESULTS AND PROGNOSTIC FACTORS

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Introduction: Wilms Tumor (WT) is the most common pediatric renal cancer. Disease stage is an independent prognostic factor to target intensity treatment.
Methods: We analysed retrospectively 15 children with stage IV WT, diagnosed between January 1994 and December 2014.
Results: Average age was 3.85 years . Children presented with palpable abdominal mass in 60%, abdominal pain in 33.3% and haematuria in 13.3%. Chest-radiograph, US and CT were performed for all patients at initial assessment. Metastases were pulmonary, hepatic and bone in respectively 93.3%, 26.7% and 13.3%. All patients received a triple-agent preoperative chemotherapy (Actinomycin+Vincristine+Doxorubicin). Partial local response and metastases remission were achieved in 73.3% and 53.3%. Radical nephrectomy was performed for all children followed by post-operative chemotherapy, according to histological features. Forty percent of patients received radiotherapy (renal lodge: 66.7%), but no synchronous metastasis was irradiated. Metastasectomy was performed in 13.3%. Nine patients relapsed after a mean delay of 6.11 months. Recurrence was l ocal in 22.2% and distant in 77.8%. Median overall survival (OS) and median relapse free survival (RFS) were 37 and 15 months, respectively. Five-year OS was 38% and 2-year RFS was 22% . Prognosis was worst for patient ≥ 3 years-old (p=0.041) and with residual desease after postoperative chemotherapy (p=0.003). Only one patient developed anthracycline-induced heart failure.
Conclusion: Stage IV WT remains a major health problem as it is associated with an increased risk of recurrence and a worse prognosis, not to mention the toxicities caused by its intensive and multimodal treatment.

CONTACT RADIOTHERAPY IN SKINS CANCERS

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Introduction: Although the management of cutaneous malignancies relies on surgery, radiotherapy plays an important role, especially contact radiotherapy. We report the experience of the radiotherapy department of the Salah Azaiez Institute.
Methods: From 2010 to 2015, 35 patients have been treated by contact irradiation for skins cancers (basal cell carcinoma 71.4%, squamous cell carcinoma 20%, kaposi sarcoma 2.9%, basosquamous carcinoma and adenoid cystic carcinoma 5.7%). The treatment was performed using the THERAPAX HF150 machine. Radiotherapy was exclusive in 23% and adjuvant to surgery in 12%: The median follow-up was 34 months.
Results: Three patients recurred locally at 62, 12 and 11 months. Disease free survival at 1 year was estimated to 98%. The tolerance was good , early side effects was observed in 23% with grade 1 radiodermatitis in 37.5%, grade 2 in 62.5% and grade 1 conjunctivitis in 50% and grade 2 in 50%.
Conclusion: Contact therapy represents an alternative to surgery in the treatment of skins cancers. This technique seems effective and well tolerated according to this studied population.

DIFFUSE LARGE B-CELL LYMPHOMA :ABOUT 63 CASES

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Introduction: The most common type of non-Hodgkin's lymphomas (NHL) is diffuse large B-cell lymphoma (DLBCL), which accounts for 31% of cases. The aim of our work was to analyze the epidemiological, anatomo-clinical and therapeutic characteristics.
Methods:A retrospective study was carried out over a period of 5 years, between January 2011 and December 2016 at t he Department of Medical Oncology at Farhat Hached University Hospital. A total of 63 patients, in whom the diagnosis of DLBCL has been histologically proven, have been identified.
Results: Median age was 50 years [18-85 years] and the sex ratio was 1.1. Sixty percent of our patients had an extra-nodal lymphoma. Forty-three percent of patients had localized stage (stage I and II). Thirty-three percent of the patients were stage IV.

Anemia was seen in 63% of the patients. Twenty-eight percent of the patients were treated according to the 2013 national NHL protocol. The complete remission rate was 40%. 6% had a hematopoietic stem cell transplantation. The relapse rate was 7%. Estimated mean survival time was 52 months and overall survival at 5 years was 56%. The prognostic factors studied were age, performance status, LDH, localization (nodal or extra nodal), bulky tumor, Ann Harbor stage, age-adjusted international prognosis index (aaIPI), type of chemotherapy and anemia (hemoglobin level ≤ 12g / dl). Anemia and aaIPI were significant prognostic factors (p=0.006 and p=0.01 respectively). A high level of LDH was correlated with a poor prognosis but did not reach statistical significance (p = 0.1).
Conclusion:DLBCL is an aggressive disease. Survival improved since the treatment has been codified, especially according to aaIPI. In our series anemia also represents a prognostic factor that could be taken into account in the therapeutic decision

RESIDUAL MASSES ON HODGKIN DISEASE: THE ADDED VALUE OF PET-SCAN 18-FDG THE TUNISIAN EXPERIENCE

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Introduction: Positron emission tomography is the gold standard in Hodgkin disease imaging. The tunisian protocol is based on CT evaluation. The aim of our work is to present the first tunis experience on residual masses evaluation by 18-FDG PET-scan.
Methods: It is a two year retrospective study, including patients treated for hodgkin disease and presenting a residual masses at the end of their treatment. we compared our PET-SCAN results with the ct ones.
Results: Radiotherapy was rejected by the PET-SCAN in 28 patients, a second line or a catch-up chemotherapy was indicated in three patients and radiotherapy was confirmed in two patients.
Conclusion:PET-SCAN has an imported added value in hodgkin disease especially on evaluating residual masses. It allows avoiding unnessessary radiotherapy.

MANAGEMENT OF ADVANCED HEPATOCELLULAR CARCINOMA IN THE SOUTH OF TUNISIA. EXPERIENCE OF GABES MEDICAL ONCOLOGY CENTER.

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Introduction: Hepatocellular carcinoma (HCC) is the fifth most common cancer in the world. HCC is usually diagnosed at an advanced stage and prognosis is very poor.Sorafenib a tyrosine kinase inhibitor is the standard therapy. The objective of this study was to report our experience in the management of advanced HCC.
Methods: This is a retrospective study of patients with advanced HCC treated in the department of Medical Oncology of GabesHospital.
Results: Between January 2015 and December 2017 we registered 15 cases. All patients had advanced unresectable HCC. There were 7 males and 8 females. Median age was 62 years (range 32-84). Seven patients (46,6%) were aged upper to 65 years. Seven patients had history of cirrhosis. Three patients had history of chronic hepatitis. All patients had abdominal pain asthenia and weight loss. Computed tomography or MRI revealed a single large tumor of 14 cm (one case 79 years old), a large tumor associated to satellite nodules (12 cases), multifocal HCC (2 cases), vascular invasion (5 cases), ascites (11 cases). Portal thrombosis was associated in four cases. Four patients had extrahepatic metastases: lung (2 cases), pleural (one case), peritonealcarcinomatosis (one case). 60% of patients had poor general performance. All cases are unresectable regarding tumor extension and vascular invasion. Five patients received Sorafenib 400mgbi-daily. This treatment was stopped in one case because of severe toxicities. Three patients had tumor stability after three months of sorafenib. One patient had progressive disease. All patients died after few months. Median duration of survival was 4 months(range 2-7 months).
Conclusion: The knowledge about risk factors associated with an increased risk of HCC provide the opportunity for the development and implementation of successful preventive strategies to decrease incidence of HCC. These strategies are needed in Gabes which is characterized by high incidence of chronic liver diseases.

MUCOSAL MELANOMA: ABOUT THREE CASE PRESENTATIONS

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Introduction: Mucosal melanoma is a rare disease, accounting for only 0.03% of new cancer diagnoses, and it is distinct from melanomas that develop at other sites in the body. While melanomas can develop within any mucosal surface, the vast majority arise in the mucosae of the head and neck (31% to 55%), anorectal (17% to 24%), and vulvovaginal (18% to 40%) regions. Less frequent sites of origin include the mucosae of the pharynx, larynx, urinary tract, cervix, esophagus, and gallbladder.
Observation: We present 3 cases of malignant mucosal melanoma. In the first patient, the disease is originated from oral cavity (the palate). The evolution dates back to around 07 years ago, marked by the accidental discovery by his dentist of a pigmented lesion of 0.3 cm in diameter sitting at the level of the left hemi palate, having benefited from an excision biopsy followed by a resection of the hemi-palate and repair by ipsilateral temporal muscle flaps. In April 2017, after 6 years of clinical remission, the patient presented with pleuro-pulmonary metastases and was referred to us for specialized oncology management.The second patient presents a sinonasal melanoma while the third patient has presented for a melanoma of the rectum. Based on their disease presentation; site and stage, patients were managed differently.
Discussion: Mucosal melanoma is a rare form of melanoma, making up only about 1% of melanoma cases. As with other areas of the skin, melanocytes, the pigment producing cells of the body, are also present in the mucosal surfaces of the body, lining the sinuses, nasal passages, oral cavity, vagina, anus and other areas. Just like melanocytes in other parts of the body, these can transform into cancerous cells, resulting in mucosal melanoma.
Conclusion: Overall, despite the dramatic therapeutic advances made elsewhere in the melanoma field, the poor prognosis of patients with mucosal melanoma mandates continued emphasis on laboratory and clinical research efforts in this rare subset of disease.

RETROSPECTIVE STUDY OF ASKIN TUMORS IN SOUTHERN TUNISIA: ABOUT 18 CASES

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Introduction: Askin's tumor is a primary neuroectodermal tumor of the thoraco-pulmonary region, belonging to the family of Ewing's sarcoma. It is very rare, occurring in the child and the young people. These tumors are characterized by an unequivocal clinical and radiological picture. The aim of our work was to describe the epidemiological, evolutionary and therapeutic characteristics of Askin's tumors through a serie of 18 cases.

Methods: This is a retrospective study of Askin's tumors diagnosed and treated in the carcinology department of the Habib Bourguiba Hospital in Sfax, Tunisia, over a period of 23 years (1993-2017). We collected epidemiological, clinical, therapeutic and evolutionary data. The diagnosis of the disease was histological in all cases. The extension of the disease included thoracoabdominopelvic CT and bone scan.

Results: We have collected 18 cases. The average age of patients at diagnosis was 26.7 years (5 years to 53 years). The sex ratio was 2.6. The most common reason for consultation was chest pain (100% of cases) followed by dyspnea (53% of cases). The disease was revealed by spinal compression in one case and febrile cytopenia with splenomegaly in another case. The average consultation time was 3 months. The diagnosis was made by CT biopsy of the primary tumor in 17 cases. The study of the osteomedullary biopsy carried the diagnosis in one case. Treatment included first-line chemotherapy followed by locoregional treatment with surgery and / or radiotherapy and consolidation chemotherapy. The evolution was marked by the death of 12 patients. A patient was lost sight after 7 years of complete remission. Two patients are still alive in complete remission with a respective decline of 6 and 6.7 years.

Conclusion: Askin's tumor occurs preferentially in children, adolescents and young adults; with a predominance of women unlike the sex ratio in our study was 2.6. Despite multidisciplinary therapeutic management based often on chemotherapy, surgery and radiotherapy, the prognosis of these tumors remains very unfavorable because of their metastatic potential and the risk of local recurrence. However, we report three cases of long survivors at 6, 6.7 and 7 years of age. The optimal management of these tumors remains to be defined by randomized and larger series studies.

PALLIATIVE TREATMENT OF HEPATOCELLULAR CARCINOMA: EXPERIENCE OF THE DEPARTMENT OF MEDICAL ONCOLOGY, HASSAN II UNIVERSITY HOSPITAL, FES-MOROCCO

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Introduction: Hepatocellular carcinoma (HCC) is the most common primary liver cancer with a high mortality rate. It is the first leading cause of death in cirrhosis. It is a descriptive retrospective study conducted in department of medical Oncology, Hassan II University from January 2012 to June 2017, including all patients admitted for the management of a HCC.

Methods: Palliative treatment of hepatocellular carcinoma: Experience of the Department of Medical Oncology, HASSAN II University Hospital, FES-Morocco

We identified 19 HCC patients who did not receive potentially curative treatment, with a sex ratio H / F of 1.11 and an average age of 53.5 years (30-78 years).

Results: Transarterial chemoembolization (TACE) was used for 26.3% of patients. 68% of patients had been treated with sorafenib. All patients started sorafenib at the standard dose of 400 mg twice daily, except for 1 patient with child B who received sorafenib at 50% dose reduction. Treatment interruption was needed in 15% of patients because of the side effect profile (grade 4 diarrhea and hand-foot syndrome) and dose reduction was be considered in 15% of patients with grade 2 cutaneous toxicity. 53,8% of patients had stable disease whereas no complete or partial response was observed. 30,7% of patients showed progressive disease after a mean of 9 months, all those patients died except for one patient who is candidate for a second line of treatment. 21% of patients received only exclusive palliative care because of the advanced stage of HCC and poor PS 3-4.

Conclusion: Palliative treatment for HCC, including transarterial chemoembolization (TACE) and systemic therapy, is available for patients who do not receive potentially curative therapy.

CHEMOTHERAPY AND TARGETED THERAPIES COST IN TUNISIA: RETROSPECTIVE OF 2017 CNAM DATA

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Objective: Cancer treatment is rapidly growing representing a health problem in Tunisia.

Our objective is to report the enveloppe of expenses for chemotherapy and targeted theapies in Tunisia cancer patients.

Methods: We called retrospectively the epidemiology features of tunisian cancer patients and the expenses covered for chemotherapy and targeted therapies during the year 2017.

Results: During of the year 2017, the CNAM payed 322 millions of Tunisian dinars (MTD) for specific treatments. Oncology expenses represented 109 MTD and 34% of this total.Conventional chemotherapy represented 15% of expenses.Targeted therapies expenses represented 70MTD, mostly trastuzumab followed by imatinib, bevacizumab, sorafenib and sunitinib.Oncology expenses of 109 MTD concerned 4% of the whole population covered by the CNAM and 47% of expenses for specific treatment.

Conclusions: Expenses of treatments for cancer patients are dominated by targeted therapies.Rationalization and structuration of the prescription by referentiels and guidelines must be recommanded.

ROLE OF THE PHARMACIST IN A CANCER CENTERK. Djilat, S. Meddour, K. Atoui, R. Begag, D. Bouzidi. K. Bouzid.
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Introduction: The pharmacist, a real health player of the fight against cancer: prevention, screening, quality and safety of care, access to therapeutic innovation and research, support patient during and after treatment.
Method: This is an opinion survey conducted on questionnaire for medical students over a period of 20 days; from April 20-May 07, 2016;the objective was to evaluate their opinion of the role of the pharmacist in the management of cancers by targeting future pharmacists (interns in 5th and 6th year of pharmacy) , to evaluate their training in oncology; their possible skills in caring for cancer patients; Know the role of pharmacists for patient with cancer and understand the difficulties they face on a daily basis during their internship.
Results: Our population consisted of 120 students: 25 males and 95 females, the age range between 21-26 years, the majority of students are from the university Ferhat Abbas Setif 37.5%. The constraints encountered were related to the lack of training in oncology. ; The lack of practical training at the Anti Cancer Center pharmacy. The students project themselves into the oncopharmaceutical profession and are mainly interested in the preparation of chemotherapy, medical indications and therapeutic education of the cancer patient.
Conclusion: interns have a general idea of their role in the pharmacy of Anti Cancer Center and the realization of this role through a basic training and a practical internship at pharmacies of the cancer centers to achieve a better collaboration of pharmacist with doctors and thus a better care of the patient.
Key words: oncology, pharmacist, training, management.

HER2 POSITIVE BREAST CANCER MANAGEMENT: ABOUT 90 CASES
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Introduction: Breast cancer remains one of the most common cancers in the world. The evolution in its management involves the use of several targeted therapies such as: Trastuzumab, Lapatinib, Pertuzumab to improve the prognosis. Our work has for essential objective the evaluation of the management of the breast cancer HER2 positive at the anti cancer center Setif.
Method: retrospective study of 90 patients with breast cancer overexpressing the HER2 protein, our investigation took place within the department of medical oncology of the center anti cancer of Setif, for a period of three months .
Results: In our serie , women with HER2 positive breast cancer are much younger than those in developed countries. the left breast is the most affected with a rate of 55.56%. Invasive ductal carcinoma is the most common histological type (91.10%) and SBR II grade with a rate of 62.2%. Regarding the molecular aspect, 57.78% of patients have positive hormone receptors (HER2 + RH +). In 55.54% of cases patients are diagnosed at advanced stages III and IV. The majority of patients have undergone surgery such as mastectomy and locoregional radiotherapy. The recommended hormone therapy in 73.07% of the patients and 100% have benefited from chemotherapy combined with a targeted anti-HER2 therapy according to the recommendations.
Conclusion: the management of breast cancer in our country is constantly improving thanks to the efforts of the authorities and the availability of therapeutics, better care implies the application of international recommendations and the coordination of all the actors involved in the care of the patients but also the creation of a health strategy based on screening and early diagnosis.
Keywords : Breast cancer. HER2. Trastuzumab. Lapatinib.

MANAGEMENT OF GALLBLADDER CANCER: A SINGLE CENTER EXPERIENCE
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Introduction: Gallbladder cancer is an uncommon disease.Resection is the most effective curative treatment in early stage.Patients with unresectable or metastatic GBC have a poor prognosis.
Methods: retrospective descriptive study carried out on 23 medical records of gallbladder cancer admitted in our department since 02/2015 until 08/2017; use of Excel software for creating, analyzing and processing the database
Results: average age was 60 years (range: 44-78);with a female predominance.35% presented overweight,61% had a personal history of gallstones,and 35% had a family history of neoplasia.Mean time to diagnosis was 6 months,most common call sign was right hypochondrium pain.The positive diagnosis was retained on CT imaging.Carcinologic surgery was performed only in13%,the diagnosis was confirmed by anatomopathological examination of the operative specimen in 65%. The most common anapath type: adenocarcinoma.69.5% of the patients were stage IVB, 56.5% of all patients received chemotherapy. The median follow-up was 3 months
Conclusion:our study reveals similar results to those described in the literature; we note that it is a rare tumor, with a female predominance, overweight and obesity was present in the third of cases, gallstones were the strongest risk factor , adenocarcinoma represent the dominant histological type. Diagnosis was done at a late stage in most of cases, only half the patients received the treatment. Prognosis remains very poor. All attempts must be made to make the diagnosis earlier

PARANEOPLASTIC SYNDROMES: EPIDEMIOLOGY AND MECHANISMS
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Introduction: Paraneoplastic syndromes encompass a set of clinical, radiological and / or biological entities associated in their chronology of occurrence to usually malignant tumors. They can reveal the primary tumor, or occur during a relapse. A chronological link must be established between the primary tumor and the PNS: the two entities occur successively. The oncological treatment of the tumor usually makes the PNS disappear and the recurrence of which announces the relapse.
Methods: It is a prospective study including patients treated in the department of medical oncology department in CHU Habib BourguibaSfax for a first-time or relapsed cancer pathology presenting with PNS for a period of 8 months between January 2017 and August 2017.
Results: We collected 11 cases of PNS. The median age was 55 (42 - 64 years). There were 6 men and 5 women (sex ratio = 1.2).

The most common cancer was lung cancer with 6 cases. Ovarian cancer was found in three cases, one case of colon cancer, and one case of thymoma. The disease was metastatic in ten cases and localized in one case (Stage II lung cancer). The PNSs found were: digital clubbing in 4 cases, pneumonic hypertrophic osteoarthropathy of Pierre-Marie in one case, melanoderma in one case, dermatopolymyositis in one case, paraneoplastic psoriasis in one case, myasthenia in one case, paraneoplastic cerebellar degeneration in one case and schwartz-Bartter syndrome in one case. The PNS appeared before the diagnosis of the disease in 8 cases with an average of 4.75 months. It appeared during metastatic relapse of the disease in 2 cases, and a case of disease stability.
Conclusion: The prevalence of onset of paraneoplastic syndrome in our study is estimated at 9%, but these syndromes are often unknown. To be effective, a treatment must control the underlying cancer, but some symptoms may be controlled by specific drugs.

RADIATION THERAPY WITH IMPLANTATION CARDIAC PACE MAKER: A CLINICAL ANALYSIS OF TWO PATIENTS

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Introduction: After radiation therapy, device failure occurs in about 2.5 % of patients with Pace Maker.
We report the radiation planning dosimetric aspects and clinical outcomes of two patients with implanted cardiac pacemakers.
Methods: We report two cases of patients treated in our institution for left breast cancer. They have in situ cardiac pace maker for ventricular auriculo block.
The first patient had undergone conservative surgery followed by a loco-regional radiotherapy at a dose of 66gy.
The second patient did not have surgery; radiotherapy was delivered at a dose of 50 Gy on the breast with a boost of 16 GY on the tumor area with a daily dose of 2Gy. The target volumes, organs at risk and pacemaker device were all contoured. All patients were evaluated at baseline before, during and after radiotherapy conclusion by a cardiologist as well as pacemaker company personnel.
Results: Our patientswere 53 and 88 years old. The pace maker was included in the target volum in the two cases. Maximum dose to the pace was 53Gy and 45Gy respectively. One patient has developed an infectious endocarditis after a follow up of 13 months and the pace was removed. The second patient had no cardiac complication regarding the pace maker. After a follow up of respectively 3 years and 2 yeras, our patients were in complete remission with no malfunction of the pace maker.
Conclusion: Radiotherapy can be safely delivered in patients with implanted cardiac pacemakers. However,a dosimetric study is necessary to minimize the dose at the pacemaker level. Also, cardiac evaluation before, during and after the course of treatement is necessary to ensure patient safety.

METASTATIC KIDNEY CANCER: EPIDEMIOLOGY, TREATMENT AND FOLLOW UP: ABOUT 24 CASES

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Introduction: Kidney cancer accounts for 2 to 3% of all malignant tumors in adults. The care is multidisciplinary. The aim of our work was to study the place of surgery with nephrectomy in metastatic kidney cancer and to evaluate the impact of targeted therapy on the course of the disease.
Methods: It was a retrospective study which included all cases of adult renal cell carcinoma with synchronous metastases or metachrones collected in the department of urology and the department of medical oncology of CHU Habib Bourguiba of Sfax from 2002 until 2013.
Results: We collected 24 cases of adult renal cell carcinoma. The average age of our patients was 56 years old. The sex ratio was 1.66. Kidney cancer was symptomatic in 92% of cases, and incidental discovery in 8% of cases. Hematuria associated with lower back pain was the most important revealing mode. At the end of the clinical and biological assessments, our patients could be classified according to the Motzer score in: intermediate prognosis group (46%) and poor prognosis group (54%). The locoregional and remote extension assessment showed synchronous metastases in 37% and metachronous metastases in 62%. Extended nephrectomy was performed in 15 patients who developed metachronous metastases and in three out of nine patients who were metastatic out of hand. Clear cell carcinoma was the predominant histological type. For the treatment of metastases, one patient had received interferon, eight patients had received antiangiogenic treatment, four had metastase's resection and nine had radiotherapy for analgesic or decompressive purposes. The follow up had demonstrated that four patients were in complete remission of disease, one patient was stable, and 19 patients had died. Four patients who had received antiangiogenic treatment had an average survival of 18 months. The OS of the patient who had received immunotherapy was 5 months. Patients with synchronous metastases who underwent surgery had an OS respectively 24 months, 12 months and 4 months. Unoperated patients had a 5-month OS.
Conclusion: Expanded nephrectomy, targeted therapy, and metastatic site's resection were the important factors which influence evolution of metastatic kidney cancer and improve the overall survival, although they still have many sides' effects.

COMPLETE RESPONSE TO BEVACIZUMAB OF A GRADE III OLIGOASTROCYTOMA RECURRENCE AFTER PROGRESSION WITH TEMOZOLOMIDE IN FIRST LINE

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Introduction: Grade III gliomas are rare malignant brain tumors whose incidence seems increase. They develop de novo or following the transformation of low grade tumors. The treatment is based on the most complete excision surgery possible. The place and chronology of radiotherapy and chemotherapy is not clearly defined. Temozolomide TMZ is the chemotherapy often proposed as first intention. There is no consensus for 2nd line treatment. We report the case of 45-year-old , op erated for a grade III oligoastrocytoma in November2011 followed by exclusive radiotherapy , operated again in November2013 for local recurrence, 4 months later tumor residue is objectified, he received TMZ for 9 months then progressed, Bevacizumab at

10mg / kg / 15days is started.
Methods: We report the case of 45-year-old , operated for a grade III oligoastrocytoma in November2011 followed by exclusive radiotherapy , operated again in November2013 for local recurrence, 4 months later tumor residue is objectified, he received TMZ for 9 months then progressed, Bevacizumab at 10mg / kg / 15days is started.
Results: Clinical improvement and total regression of tumor residue on brain MRI are obtained after 10cures, bevacizumab is given for a total of 24 cures with goo d clinical tolerance then a therapeutic break is proposed, the patient is still alive in complete remission. Bevacizumab is an anti-VEGF (Vascular Endothelial Growth Factor) antibody. VEGF is a key factor in angiogenesis, its inhibition reverses the tumor vessels and inhibits new vessels stopping tumor growth. Several studies demonstrated significant activity of bevacizumab in glioblastoma and relapsed grade III glioma with a response rate of 61-72% and progression-free survival at 6 months of 42-55%.
Conclusion: There is no therapeutic standard for recurrence grade III gliomas and management can be modeled on recurrent glioblastoma. Stu dies showed the efficacy of bevacizumab in grades III and IV. However, other second line chemotherapies are possible (PCV, Bélustine, carmustine IV, Carboplatin + Etoposide).

ADULT MEDULLOBLASTOMA: EPIDEMIOLOGICAL, CLINICAL, THERAPEUTIC FEATURES AND PROGNOSTIC FACTORS

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Introduction: Medulloblastoma in adulthood is rare. In this study we emphasized the epidemiological, clinical, and therapeutic features of adult medulloblastoma, and we identified prognostic factors.
Methods:A retrospective cohort of 55 adults patients with medulloblastoma over a 18-year period (1994-2012).
Results: The median age was 28 years. The sex ratio was 1, 5. The mean duration of symptoms was three months. Patients consulted for symptoms of raised intracranial pressure. The tumor was lateral in 46% and the median size was 4 cm. The surgery was complete or near complete (residual disease measuring <1, 5 cm2) in 73% of cases. The histological variant was classical (60%) or desmoplasic (40%). Fourty eight patients received curative radiotherapy to the entire craniospinal axis. The median interval from surgery to the initiation of radiotherapy was 83 days. Chemotherapy was only performed in metastatic patients (n = 4). The 5-years and 10 years overall survival rates were respectively 53% and 34%. The dose of radiotherapy to the craniospinal axis was a prognostic factor. The 5-years and 10 years event-free-survival rates were 64% and 41%. The median interval for relapse was 4, 3 years. Local relapse rate was 60%. Reduction in the dose of radiotherapy to the craniospinal axis and fourth ventricular floor involvement were correlated with a worse disease free survival. Residualpostoperativetumourwasn't a prognostic factor.
Conclusion: Medulloblastoma is rare in adults. The challenging treatment have a major impact on prognosis. Thus a multidisciplinary care is essential to improvesurvival.

PRIMARY CEREBRAL LYMPHOMA: THERAPEUTIC MANAGEMENT AND PROGNOSTIC FACTORS

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Introduction: Primary cerebral lymphoma (PCL) is an aggressive form of non-Hodgkin lymphoma. Although clinical outcome has improved thanks to chemoradiation protocols incomporating high dose methotrexate, the prognosis remains poor. The aim of this study was to evaluate the results of treatment of PCL over a period of 23 years and to identify prognostic factors correlated to outcome.
Methods: We performed a retrospective review of 36 adult immunocompetent patients with PCL, treated from 1994 to 2016 in Salah Azaiezanti cancer institute. Data collected included patient demographic characteristics, prognostic indicators, and treatment modalities at diagnosis.
Results : The median age was 48 years. Eleven patients got surgical resection for diagnosis purpose. Treatment included radiotherapy (RT) in 3 patients, chemotherapy (CHT) in 14, RT followed by CHT in 2, CHT followed by RT in 14, RT followed by intrathecal target therapy in 1 and best supportive care in 3 patients. High-dose methotrexate CHT was used in 83.4% of patients associated with intrathecal CHT in 11 patients. After a median follow up of 17 months (1-125), 30% relapsed. 5-year overall survival (OS) was 44%. Patients receiving CHT followed by RT survived longer than those treated with other modalities. Only LDH rate (p= 0.002) and RT (p= 0.002) we re independent factors for clinical outcome.
Conclusion: While there are undisputed advantages to RT as a way to improve outcome in PCL, there are substantial controversies about its late neurologic toxicities. Further studies are required to standardize guidelines and improve both survival and quality of life among patients with PCL.

RETROSPECTIVE STUDY ON PATIENTS WITH BRAIN METASTASIS

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Introduction: Brain metastases are the most common malignant tumors of the central nervous systemthey are usually seen in 15 to 20% of patients with cancer.Their occurrence is a factor of poor prognosis since survival does not exceed 3 months without treatment, even the different therapies currently available do not significantly improve the prognosis, and this can be explained by the presence of the blood-brain barrier.
Methods: This is a retrospective study on patients with brain metastasis in the Medical Oncology department BlidaUniversity. In our study we collected and analyzed the data from patients treated for their brain metastasis during 3 years betweenJanuary 2015 to december2017, the parameters studied were: Age, sex, initial symptoms, primary neoplasm, histological type, association with other metastatic sites, treatment received, and evolutionand survival.
Results: We enrolled 45 patients; the average age was 53 years, with a predominance of men (57.8% of malevs 42.2% of female) in 22.2% of the cases they are asymptomatic, accidently discovered during the extension assessment;for symptomatic

forms, headache is the most common clinical sign (57.8%) isolated or associated with other neurological functional signs, such as motor impairment in 24.4%, Cerebral metastatic disease constitutes in 38.6% of the cases the revealing mode of the neoplasic disease, 68% of these metastases are synchronous, and they are most often secondary to lung cancer 71.1%, (93% adenocarcinoma, 7% small cells lung cancer), 20% to breast cancer (CCI),6.8% of cases (N = 3) required neuronavigation biopsy to be diagnosed, surgical resection could be performed in 9 patients or 20.4%, and it is total without post-operative tumor relapse in 4 of them (8.9%), these patients received additional radiotherapy at an average dose of 28.5 gray

Conclusion: most cases of brain metastasis discovered are synchronous with neoplasic disease this may be partly related to the diagnosis often delayed

MANAGEMENT OF CEREBRAL METASTASES IN THE RADIOTHERAPY SERVICE OF ORAN CHU.

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Introduction: Depending on the series, 25-35% of patients with cancer will develop one or more cerebral localizations. Their incidence varies according to the primary tumor and its histology. Bronchopulmonary cancer is the leading cause of brain metastases, followed by breast cancer and melanoma. Radiotherapy of brain metastases has become more complex. Indeed, the increased life expectancy of the patients, the side effects must be absolutely avoided and the reprocessing is possible.

Objectives: The description of the characteristics, epidemiological, clinical, therapeutic and survival study of patients with brain metastases.

Methods: This is a retrospective and descriptive study of 53 patients with cerebral metastases treated in the radiotherapy department of CHU Oran.

Results: The average age is 56.5 ± 1.93 years with a minimum of 31 years and a maximum of 85 years. These brain metastases are more common in men with 66% of cases and a sex ratio of 1.94.The majority of patients are from Oran with 20.8% of cases, SBA with 18.9% and Tlemcen with 11.3%. Squamous cell carcinomas predominate with 66% of cases, adenocarcinomas in 26.4% and other histological varieties are rarer.

Brain metastases are secondary to bronchopulmonary cancer in 69.8%, breast cancer in 20.8% and in 9.4% it is cancer of the ovary, rectum, cervix or Hodgkin's disease.

The locations of metastases are multiple in one or more organs. In our series, cerebral localizations are present in 100% of cases, pulmonary metastases in 22.6%, adrenal in 15.03%, bone in 9.4%, liver in 3.2% and ganglion and pleural in 7%. , 5%. The number of brain metastases is variable from 1 to 13. Neurological signs are present in 81.1% and ophthalmologic signs in 32.1% of patients. The majority of patients received chemotherapy (88.7%). All patients received external beam radiotherapy in total by two lateral bundles.

Hypofractionated irradiation delivering 37.5Gy in fractions, 20Gy in fractions and 5 days or 30Gy in 10 fractions and 12 days was adopted. The result of treatment is 7.5% complete remissions, 71.7% partial remissions and 20.8% stabilization or progression. The median survival is 15 months.

Key words: Brain metastases, Epidemiology, Treatment, Survival

EPIDEMIOLOGY OF ADULTMEDULLOBLASTOMA

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Introduction: Medulloblastoma is a malignant primary neuroectodermal tumor according to the WHO classification. It accounts for about 30% of brain tumors in children while it remains quite rare in adults. The purpose of our study is to describe the epidemiological, clinical and radiological specificity of this entity.

Methods: It is a retrospective study of 32 cases of adult medulloblastoma collected at Salah Azaiez Institute over a period of 14 years from 1988 to 2007.

Results: Median age was 28.5 years. There were 21 men (65.6%) and 11 women (34.4%), (sex ratio = 1.9). The median consultation time was 3 months. The revealing symptomatology was a syndrome of intracranial hypertension (71.9%), a dynamic cerebellar syndrome (53.1%), an impairment of cranial pairs (12.5%), a motor deficit (9.4%), seizures (3.3%), and mental disorders (3.1%). Cerebral computed tomography was performed in 80% of cases and magnetic resonance imaging in 60% of cases. In brain imaging we noted the presence of peri-lesioned edema (33.3%), hydrocephalus (64.3%) and a mass effect (42.9%). The median tumor size was 4.75 cm (range 2 and 30 cm). The lesions were often under Vermian tentorial (54.8%). V4, stalk and trunk extension were noted in 56.3%, 6.3% and 12.6% of cases, respectively. All our patients had an excisional surgery. Postoperative radiotherapy and / or chemotherapy treatment was performed in 96.6% of cases. Overallsurvival and 5-year event-free survivalwas 35% and 37.3%.

Conclusion: Adult medulloblastoma is a rare entity that remains poorly known. Its prognosis is reserved but remains better than that of the child.

A SMALL ROUND CELL TUMOR MIMICKING MENINGIOMA

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Introduction: There are numerous neoplastic and non-neoplastic entities that clinically and radiographically mimic meningiomas.

Methods: A previously healthy 23-year-old female patient presented with a progressive history of intracranial hypertension. Computed tomography was performed and showed a relatively well-defined dural-based tumor with contrast enhancement. A preoperative diagnosis of meningioma was made and a gross surgical resection of the tumor with the attached dura was done.

Results: Histologically, the tumor was composed of small and round blue cells arranged in a diffuse pattern, with a scant clear cytoplasm and uniform nuclei. Numerous mitoses were noticed. Rosettes or pseudo-rosettes were absent.

On immunohistochemistry, CD99 showed an intense and membranous immunoreactivity. EMA, vimentin, CD20, CD3 and cytokeratin AE1/AE3 were negative. Thesefeatureswereconsistendwith Ewing sarcoma.

Conclusion: Primary intrancranial Ewing sarcoma belongs to the spectrum of mesenchymal non meningothelial tumor according to the current WHO classification of central nervous system tumours. It is a rare neoplasm with nearly 15 cases published in literature and a peak incidence in the second decade of life. This

case comes as a reminder to clinicians as well as radiologists and pathologists for careful consideration of rare tumors in the differential diagnosis of common tumors like meningioma.

DOSIMETRICCOMPARISON AND EVALUATION OF THREE RADIOTHERAPY TECHNIQUE USE IN THE TREATMENT OF LEFT BREAST CANCER

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Introduction: This study evaluated the dose distribution and homogeneity of of three radiotherapy techniqueuse in the treatment of left breast cancerin patients who had undergone lumpectomy or mastectomy.
Methods: Three radiotherapy treatment plans, including 3DCRTisocentric field in field, 5 field IMRT (5 F-IMRT), and 2-partial volumetric-modulated arc therapy (2-PVMAT), werecreated for 10 consecutive patients. The homogeneity of dose to planning target volume (PTV) and the dose delivered to heart, homolatéral lung and contralateral breast were compared among the techniques in all the patients.
Results: All modalities presented similar target coverage. Target max doses were reduced with for-IMRT compared to 3DCRT.The homogeneity and conformity indices were similar for 3D-CRT and 5 FP-IMRT, whereas the IP-IMRT plans had better conformity index. IMRT and VMAT decreases the ipsilateral OAR volumes receiving higher and mean doses with an increase in the volumes receiving low doses.

PEDIATRIC CENTRAL NERVOUS SYSTEM TUMORS: EXPERIENCE OF A SINGLE TUNISIAN INSTITUTION

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Introduction: Pediatric central nervous system (CNS) tumors are the second most frequent tumors in children. They may result in mental alteration and neurologic deficits. We present the first series of pediatric CNS in Tunisia.
Methods: A retrospective study of primary CNS tumors in patients under 15 years old was performed in the Pathology Department of La Rabta Hospital over a period of 5 years (2013-2017). Tumors were classified according to the WHO classification of CNS tumors (2016). Tumor grade (I to IV) was specified. The International Classification of Diseases for Oncology,3rd edition(ICD-O-3.1) was used to classify tumor behavior as well as topography.
Results: Forty-three children were included. Median age was 7 years old. Sex ratio was 0.9. Gliomas were the most common histological group (n=15; 34.9%), followed by tumors of the sellar region (n=13;30.2%) and embryonal tumors (n=5;11.6%). The most common pediatric glioma was pilocytic astrocytoma (16.27%). Glioblastoma NOS accounted only for 7% of gliomas. All of tumors of the sellar region were craniopharyngiomas. The most common embryonal tumor was medulloblastoma (n=4, 40%). Most tumors were grade I (n=28;65.1%) and of uncertain behavior (1) (n=26;60.5%). The supra-tentorial location was the mostfrequent (53.5%).
Conclusion: An accurate understanding of the epidemiology is needed to facilitate early detection, treatment and prevention of complications in children. Further national multi-institutional studies to better characterize these tumors in the pediatric population are required.

NON-MUSCLE-INVASIVE BLADDER CANCER: THE RELATIONSHIP BETWEEN FINDINGS AT FIRST FOLLOWUP CYSTOSCOPY AND SUBSEQUENT RECURRENCE AND PROGRESSION. A RETROSPECTIVE STUDY OF 104 CASES.

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Introduction: Bladder cancer is the most frequent urological cancer in Tunisia. In 70 % of cases, it is a non-muscle-invasive bladder tumor (NMIBT) at the time of discovery. The aim of this study was to Study the relationship between first cystoscopy findings and the recurrence and progression rates and to Propose modifications of the monitoring protocol of the NMIBT with the help of c urrent recommendations of the follow-up of NMIBT and the results of this study.
Methods: From January 2006 to March 2014, 141 patients were diagnosed with bladder tumor. A retrospective, descriptive and analytical study was performed on 104 patients with an initial diagnosis of NIMBT with a minimum follow-up of 18 months. All patients performed an initial cystoscopic examination after less than 5 months of resection. The recurrence rate, the progression rate, recurence-free survival and progression-free survival were studied.
Results: The average age was 67.59 years. The sex ratio M / F was 4.2 / 1. Sixty four percent of our patients were smokers. At the histologic study, 60.6 % of the NIMBT were pTa stage, while 39.4 % were classified as p T1. Tumors were: grade 1 in 55.8 % of cases, grade 2 in 35.6 % of cases And grade 3 in 8.6 % of cases. The mean time to first follow up cystoscopy was 61.2 days. The mean duration of follow-up was 42.29 months. The rate of early recurrence at the first cystoscopy was 21.2 %. The subsequent recurrence rate was 38 %. The stage progression rate was 14.4%. The grade progression was 13.46 %. In the univariate analysis, there was a statistically significant correlation between the recurrence rate and the outcome of the first follow up cystoscopy ($p < 0.001$). Stage and grade progression rates were significantly correlated with the results of the first cystoscopic control ($p < 0.001$). After multivariate analysis: -Two factors of recurrence were identified : Stage T1 tumors ($P = 0.002$) and recurrence at the first endoscopic examination ($p < 0.001$). -The characteristics of the NIMBT with stage progression were: Tumors greater than 3cm ($p = 0.016$) and recurrence at first cystoscopic control ($p = 0.001$). The only predictor of grade progression was recurrence at the first endoscopic examination ($p = 0.002$). -The recurrence times were significantly correlated with the result of the first follow up cystoscopy.
Conclusion: The first follow up cystoscopy result is an important prognostic factor to evaluate of the risk of recurrence and progression of the NIMBT. The optimization of this prognostic parameter involves the use of news technics aimed at improving the recurrences detection capcity of white light cystoscopy.

MEANINGFUL CHANGES IN QUALITY OF LIFE (QOL) IN PATIENTS WITH GASTRIC CANCER: EXPLORATORY ANALYSES FROM RAINBOW AND REGARD

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Funding: Eli Lilly and Company

Background: EORTC QLQ-C30 is a well-established QoL instrument for cancer patients (pts), but there is limited information for gastric cancer. To identify priority domains and describe meaningful changes, we explored data from 2 randomized ramucirumab phase 3 trials in pts with previously treated gastric or gastroesophageal junction cancer.

Methods: Ptscompleted QLQ-C30 v3.0 at baseline and Q6W while on study. Data from all treatment arms were pooled (N=1020). Changes from baseline in QoL domains were compared by best overall response (BOR) and ECOG performance status (PS) using analysis of covariance. Odds ratios(ORs) for BOR and PS outcome groups per QoL unit (point) change wereestimated bycumulative logit regression modeling, with OR≤0.85 considered meaningful.

Results: Changes from baseline in QoL domains were significantly associated withBOR and PS outcomes (Table 1). ORs for BOR and PSoutcomesfor these domains were statistically significant (p<0.05) andsuggestedchanges of 10-15 points predict clinical outcomes.

Conclusions: QLQ-C30 is sensitive to clinical outcomes in advanced gastric cancer patients, particularly in global QoL, functionalstatus and disease symptoms of fatigue, pain, and appetite loss. Theseanalyses can inform trial designs and interpretation of results.

Table 1. Mean (std dev) change from baseline at Wk 6 (0-100 scale w/ positive change reflecting improvement)

	BOR				PS			
Domains w/ most consistent changes	Complete/partial response (n=149)	Stable disease (n=398)	Progressive disease or other (n=100)	p-value	Improved by ≥1 (n=33)	No change (n=541)	Worsened by ≥1 (n=72)	p-value
Global QoL	2.5 (19.1)	-1.9 (20.3)	-7.3 (22.4)	0.0011	5.1 (20.4)	-0.8 (20.1)	-11. (20.3)	<0.0001
Physical functioning	-3.7 (15.4)	-3.6 (16.9)	-13.3 (21.0)	<0.0001	4.4 (16.3)	-4.4 (16.4)	-14.4 (21.9)	<0.0001
Role functioning	-2.6 (22.1)	-4.1 (24.8)	-17.7 (35.0)	<0.0001	6.1 (28.5)	-5.1 (25.0)	-16.0 (33.0)	0.0001
Fatigue	-1.0 (20.8)	-2.3 (21.2)	-12.4 (26.5)	<0.0001	8.1 (23.8)	-2.6 (20.8)	-14.8 (27.2)	<0.0001
Pain	2.5 (24.5)	1.5 (24.4)	-7.2 (29.8)	0.0052	11.6 (32.4)	1.0 (24.0)	-9.0 (29.5)	0.0002
Appetite loss	6.5 (29.4)	3.7 (32.5)	-6.3 (35.0)	0.0061	13.1 (26.3)	3.3 (31.5)	-4.6 (39.3)	0.0261

EPIDEMIOLOGY AND OVERALL SURVIVAL OF GASTRIC CARCINOMA PATIENTS (ABOUT 210 CASES) EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENT OF CHU HASSAN II FEZ

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Introduction: Gastric cancer is the second leading cause of cancer mortality in men and the fourth on women, due to its aggressinens it represent a challenig oncology session. It is usually late-onset discovery, which leads to poor prognosis despite advances in surgery and therapeutic oncology.

Methods: through retrospecti ve study held in the medical oncology department of the Hassan II CHU in Fez, involving 210 patients with gastric cancer during a period of 5 years from January 2013 to January 2018. The aim of our stydy is to determine the epidemiological, paraclinical, and therapeutic aspects and especially the overall survival of these patients. The survival analysis was performed according to the Kaplan-Meier method and the comparison of the different survival rates according to the Log-Rank test

Results:A clear male predominance was found with a rate of 62.5% and a sex ratio of 1.6. The median age was 59, 25 years (range, 20 to 86 yo) with a standard deviation of 13.46 yo. family history of cancer was found in 3.9%. Alcohol-toxic intoxication was noted in 31.3% of patients. The clinical symptomatology was dominated by epigastric pain (93.02%), impairment of general health (89.2%), vomiting (45.73%) and gastrointestinal bleeding (29.8%). Regarding endoscopic aspects, distal location was predominant in 62.7% and ulceroburging was the most common in 58% of cases. Histologically, adenocarcinoma was the most common sub type with 65.7% of cases followed by signet ring cell carcinoma ring . Moderately differentiated adenocarcinoma was found in 49% of cases. The extension invistigation has assessed a metastatic disease in 38% . the peritoneal localisation was predo minent with 47.6% of cases followed by liver and lung

localization in 35.8% and 34.8% respectively. 52% of the patients who received a first line chemotherapy based on ECX or EOX with an average number of 4 cures, 36, 8% of the cases received a chemotherapy based on Fluoropyrimidines in combination with oxaliplatin with an average number of 3 cures, and 11.2% who received exclusivly 5FU due to their general condition. Surgery was indicated in only 30.8% of patients, including 54.5% of patients who received adjuvant chemotherapy with a median of 5 courses. chemoradiotion based fufol was administered in 27.3% of patients. The overall median survival is 6.1 months with a 95% confidence interval (CI 95%) ranging from 2.1 to 10 months. The median survival depending on the stage of the disease was 30 months in the localized stage, 4.26 month in the locally advanced stage and only 3 months in the metastatic desase with a statically significant difference

Conclusion: Gastric cancer remains a common cancer and has a poor prognosis. In our study, the stage of the disease has been identified as a factor influencing the overall survival of our patients, hence the interest of an early screaning which be used to improve the prognosis.

TAMOXIFEN-INDUCED ENDOMETRIAL CANCER: ABOUT FOUR CASES.

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Introduction: Tamoxifen is an anti-estrogen used in the treatment of breast cancer. Its effectiveness has been demonstrated by a 47% reduction in the risk of local and contralateral recurrence and 26% mortality due to this cancer, it blocks the estrogen stimulation effect on breast tissue by inhibiting their receptors. One of its harmful effects is the risk of developing endometrial cancer because it also has estrogenic effects responsible for a proliferative effect on the endometrium. We re port cases of four tamoxifen-treated breast cancer patients who developed an endometrial cancer7,8,12 and13years later aged 48,50, 60, and 66 years old wich had tamoxifen for 5,8,5 and 2 years, the histological types: slightly differentiated endometrioid carcinoma, high grade and moderately to slightly differentiated endometrioid carcinoma,villoglandular adennocarcinoma stages IB,IIIC and IV of FIGO.

Methods: We report cases of four tamoxifen-treated breast cancer patients who developed an endometrial cancer7,8,12 and13years later aged 48,50, 60, and 66 years old wich had tamoxifen for 5,8,5 and 2 years, the histological types: slightly differentiated endometrioid carcinoma, high grade and moderately to slightly differentiated endometrioid carcinoma,villoglandular adennocarcinoma stages IB,IIIC and IV of FIGO.

Results: The literature data indicate that the relative risk of developing a Tamoxifen endometrial cancer varies from 0.43 to 7.5,it may depend on the duration of administration of tamoxifen but not on other risk factors. Before starting tamoxifen, it is necessary to make a gynecological examination, a pap smear, an ultrasound endovaginale; to redone annually during all the duration of the treatment.If metrorragia, consider hysteroscopy +/- curettage. In asymptomatic patients, the threshold of 10 mm for the thickness of the endometrium is retained and patients should be explored. Below 10 mm, only surveillance is justified.

Conclusion: The vital risk of endometrial cancer due to tamoxifen is much lower than the benefits obtained in the treatment of breast cancer. It is therefore important to continue to prescribe it with regula r monitoring of patients The American College of Obstetrics and Gynecology advises only clinical monitoring, additional examinations are left to the discretion of clinicians.

LOSS OF MUC2 EXPRESSION PREDICTS DISEASE RECURRENCE AND POOR OUTCOME IN COLORECTAL CARCINOMA

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Abstract:
Clinical staging and histological grading after surgery have been the “gold standard” for predicting prognosisand planning for adjuvant therapy of colorectal cancer (CRC).With the recent development of molecular markers, it hasbecome possible to characterize tumors at the molecular level.This is important for stage II and III CRCs, in which clinicopathologicalfeatures do not accurately predict heterogeneity,e.g., in their tumor response to adjuvant therapy. In the presentstudy, archival samples from141 patients with stage I, II, III, orIV CRC treated during 1981–1990 at Turku UniversityHospital (Finland) were used (asmicroarray blocks) to analyzeMUC2 expression by immunohistochemistry. Altogether,49.7 % of all tumors were positive for MUC2. There was nosignificant correlation between MUC2 expression and age(P<0.499), tumor invasion (P<0.127), tumor staging(P<0.470), histological grade (P<0.706), lymph node involvement(P<0.854), or tumor metastasis (P<0.586).However, loss of MUC2 expression was significantly associatedwith disease recurrence (P<0.031), tumor localization(P<0.048), and with borderline significance with gender(P<0.085). In univariate (Kaplan–Meier) survival analysis,positiveMUC2 significantly predicted longer disease-free survival (DFS) and disease-specific survival (DSS) as well.However, in multivariate (Cox) survival analysis, MUC2 lostits power as an independent predictor of DFS and DSS. Our results implicate the value of MUC2 expression in predictingdisease recurrence and long-term survival in CRC.

-KRAS MUTATION PROFILING IN PATIENTS WITH COLORECTAL CANCER

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Introduction: Mutation analysis of the KRAS oncogene is now established as a predictive biomarker in colorectal cancer (CRC). Large prospective clinical trials have shown that only CRCs with wild-type KRAS respond to anti-epidermal growth factor receptor (EGFR) treatment. Therefore, mutation analysis had become obligatory before treatment.

Methods: In our study, frozen tissues of CRC were analyzed for the KRAS mutational status of codons 12 and 13 of the KRAS gene by direct sequencing.

Results: were analyzed for specimens with KRAS mutation and its correlation with clinical and pathological parameters. A total of 34 cases of CRC, consisting of 19 males and 15 females (ages:24-87 years; average 57,4 years) were subjected for systematic analysis. KRAS mutations in codons 12 and 13 were present in 38.2% (13/34) of all analyzed tissues. The frequent types of mutations were glycine to aspartate on codon 12 (p.G12D,46.1%), glycine to valine on codon 12 (p.G12V,30.8%),

glycine to cysteine on codon 12 (p.G12C, 15.4%), and glycine to aspartate on codon 13(p.G13D, 7.7%). Statistical analysis of sequencing showed that the mutations of KRAS gene were correlated with the advanced age of patients ≥50 (76.9 %,10/13) (p-value = 0.524). Moreover, the most recurrence rate was found in stage III 38.5% (5/13) , stage II 30.7% (4/13) and, stage I 15.4% (2/13) (p-value =0.561). KRAS mutations were associated with the sex of pa tients in female (8/15) more than male (5/19) (p-value = 0.107). The most frequency of KRAS mutations were found in left side of colon (sending colon) 61.5% (8/13)(p-value =0.022).The most frequency of KRAS mutations were found in high differentiated CRCs (8/13) with P-value = 0.458.
Conclusion: KRAS genetic alterations in codons 12 and 13 were rather high in this studied Libyan patients, however, further studies are necessary to unravel the molecular background of CRC.

RESPONSE RATE OF BEVACIZUMAB IN METASTATIC COLORECTAL CANCER: A RETROSPECTIVE STUDY

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Introduction: colorectal cancer is the second common cancer in the worldwide even in Algeria. Like any other developing country, the incidence is increasing every year in Algeria.
Fortunately, we know that biomarkers like VEGF (Vascular Endothelial Growth Factor) are overexpressed“in vitro”, in colorectal cancer cells more then normal cells and it leads to an up regulation of angiogenesis, this procces is considered as a key promoter of tumour growth and metastases development; which makes Bevacizumab an important option in colorectal cancer treatment; also the use of bevacizumab in front-line therapy for metastatic colorectal cancer (MCRC) can give an additional positive impact on the outcome for colorectal cancer patients.
Subject: To determine the efficacy of bevacizumab in patients with metastatic colorectal cancer treated in medical oncology department of cancer research centre of Batna.
Methods: We conducted a retrospective descriptive study in 36 patients with metastatic colorectal cancer treated with chemotherapy + Bevacizumab in medical oncology department. The data were collected from the files of medical oncology department patients, SPSS 20 was used in data analysis.
Results: The average age of this population is about 52 years old with sex ratio at 1, the majority of patients have colon cancer adenocarcinoma, meanly with liver synchronous metastases (20 patients 55.5%), with predominance of mutated Full Ras status, tumour surgery in 27 patients (75%)
All the patients had received Bevacizumab in front line treatment with maintenance schema in 16 patients (40.9%). In the second line Bevacizumab was used in 20 patients (55.6%), schema maintenance was used in 6 patients (30%)
15 patients had an objectiveresponse in front line which represents 41.4% (16.7% complete response and 83.3% partial response) and stabilisation in 9 patients(24.2%) but 12 patients (34.4%) of patient had progressed; in second line, 1 of the 16 patients who had received maintenance of Bevacizumab had an objective response(6.25%) and stabilisation in 7 patients (43.75%). In second line, objective response was found in 5 patients (25%) stabilisation in 6 patients (30%) and progression in 9 patients (45%), the results of maintenance of Bevacizumab in second line has shown a stabilisation in 3 patients (50%) and progression in the 3 other patients.
Conclusion: Bevacizumab has an irrefutable role in metastatic colorectal cancer which provide us better tumour control and the possibility of progression delay,our results suggest that colorectal cancer patients in Algeria might receive and benefit from bevacizumab in daily practice, as is seen in patients in other countries.
Key words: Colorectal cancer, Full Ras status, anti VEGF, Bevacizumab, OR

SYNCHRONOUS INVASIVE BREAST CARCINOMA, ENDOMETRIAL CANCER AND SMALL LYMPHOCYTIC LYMPHOMA IN A 49 YEAR-OLD FEMALE LIBYAN PATIENT. CASE REPORT AND LITERATURE REVIEW

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Abstract: Diagnosis of synchronous primary cancers in one patient is a relatively rare event. Although breast cancer and endometrial cancer are two common female malignancies.
We report on a rare case of synchronous breast cancer, endometrial cancer and small lymphocytic lymphoma in a Libyan female patient.
A 49 year old female patient presented with right breast mass for 6months, An ultrasound scan showed irregular suspicious mass in right breast and axillary lymph node enlargement. Wide local excision was done outside Misurata Cancer Center, histopathology report showed invasive ductal carcinoma of the breast (G2) with positive resection line, then this patient admitted to Surgical department, Misurata Cancer Center. CT scan chest, abdomen and pelvis no distal metastasis seen, according to Multidisciplinary Team decision, patient underwent right mastectomy and axillary clearance. Histopathology and immunohistochemical report showed residual invasive ductal carcinoma, which was positive for the estrogen receptor and the progesterone receptor, free resection margins and small lymphocytic lymphoma (SLL) involving the axillary lymph nodes, confirmed with immunohistochemical staining positive for CD20,CD5,CD23 and BCL-2 while negative for CD3 and Cyclin D1. Second malignancies are known to be associates with SCLL, some Observers reported that an increased risk of second cancers in patient with SCLL. We represent a rare combination of synchronous primary SCLL with breast cancer and endometrial cancer in a woman.
Key words : Multiple primary malignancies, Synchronous malignancies, Breast carcinoma, Endometrial adenocarcinoma, small lymphocytic lymphoma.

TRIPLE NEGATIVE BREAST CANCER ABOUT 33 CASES

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Introduction: Breast cancer is the most common cancer amongwomen. It is a heterogeneous disease both clinically and histologically and biologically. Triple negative breast cancers account for 15% of breast cancers, occur most often in young women, and are associated with a poor prognosis.
Methods: This is a retrospective study based on patients' records, followed in the Medical Oncology department for Breast Cancer from March 2016 to January 2018. During this period, 220 patients were treated for breast cancer. A sample of 33 had triple negative breast cancer is studied.
Results: The 33 cases studied, had a mean age of 48 years [23-78 years].57.57% (n = 19) of the patients were postmenopausal, 42.42% (n = 14) of the cases were premenopausal. The notion of a family history of cancer was found in 48.48% of the studied cases (n = 16). Contraception was positive in 54.54% (n = 18) (7 years on average).The reason for consultation was a nodule: 69.69% of cases (n = 23); with adenopathy in seven cases (21.21%), mastitis in 6.06% of patients (n = 2), mastodynia in one patient 3.03%. the affected side was the left breast in 54.54% of cases (n = 18).
The histological type was infiltrative ductal carcinoma in 93.93% of cases (n = 31), invasive lobular carcinoma in 3.03% of cases (n = 1) and mixed invasive carcinoma in 3.03% of cases (n = 1). 81.81% of patients were non-metastatic (n = 27), six patients18.18% were metastatic, of which 3 cases (50%) were metastatic from the outset and 3 (50%) metastatic within an average of 15 months.The metastatic sites were: Bone: 83.33% of cases (n = 5), lung: 16.66% of cases (n = 1), liver: 33.33% of cases (n = 2)
36.36% (n = 12) of the patients received neo-adjuvant chemotherapy. 87.87% (n = 29) of those who underwent surgical treatment of whom 93.10% (n = 27) underwent total mastectomy plus lymph node dissection and 6.9% underwent tumor tumors. 75.75% of patients (n = 25) received adjuvant chemotherapy. Twenty patients (60.60%) received external radiotherapy. 9.09% benefited from palliative chemotherapy plus targeted therapy of which 2 received chemotherapy 2 nd line. 90.90% of cases (n = 30) are alive, of which 48.48% of cases (n = 16) under control and 42.42% (n = 14) are undergoing treatment; 3 patients died.
Conclusion: Triple-negative breast cancer represents a heterogeneous subgroup of breast cancer, appearing to be more aggressive than other subtypes with a higher risk of death in the first 5 years of follow-up, requiring more aggressive and more appropriate therapeutic strategies.

PHYLLODES TUMORS OF THE BREAST : ANALYSIS OF 48 CASES FROM A SINGLE CENTER.

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Introduction:phyllodes tumors (PTs) are rare fibroepithelial neoplasms of the breast. The preoperative diagnosis and management still a challenging issue. The aim of this study is toanalyse all patients with PTs of the breast which were diagnosed at Misurata cancer center (MCC) (Misurata, Libya) during a 5-years period.
Methods: From 2013 to 2017; 48 female patients diagnosed with PTs in MCC were reviewed retrospectively. Clinical and histopathological features, local recurrence, distant metastasis, surgical procedures used for diagnosis as well as treatment and type of adjuvant therapy.
Results: Our patients mean age was 35 years(14-90 years) and 3 of them were pregnant. Patients with malignant PTs were significantly older (p=0.018). Mean size of the tumor was 6 cm (1.6-30 cm). There was no significant relationship between the size of the tumor and histopathological subtypes (p=0.367), age (p=0.880) or local recurrence (p=0.949)
.Histopathologicaldiagnosis was benign in 39 cases (81%), borderline in one case(2%) and malignant in 8 cases(17%). Surgical treatment was lumpectomy in 75% (benign cases), wide local excision in 8% (one borderline,3 benign) and simple mastectomy in 12% (two benign, 4 malignant). Adjuvant radiotherapy was given to 4 pts with malignant subtype. The rate of local recurrenceamong benign tumors was7% (three cases) and for malignant cases was 25%(two cases). Three patients with malignant PTs died; two of them had metastatic disease at presentation and a further one developed metastases 2-years post-mastectomy follow-up.
Conclusion: PTs are rare neoplasms that have a tendency to reach large sizes. In the current study, size of the tumor was not a predictive factor for histopathological subtype and recurrence rate. Older patients have a higher rate of malignant features. A higher local recurrence rate in malignant tumors indicates that preoperative diagnosis and adequate resection of these tumors are important.

BILATERAL BREAST CANCER: ABOUT 13 CASES.

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Introduction: A second primary breast cancer in the opposite breast can be either synchronous or metachronous. Bilateral synchronous breast cancer accounts for 1.5 à 3.5 % of all breast cancers. Synchronous bilateral breast carcinoma (SBBC) is an uncommon presentation, and the management of patients with this disease is not well established. Breast cancer is usually associated with local and lymphatic spread and with blood-borne spread to lungs, bones and liver.
Objective: To study the epidemiological, clinical, histological, and therapeutic characteristics. of bilateral breast cancer.
Methods: This is a retrospective study based on patient records, followed in the Medical Oncology department for bilateral breast cancer from June 2015 to December 2017. During this period, 419 patients were treated for breast cancer. Of these, 13 had bilateral breast cancer (3.10%).
Results: Mean age was 46 years [33-62 years]. 84.61% of cases were married at the time of diagnosis, Nulliparous accounted for 15,38% of cases (n = 2), paucipara accounted for 53.84% of cases (n = 7) and multiparous 30,76% of the cases (n = 4). Seven patients were in the period of genital activity. Six were

menopausal 46.15%, The age of the menopause was on average 46 years [45 - 49 years], The use of oral contraceptives was found in 30.76% of cases (n = 4), The notion of family history of breast cancer was found in 23.07% of cases (n = 3). The reason for consultation was: self-palpation of a node: 69.23% of cases (n = 9), inflammatory mastitis: 7.69% (n = 1), shoulder pain: 7.69% of cases (n = 1) and a single case per inter-breast mass (7.69%) .The diagnosis time was 19 months [2 - 36 months]. Histological type was: infiltrating ductal carcinoma in 76.92% (n = 20) and infiltrating lobular carcinoma in 11.53% (n = 3), a single case of colloid carcinoma (3.84%) and only one case of carcinoma in situ (3.84%), 3.84% of the cases of a mixed carcinoma «CCI + CL» (n =1).
The SBR grade was: SBR II: 57.69% (n = 15). SBR III: 19.23% (n = 5) and not made in 3 patients. IHC made in 92.30%, molecular classification: luminal A: 25% (n = 3), luminal B: 58.33% (n = 7), triple negative: 8.33% (n = 1), non-luminal: 8.33% (n = 1), 12 patients had synchronous bilateral cancer (92.30%) while only one patient (7.69%) had left breast cancer and then right breast after 56 months. TNM classification: right breast: stage I: 7.69% (n = 1), stage II: 23.07% (n = 3), stage III 15.38% (n = 2). Stage IV: 53.84% (n = 7) of which left breast: stage I: 7.69% (n = 1), stage II: 7.69% (n = 1), stage III: 38.46% (n = 5), stage IV: 46.15% (n = 6). Nine patients were metastatic, 6 of who were emerald and 3 metastatic within an average of 43.33 months. 44.44% of cases (n = 4) presented unique metastasis, double metastasis in 55.55% of cases (n = 5). Metastatic were: Os: 100% of cases (n = 9), lung: 11.11% of cases (n = 1), pleural: 11.11% of cases (n = 1), liver: 11.11% of cases (n = 1). One case (11.11%) had cerebral metastases. 69.23% (n = 9) of those who had surgery, 77.77% (n = 7), were bilateral mastectomies. 11.11% (n = 1) was left patey and only one case (n = 11.11%) was tumorectomy of the inter-mammary sulcus. Seven cases (53.84%) received external radiotherapy. 100% received chemotherapy: 53.84% (n = 7) in neoadjuvant regimen, 46.15% (n = 6) in adjuvant setting. 61.53% (n = 8) had palliative chemotherapy. 6 cases (46.15%) had hormone therapy and 4 cases (36.36%) benefited from targeted therapy. 81.81% of cases (n = 9) are alive. the average survival is 23.36 months [2 months - 70 months].
Discussion: In our study, the frequency of bilateral breast cancer is 3.10%. This result is consistent with the incidence rates reported in the literature. The average age of the patients was 46 years, a family history of breast cancer was observed in ¼ of the cases. The most common histological type was invasive ductal carcinoma. The SBR II grade was predominant. 100% of the patients had chemotherapy
Conclusion: Synchronous BBC constitutes about 2.5 % of newly diagnosed breast cancers. Women already suffering from unilateral cancer have an additional risk of contralateral cancer supporting the importance of contralateral breast cancer screening at the time of primary diagnosis and during follow-up.

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PROGNOSTIC FACTORS AND OUTCOMES IN T1 BREAST CANCER: A RETROSPECTIVE TUNISIAN STUDY OF 334 PATIENTS

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Introduction: The aim of our study is to analyze overall survival (OS) and relapse free survival (RFS) and to determinate prognostic factors in T1 breast cancer in a Tunisian study.
Methods: We retrospectively studied 334 women with T1 M0 breast cancer treated between 1994-2010 in the department of medical oncology in Salah Azaiz Institute in Tunisia. Statistical analyses were carried out with the SPSS version 20. OS and RFS rates were estimated using the Kaplan–Meier method and compared with the log-rank test. Independent prognostic factors for survival were determined by multivariable Cox survival analyses. The level of statistical significance was set at a P-value of 0.05.
Results: At a median follow up of 96 months, the relapse rate was 28.7%. Twenty seven patients were dead, 214 were alive and 56 were lost to follow-up. The 5 and 10-year RFS rates were 84.9%, and 41.1%, respectively. The 5 and 10-year OS rates were 89.6% and 46%, respectively. By univariate analysis, age < 35 years, lymph node involvement, number of positive lymph nodes , capsular rupture ,surgical margins, Scarff-Bloom-Richardson (SBR) grading ,mitotic index ,hormone receptor status and radiation therapy were significant prognostic factors for RFS and OS . By multivariate analysis, hormone receptor status and surgical margins were independent prognostic factors for RFS and OS. Radiation therapy was an independent prognostic factor for RFS and lymph node involvement for OS.
Conclusion: Prognosis of T1 breast cancer was favorable. Prognostic factors of overall survival and recurrence free survival were consistent with literature.

BREAST CANCER IN WOMEN UNDER 35 YEARS: ABOUT 28 CASES

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Introduction: Breast cancer (BC) is the first female cancer. It mainly affects women aged 50 to 70 years. Its frequency among women aged under 35 years varies between 2 and 24%. Through this series, we propose to identify the different characteristics of this entity.
Methods: We report here 28 cases of patients (≤35 years old) with a BC treated at the department of medical oncology at Habib Bourguiba hospital, in Sfax, over a period of 5 years (from 01/01/2010 to 01/01/2015).
Results: The average age was 30.89 years (26-35 years). Echo mammography showed ACR5 in 52% and ACR4 in 48%. Tumor size was ≤T3 in 19 cases (67.9%) with predominance of T2 (39.3%). The tumor was metastatic at diagnosis in 8 patients. The pathological examination concluded that there was infiltrating ductal carcinoma in all cases. It was an SBR II in 64.3% of cases and an SBR III in 35.7%. Lymph node dissection was positive in 57.69% of cases. Hormonal receptors (HR) were

positive in 67.9% of cases. Over-expression of Her2 was noted in 17.9% of cases. It was Luminal A in 32.2%, Luminal B in 35.7%, Her +++ in 10.7% and triple negative in 21.4%. Twenty-six patients (92.85%) had surgery with mastectomy in 85.7%. All patients received chemotherapy with anthracyclines and taxanes. Trastuzumab was received in 10.7%. Castration (chemical or radiation) was performed in 14 patients (73.68% of patients with positive HR). Average overall survival (OS) was 36.57 months. Three and five year OS were respe ctively 72.6% and 45.2%. The factors correlated with a better prognosis were a size ≤T3 (p = 0.03), the absence of metastases (p = 0.001), the Luminal A profile (p = 0.03), her2- (p = 0.05) and a treatment including castration (p = 0.008).
Conclusion: In our series, the metastatic forms at diagnosis were present in 26.66%; this rate varies between 2.4 to 30% of cases in the literature. T2-stage cancers were predominant in young women in several series, as in our series. Nodal involvement was 57.69% in our series versus 40 to 50% in the literature. Similar to data of the literature, the luminal B phenotype predominated in our series. The over-expression of Her2neu was noted in 17.9% of cases in our series versus 15.2 to 48% in the literature. The 5 year OS was lower than that reported in older series. This may be related to the relatively high rate of metastatic forms.

BREAST CANCER IN MEN: HABIB BOURGUIBA TUNISIAN HOSPITAL EXPERIENCE. ABOUT 23 CASES.

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Introduction: Breast cancer affected less frequently men compared to women. Through a series of 23 cases collected at the digestive surgical department in Sfax, we propose to determine the epidemiological profile, anatomo-clinical aspects and therapeutic approach in our country.
Methods: Through a series of 23 cases collected at the digestive surgical department in Sfax, we propose to determine the epidemiological profile, anatomo-clinical aspects and therapeutic approa ch in our country.
Results: The average age of our patients was 68 years (range 40 to 95 years). The consultation period varied from a few days to 5 years and was mainly for self-examination of a retro or periareolar tumefaction (19 cases). Apart from a single case where the clinical examination found a wide cutaneous ulceration, all the others (22/23) had a palpable nodule about 1 to 10 cm in diameter. Distant metastases lesions were reported in 22% of cases. Two patients were not operable and one patient was treated with exclusive chemotherapy. The other 20 patients were operated on. A mastectomy was performed in 4 cases (including 2 palliative), while a radical Patey intervention was carried out in 16 cases. According to the TNM classification, the tumor was classified at histological specimen examination to: T1 in 4.3%, T2 in 26.1%, T3 in 8.6% and T4 in 61%.
Conclusion: Breast cancer in men is found at an advanced stage in most cases in Tunisia. An early diagnosis is the only guarantee to improve the prognosis and must go through a campaign of awareness and self-screening.

HER 2 NEUEXPRESSION IN BREAST CANCER AND SERUM CYTOKINE LEVELS

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Introduction:Breast cancer is by far the most frequent cancer among women. Interleukins in the tumor microenvironment.and Human epidermal growth factor receptor 2 (HER2) overexpression is associated with an aggressive behavior and high rate of relapse. The correlation between all this factors is not well understood. Some autors demonstrates that HER2 overexpression activates a transcriptional inflammatory profile. The aim of this study was to evaluate the correlations of serum cytokine levels with HER2over expression.
Methods:Serum samples were prospectively collected from a cohort of sixty breast cancer patients after surgery in the military hospital of instruction of Tunis. Circulating levels of the inflammatory cytokines, TNFα and IL6 were measured with the technique of a solid-phase, two-site chemi-luminescent enzyme immune-metric assay (Immulite 1000, Simens, USA) and IL10 were measured with the technique of ELISA sandwich. Tumor clinical and histopathologic staging at diagnosis was determined in all patients by combining histopathologic findings with surgical records and perioperatve imaging.
Results:The median age of patients was 47 years; 19 patients were metastatic. The percentages of participants with in situ, localized, and regional stage disease were 23.3%, 54.5%, and 22.3%, respectively. The mean level of interleukis Il-6, IL-10 and TNF-α were respectively: 3.31 +/- 4.07pg/ml (min 1, max 29.30pg/ml); 6.560+/- 3.50 pg/ml (min 0.880, max 17.925 pg/ml) and 6.90 +/- 2.99 pg/ml (min 3, max 20.30 pg/ml). We observed a high percentage of patients with Human epidermal growth factor receptor 2 HER2 overexpression: HER2+ and HER2– were 32% (53.3) and 25% (41.2) respectively. But we didn't found a correlation with interleukins levels.
Conclusion:We observed a high percentage of patients HER2 overexpression. But we didn't found a correlation with interleukins levels. Our findings suggest perhaps a particular activation of inflammation independent from HER2 in our patients.

ASSESSMENT OF THE SEXUAL FUNCTION, THE BODY IMAGE AND THE MARITAL AGREEMENT IN POSTMENOPAUSAL MARRIED WOMEN AFTER SURGERY FOR BREAST CANCER

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Introduction:Breast cancer is the most frequent solid cancer among menopausal women. The main objective of this study was to evaluate the sexual function in married menopausal Tunisian women diagnosed with non metastatic and operable breast cancer.
Methods:This is a prospective cohort-type study of 100 menopausal women diagnosed then operated on for breast carcinoma between January 2015 and March 2017. Patients were randomized after a multidisciplinary consultation in 2 groups: G1 with patients who had a cons ervative breast surgery and G2 with those who had a mastectomy. Patients with immediate or delayed postoperative breast reconstruction were excluded. The data collection was done in an individual interview, in which 4 standardized psychometric assessment scales validated in Arabic were used: The Arab Female Sexual Function Index (ArFSFI) for evaluation of sexual function, The Locke and Wallace Marital Adjustment Test (MAT) for Assessment of Spousal Agreement, The Hospital Anxiety and Depression Scale (HAD-S) for Assessment of Anxiety & Depressionand The Body-Esteem Scale for Adolescents and Adults (BESAA) for the

evaluation of the body image Data analysis was performed with the SPSS 20 software. The statistical tests used were: the Chi2 test for frequency comparison. Student's «t» test was used for the comparison of means by taking the value of 5% as the significance threshold.
Results:The two groups were comparable in terms of age and of socio-economical characteristics of the patients and their spouses. The median tumor size at the time of cancer diagnosis was 3.6 cm (± 1.2) in G1 and 6.1 cm (± 2.6). There is an inversely positive correlation between the husband's education level and the feminine sexual dysfunction p = 0.042. There is a positive correlation between marital agreement and good sexual function p = 0.004. For the image of the body we found a significant difference between the group with mastectomy and the group with lumpectomy for the item appearance p = 0.047; without influencing any aspect of the sexual function. There is no correlation between the overall score anxiety or depression and sexual dysfunction; but there is an association between anxiety and sexual dysfunction in 13% p = 0.004.
Conclusion:The technique of breast surgery in case of breast cancer (conservative treatment versus mastectomy without reconstruction) does not influence the sexual function in menopausal Tunisian women operated on for a breast cancer.

INVASIVE MICROPAPILLARY BREAST CARCINOMA: A REPORT OF 8 CASES

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Introduction: Invasive micropapillary carcinoma (IMPC) of the breast is a rare pathological subtype of breast cancer and its incidence ranges from 3 to 6% of all primary breast cancers. It is characterized by pseudo papillary and tubulo-alveolar arrangement of tumor cell cluster in clear empty spaces. IMPC is known for its proclivity to lympho-vascular invasion, lymph node metastasis, local recurrence and distant metastasis. Although this apparent aggressive behavior, it has been recently reported that this variant has a similar prognosis compared with invasive ductal carcinoma.
Methods: We conducted a retrospective study of IMPC in patients who were treated at the oncology department of Sfax between 2010 and 2017. During this period, 8 patients were diagnosed with IMPC. The aims of this study were to describe the clinico-pathological features of IMPC and its characteristics.
Results: The average age ranged around 59 years (38 to 76 years). In 87% of cases, IMPC affected the left breast. No specific mammographic, sonographic or MR imaging characteristics have been identified for IMPC. Of the 8 reported cases, only one case had a T4 tumor stage. Distant metastases at initial diagnosis were found in 12.5% of cases. Histologically, 25% had a large tumor size beyond 5 cm. All cases had a SBR II. Three patients were identified as having pure IMPC. The 5 remaining cases had IMPC mixed with an invasive ductal carcinoma (4 cases) or a mucinous carcinoma (one case). Lympho-vascular invasion and N2-N3 nodal involvement were reported in 62% and 50% of cases respectively. All cases had endocrine receptor positivity (luminal B) and 60% of cases had an over expression of HER2. All cases had undergone mastectomy, local radiotherapy and chemotherapy except of one whose age was 76 years and who refused chemotherapy. The median follow up duration was 32 months (range from 5 to 90 m onths). Six patients are still alive with no recurrent disease, one patient was lost of sight during follow up and one case developed distant metastasis at 63 months and is now continuing chemotherapy at 90 months from initial diagnosis.
Conclusion: In this study, the increased incidence of lympho-vascular invasion, lymph node metastases as well as the high percentages of endocrine receptor positivity were in accordance with other reports. Given the small sample size of our cohort, the incidence of HER2 over expression was higher than what was reported in literature (60% vs. 40%). Despite its poor clinical characteristics, IMPC of the breast does not show a decreased survival rate in our cohort study which also concurs with findings from larger series.

CLINICOPATHOLOGIC AND THERAPEUTIC CHARACTERISTICS OF RECURRENT T1 BREAST CANCER

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Introduction: The objective of our study is to describe clinicopathologic and therapeutic characteristics of recurrences in T1 breast cancer.
Methods: We retrospectively studied 334 women with T1 M0 breast cancer treated between 1994-2010 in the department of medical oncology in Salah Azaiz Institute .At a median follow up of 96 months ,31 patients developed locoregional recurrence (LRR) (9.2%) and 56 patients experienced distant metastasis (DM) (16.7%).
Results: Locoregional recurrence included 23 (74.2%) breast relapses,3 (9.7%) isolated lymph node (LN) relapses and 5 (16.1%) simultanous breast and LN relapses. Of these 31 patients ,7 were diagnosed with LRR and simultaneous DM.The invasive ductal carcinoma was mostly reported (97%) .Hormone receptor status was determined in 17 cases (68%) and was positive in 12 cases .Her2neu positive status was reported in 2 cases. Twenty two patients (71%) underwent surgery .Chemotherapy and radiotherapy were received by 64 % and 32% of the patients ,respectively . Distant Metastasis was mostly skeletal (62.5%) .Metastasis biopsy was performed in 11 cases (19.6%). Hormone receptor status was determined in 8 cases (14.2%) and was positive in 4 cases .Her2neu status was determined in 2 cases (3.5%) and was negative .Forty-six (82.1%) patients received palliative chemotherapy .Seventeen (30%) patients received endocrine therapy. Palliative radiotherapy in the management of brain metastases, spinal cord compression, and bone metastases were performed in 12.5% ,23 % and 10 % of the cases, respectively.
Conclusion: Recurrences in T1 breast cancer were not rare and their management required a multidisciplinary team.

THE USE OF SENTINEL LYMPH NODE BIOPSY IN THE TREATMENT OF BREAST DUCTAL CARCINOMA IN SITU

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Introduction: With improvements to the breast cancer screening program, more and more women with ductal carcinoma in situ

(DCIS) are being diagnosed and treated. However, the axillary treatment of patients with DCIS remains controversial. These patients, who exhibit pre-invasive tumors with no invasive component, are theoretically believed to have no chance of lymph node metastases.
Methods:it is a retrospective study carried out at the institute of Salah Aziez Tunisia whic h included 243 patients presented with the final pathology of DCIS , over a period of 22 years between the years 1993 and 2014.
Results: 243 patients presented with the final pathology of DCIS, 18,10 % of patients underwent sentinel lymph node biopsy (SLNB). A total of 61 (25 %) patients underwent breast-conserving surgery (BCS), and 182 (75 %) underwent mastectomy, of which 0,82 % and 17,28% respectively had a concomitant SLNB. all the lymph nodes sampled were not metastatic. The colorimetric method were done in 34,09 %, the scintigraphic method (45,45%) and the use of the two method is about 68,18 %. In the post opérative, no complication was seen in this patients, however the patients who had an lymph node dissection had a complications lik : Lymphe Dema and lymphocele.
Conclusion:The rates of SLNB positivity in pure DCIS are very low, and there is continuing uncertainty about its clinical importance

CLINICOPATHOLOGICAL CHARACTERISTICS OF PATIENT WITH BREAST CANCER BEFORE BRAIN METASTASES
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Introduction: Breast cancer (BC) represents the second most frequent cause of brain metastases after lung cancer. It occurred in 10-16% of patients.The incidence of BM seems to be increased in recent years given the better control of systemic disease and advances in diagnostic imaging. In this abstract we will focus on Clinicopathological characteristics of patient with breast cancer before brain metastases.
Methods: This study was performed at the department of medical oncology and radiotherapy at Habib Bourguiba Hospital between 1998 and 2014. Data were collected for 85 cases of BMBC. Inclusion criteria were as follows: histologically proven breast carcinoma, intradural BM detected by contrast-enhanced cerebral computed tomography (CT-scan) or magnetic resonance imaging (MRI).
Result: The mean age at diagnosis of BC was 42 years (26-77 years). Four patients had a familial history of BC (4.7%). The left breast was reached in 64.7%. The tumor was locally advanced (T3-T4) in 63.4% with an inflammatory subtype (T4d) in 12.9%. Lymph node involvement was noted in 90.6%. Twenty-two patients were metastatic at initial diagnosis (25.9%). The predominant histological type was an infiltrating ductal carcinoma (90.6%) with a high mitotic index in 90.6%. Breast surgery was done in 81.2%. Hormone receptors were positive in 52.9%. Nine patients overexpressed Her2 (10.6%) and six had a triple negative profile (7.1%). Adjuvant therapy with chemotherapy (CT) and radiotherapy was conducted in 62.4% followed by hormone therapy (HT) in 34.1%. Trastuzumab was received in 2 cases (adjuvant situation). A palliative CT was made immediately in 18.7%. The first metastatic site was the brain in 18 cases (21.2%), bone in 40 cases (40.1%), liver in 5 cases (5.9%), lung in 11 cases (13%) and l ymph node in 8 cases (9.4%) and skin in 3 cases (3.6%). Average time to metastases was 24.75 months. Mean time to bone metastases was 22.81 months, 24.56 months for visceral metastases and 34.12 months for brain metastases.
Conclusion: We acknowledge that our study has some limitations: first of all, its retrospective property, secondly the lack of Her2 status documentation at the beginning of the study. Despite these limitations, mean time to brain metastases was similar to data of the literature.

RADIO-PATHOLOGIC CORRELATION OF DUCTAL CARCINOMA IN SITU : THE PREDICTIVE FACTORS OF MICROINVASION
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Ductal carcinoma

Introduction:(DCIS) accounts for 20%–25% of breast cancers detected at screening mammography .the biopsy can obtain a preoperative diagnosis, sometimes patients undergo a surgery without a preoperative diagnosis , so we refer to the criteria in the mammogramm to choice the apropriate treatment and to evoid a second intervention.
Methods: it is a retrospective study carried out at the institute of Salah Aziez Tunisia which included 243 patients presented with the final pathology of DCIS without microinvasion.over a period of 22 years between the years 1993 and 2014.
Results:the pathology assesment showed that all the patients has a DICS without microinvasion. The Mammography shwed that 89,7 % of all patients had an opacity, most of the microcalcifications are type V (40%). the size of the tumor was > 3cm in 40%. 95% of the Grade III had un opacity in the mammography and 78,33% of the Grade III had a volume size > 3 cm.
Conclusion: ThePrevious studies have shown that there was a correlation between mammography and pathology regarding microinvasion criteria and regarding nuclear grade

BREAST CANCER IN TUNISIA: A CASE CONTROL STUDY ON ENVIRONMENTAL AND OCCUPATIONAL RISKS
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Introduction: Previous studies have suggested a link between environmental, occupational and lifestyle-related risk factors and breast cancer. Because no analytical study detailing the link between occupational exposures and breast cancer has been conducted to date in our country, we aimed to assess the relationship between environmental and occupational factors and breast cancer risk.
Methods: The Case-Control Study Was Conducted On 110 Women With Histological Confirmed Breast Cancer During The 2013–2016 Period At Farhat Hached University Hospital, Sousse, Tunisia, And 150 Cancer-Free Controls Matched By Age (Within 5-Year Intervals).

Results: Two occupational conditions were independently associated with breast cancer: the agricultural sector (pa = 0.006, ORa = 7.07, 95% CI = [1.76-28.33].) and pesticide exposure (pa = 0.003; ORa = 8.68 95% CI [2.11-35.55]). Overweight and milk product consumption were also factors independently associated with breast cancer (pa = $<10^{-3}$; ORa = 3.44 95% CI = [1.82- 6.52] and pa = 0.001, ORa = 6.74, 95% CI = [2.13-21.27] respectively, regular physical activity, as well as external sunlight exposure were protective factors against breast cancer (pa = 0.007, ORa = 0.42, 95% CI = [0.16-1.07] and pa = 0.006, ORa = 0.51, 95% CI = [0.25-1.05] respectively).
Conclusion: Our results have supported The role of lifestyle and work-related factors in increasing the risk of developing breast cancer. Further more in-depth prospective studies are needed to better elucidate the risk factors for this cancer in Tunisia.

BREAST CANCER: THE MOLECULAR CLASSIFICATION. ABOUT 60 CASES

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Introduction: The heterogeneity of the molecular abnormalities presented by breast cancers and the thorough knowledge of its potential targets is a potential source of targeted therapy. The development of these therapeutic targets makes it possible to envisage the development of personalized therapeutic combinations adapted to the intrinsic tumor characteristics. Our purpose was to perform a retrospective study of the molecular features of breast cancer.
Methods: This is a retrospective study of 60 breast cancer cases collected in the Medical Oncology Department of the Military Hospital of Tunis. The study investigated the immunohistochemical and molecular characteristics of different breast tumors by searching for hormone receptors (estrogen and progesterone) and the status of the HER2 neu.
Results: The immunohistochemical and biomolecular study of 60 patients with breast cancer revealed that 40% of tumors expressing HER2 neu had a markedly modified prognosis through the use of targeted therapies. We distinguish two types of tumors expressing the hormonal receptors: The tumors weakly proliferating and of good prognosis classified luminal A representing 14% of cases and proliferating tumors of less good prognosis wh ich are classified luminal B representing 30% of cases. Tumors classified as triple negative that do not express either estrogen or progesterone hormone receptors or the HER2 neu marker represented 16% of cases.
Conclusion: The gene expression signature that distinguishes several major categories of breast cancer clearly demonstrated its prognostic and even therapeutic relevance in the clinic. This requires the importance of developing adequate care for these patients and the installation of the necessary techniques for the therapeutic choice.

CORRELATION OF PROGNOSTIC PARAMETERS WITH ESTROGEN RECEPTOR AND/OR PROGESTERONE RECEPTOR POSITIVE EXPRESSION IN BREAST CARCINOMA

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Introduction: The objective of our study was to compare epidemiological and clinico-pathological characteristics and survival of luminal breast cancer (BC) patients according to ER and PR expression. Methods: We retrospectively studied 425 women with luminal BC treated between 2011-2015. Patients were categorized into 3 groups according to their ER/PR status: group A=ER+/PR+ (331, 77.9 %), group B=ER+/PR- (76, 17.9%) and group C= ER-/PR+ (18, 4.2 %). Chi2 test was used to determine correlation between positive cases of hormone receptors and characteristics of BC
Methods: Mean age was 48, 49 and 45 years respectively (p=0.9).Family history of breast cancer was reported by 28.8 %, 23.7 % and 22.2 % of patients respectively (p=0.5) .Menopausal status and obesity didn't differ between groups (p=0.2). Primary tumors were mostly in T2 at diagnosis (45.6%, 44.7% and 27.8% ,p=0.3) .
Results: De novo metastatic disease was more common in group C 23.5 %, vs 15.3 in group A and 15.8% in group B but not significantly (p=0.2). Lobular carcinoma were more frequent in group C (p =0.002).There was no correlation between groups and lymph nodes involvement , tumor grade ,tumor necrosis ,mitotic index, lymphatic vessel invasion and Ki-67. We observed that Her2neu expression significantly increased in group A (47.7 %, p=0.002). Overall survival was similar between the 3 groups . Two-years OS was 91.2 % ,89.4 % and 92.3% respective ly (p =0.8).
Conclusion:There was no difference of epidemiological, clinical and pathological characteristics and survival between ER/RP positive groups except for histological type and Her2neu expression .

ACCESS TO BREAST CANCER (BC) DIAGNOSTIC PROCEDURES: EVALUATION OF ADHERENCE TO GUIDELINES IN A TUNISIAN COHORT

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Introduction The wild variations of BC mortality rates between different countries reflect differences in availability of diagnostic procedures and treatment options. In our study we aimed to examine the access to the BC investigations in a Tunisian cohort. Methods: We conducted a retrospective study of 632 cases of BC between (2011-2015). We collected data related to diagnosis, work-up and treatment strategies for each patient. We evaluated the adherence of every day practice to international guidelines.
Methods : In our study we aimed to examine the access to the BC investigations in a Tunisian cohort
Results: Average time between symptoms and first consultation was 3 months. Mammography was performed in 92.2% patients. It showed an ACR 4/5 lesion in 40% of cases 17% had subsequent MRI. All patients had a histological confirmation of BC (after surgery in 51% and biopsy in 49%). Median tumor size was 28 mm (1-120). Data reported in histological reports were as mentioned in the following table: Mentionned Missing SBR grade 97% 3% Number of tumors 84.6% 154% ER 99.2% 0.8% PR 96.3% 3.7% HER2 99.6% 0.4% Ki67 87.3% 12.7% Histologic response to 60.3% 39.7% neoadjuvantchemotherapy Ratio N+/N 83.4% 16.6% Work-up was performed as follows: body scan in 79% of cases, bone scan in 84%, abdominal ultrasound in 52%.

The couple Body scan-bone scan was performed in most cases (67%). Metastatic lesions were found in 14.8% cases. The clinical TNM classification showed: T2 (49%) and N1 (27.7%). Ninety percent of patients were operated, with breast conserving surgery in 32%. Chemotherapy was used in 93.6% of cases and 85.9% of patients with Her2 overexpression received Trastuzumab.

Conclusion: Despite that our histological diagnosis and work up followed international guidelines, we observed high incidence of metastatic disease and nodal invasion, emphasizing the need for screening and awareness programs.

PREDICTIVE FACTORS OF GOOD HISTOLOGICAL RESPONSE AFTER NEOADJUVANT CHEMOTHERAPY FOR LOCALLY-ADVANCED BREAST CANCER (LABC)

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Introduction: Primary chemotherapy (PC) is considered as a standard treatment for inoperable locally advanced breast cancer. The main objective of this therapy is to convert to surgery initially inoperable tumors, but available data showed an additional benefit on the prognosis, especially when a pathological complete response (pCR) is completed, or even a maximal response called near pCR (npCR), which seems to have a comparable prognostic impact.

The aim of this study is to identify predictive factors of good histological response, especially pCR, after PC for a LABC.

Methods: This was a one year (2016) retrospective study; including 50 females treated with an anthracyclines/taxanes based NACT, for a LABC. The histological response was classified according to the SATALOFF system, and stratified in 5 grades: G0 (TA NA/B pCR), G1 (TA NA B npCR (pT1aN0), G2 (TB NA/B), G3 (TC and/or NC), and G4 (TD and/or ND). The pCR was defined as the absence of invasive breast cancer in the breast and the axillary lymph nodes.

Results: Baseline characteristics are summarized in Table 1. Median age was 48.9 (30-70), with 56% pre-menopausal woman. 50% were stage IIIB, with 84% N+ and only 6% T4d. The main histology was IDC (74%), mainly intermediate to high grade (SBR II: 78%, III: 8%). According to IHC: 26% were Her-2 (+) and 14% Triple-negative. All patients received anthracyclines/taxanes based chemotherapy, as sequential regimen in 92%, with 8 cycles in 82%. Only 3 patients (6%) received a second line CT.

Preoperative response evaluation was always clinical, aided by ultrasound in only 32%. Objective response rate (ORR) was 58% at initial evaluation (after 2-3 cycles) and 98% at final evaluation with 10% clinical complete response (cCR). All patients underwent modified radical mastectomy. pCR and npCR were 24% and 12% respectively. In addition a small residual disease (pT1b-c) was found in 30%, and complete axillary clearance in 60%.

Table I: clinical and biological data

	N (%)
Age : Med. 48.9 (30-70)	
≤35	4 (8)
36-45	14 (28)
46-55	21 (42)
56-65	10 (20)
>65	1 (2)
Menopausal status	
(+)	27 (56)
(-)	23 (46)
Stage	
IIB	5 (10)
IIIA	20 (40)
IIIB	25 (50)
T3	24 (48)
4a-c	23 (46)
4d	3 (6)
N0	8 (16)
1	28 (56)
2	14 (28)
Histology	
IDC	37 (74)
ILC	7 (14)
Other	6 (12)
SBR I	2 (4)
SBR II	39 (78)
SBR III	4 (8)
SBR NA	5 (10)
IHC	
HR (+)	41 (82)
Her-2 (+)	13 (23)
Ki67 <14	15 (30)
>14	22 (44)
NA	13 (26)
Molecular group	
Luminal	30 (60)
A	8 (16)
B Her2(-)	14 (28)
TN	7 (14)
Her-2 (+)	13 (26)

Analysis of predictive factors of good histological response showed that pCR or npCR are more likely to occur in young woman <45y, pre-menopausal, or if the duration of menopause is >5 years. Initial radiological size of primitive tumor influenced pCR/npCR, as well as T classification (3 vs 4a-c vs 4d) and AJCC stage, when N classification influenced the axilla clearance rate. pCR/npCR is also more frequent with lobular carcinoma, when IDC is associated and vascular emboli is absent, and when stroma is hyaline and non-inflammatory.

Hormone receptors status as an independent factor didn't influence maximum pathological response, but taking ER+ tumors separately shows that low percentage (<20%) is correlated to more pCR. In Her-2 (+) tumors receiving trastuzumab, the % of marqued cells seems to influence positively pCR rate also, with 30% as a cut-off. High proliferation index Ki67 (>14%) increases rate of pCR/npCR, which seems as high as Ki67 value. Regarding molecular sub-groups, maximum response was noted in Her-2(+) and Triple-negative tumors, where in Luminal group, the Luminal-B (Her-2(-)) was more responder than Luminal-A.

When early partial response is noted, the amplitude seems important with a 50% cut-off. This is more valid for final evaluation, even if clinico-pathologic correlation is not absolute with 80% pCR for cCR. The delay between the end of treatment and the surgery is important, since the analysis showed that a delay of more than 5 weeks seems to reduce the rate of pCR to almost one third.

Table 2 :

	N (%)
Early Clinical Response	Early Clinical Response
PD	2 (8)
SD/miniR	19 (38)
PR [30-50[	24 (48)
PR >50	5 (10)
CR	0
Final Clinical Response	Final Clinical Response
PD	1 (2)
SD/miniR	0
PR [30-50[	9 (18)
PR >50	35 (70)
CR	5 (10)
Pathological Response	Pathological Response
G0 pCR	12 (24)
G1 npCR	6 (12)
G2 TB NA-B	8 (16)
G3 TC / NC	15 (30)
G4 TD / ND	9 (18)
pT0	12 (24)
pT1a	8 (16)
pT1b/pT1c	13 (26)
pT2	11 (22)
pT3	4 (8)
pT4	2 (4)
pN0	30 (60)
pN1	16 (32)
pN2	3 (6)
pN3	1 (2)
CR+	8 (16)

Conclusion: Breast cancer is already known to be heterogeneous disease, and this leads to unequal response to medical therapeutics. In the neoadjuvant context, the in vivo evaluation of the pathological response on final specimen is a very interesting approach to assess this heterogeneity, in order to select patients who better benefit from standard chemotherapy, those who need intensification or even de-escalation. This could be possible studying every parameter separately or grouped in a sort of scale.

Table 3 :

Parameter	pCR (%)	pCR+npCR (%)
Age ≤45 vs >45	33.3 vs 18.7	38.8 vs 34.3
Pre- vs post-menopausal	33.3 vs 13	40.7 vs 30.4
Menopause ≥5 vs <5 y	21.4 vs 0	42.8 vs 11.1
ILC vs IDC	42.8 vs 18.9	42.8 vs 35.1
IDC (+) vs (-)	42.8 vs 16.6	57.1 vs 27.7
VE (-) vs (+)	25.5 vs 14.2	37.2 vs 28.5
Stroma Hyalin vs others	37.5 vs 20	37.5 vs 31.4
Non-I vs Infl.	33.3 vs 19.3	No Diff.
Us-T <30 vs >30mm	36.8 vs 20.6	36.8 vs 34.4
T3 vs T4	33.3 vs 19.2	45.8 vs 19.2
Stage IIIA vs IIIB	35 vs 20	45 vs 28
N0 vs N1 vs N2	100 vs 57.1 vs 42.8 (npCR)	100 vs 57.1 vs 42.8
RE <20% vs >20%	44.4 vs 19.3	(npCR)
Her-2 >30% vs <30%	0 vs 57.1	55.5 vs 22.5
Ki67 >14 vs <14	22.7 vs 13.3	16.6 vs 57.1
>30 vs <30	40 vs 11.1	36.3 vs 20
Mol. G: Her-2(+)	30.7	50 vs 22.2
TN	28.5	46.1
Luminal-A vs B	25 vs 21.4	42.8
Response		25 vs 42.8
Early >50 vs <50	40 vs 16.6	
Final >50 vs <50	29 vs 0	40 vs 33.3
Surgery <5w vs >5w	32.1 vs 13.6	50 vs 0
		42.8 vs 27.2

SORAFENIB IN RADIOACTIVE IODINE-REFRACTORY THYROID CANCER

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Background : Although thyroid cancer ususally has a excellent prognosis,few therapeutic options are available in the refractory setting,Its multidisciplinary approach is the subject of recommendations regularly updated .The Sorafenib (a multi kinase inhibitor) was recently distinguished as a valid therapeutic option in case the exhaust with standard therapy (surgery ± radioiodine)
Aim:is to evaluate the efficacy and safety of sorafenib .
Methods: We report a retrospective analysis of 100 patients followed for locally advanced or metastatic thyroid cancer and resistant to radioactive iodine, collected in our medical oncology Pierre and Marie Curie center in Algiers from January 2011 to May 2017.
Results: Of 100 patients, we treated 53 symptomatic patients with sorafenib, 20 men and 33 women with a sex ratio of 0.6, the median age was 56.71 years (22-79). Histological subtypes are : 28 papillary carcinomas , 04 anaplastic carcinomas, 14 follicular carcinomas, 04 medullary carcinomas, 03 poorly differentiated carcinomas, 01 papillary and medullary carcinoma mixed. 50 patients underwent surgery of the thyroid, 42 of therapy will go to a mean dose of 621mci, and 08 patients received local radiotherapy.
Metastatic sites are: Lung 72% , bone 45% , liver 15% , brain 9%, adrenal 6% ,skin 6% and 23% (n=11)had a local recurrence and lymph nodes. Patients received an average of 08 courses of sorafenib at a dose of 400 mg twice a day
43 patients were evaluable for response, we got 29 stabilizations, 04 partial responses , 09 progressions and 01 complete response Median progression-free survival is 10 months.
The most common adverse events are: hand foot syndrome grade III (n = 2), moderate hypertension (n = 07),diarrhea grade 2 n=6 , skin reaction grade 3 (n = 1).
Conclusion: Sorafenib is a promising treatment option for patients with iodine-refractory thyroid cancer.
Keywords :
Thyroid cancer,iodine refractory,metastatic,tyrosine kinase inhibitors

BILATERAL BREAST CANCER: CLINICOPATHOLOGICAL PROFILE AND MANAGEMENT

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Introduction: Bilateral breast cancer (BBC) is a rare entity. Unlike unilateral breast cancer there are no clear treatment guidelines. There are several controversial issues regarding BBC pertaining to the diagnostic criteria and management policies. The aim of our study was to define particularities on diagnosis and therapeutic management of BBC.
Methods: We report retrospectively 13 cases of BBC treated at the department of medical oncology of Gabes hospital between January 2010 and December 2017. All patients had synchronous BBC proven histologically. We excluded patients with metachronouscontrolateral breast cancer.
Results: Median age was 40 years (range 28-57). Two patients

had familiar history of breast cancer. Physical examination revealed bilateral palpable mass in ten cases (76,9%). Controlateral breast cancer was detected mammographically (microcalcifications) in three cases (23%). Tumor was classified T4 bilaterally in three cases (23%). Multifocalitywas observed in six cases (46%).Histological subtype was invasive ductal carcinoma in 9 cases (69,2%), invasive lobular carcinoma in two cases (15,3%) and mixed ductal and lobular carcinoma in two cases. Large area of intraductal carcinoma or in situ lobular carcinoma were associated in six cases (46,1%). Six patients had metastatic disease at the time of diagnosis. Nine patients (69,2%) underwent bilateral surgery. It was bilateral radical mastectomy in 55,5% of cases, mastectomy on one side associated to conservative surgery on the other side in 44,4% of cases.All opered patients received locoregional radiotherapy. One patient with bilateral locally advanced non metastatic breast cancer received contracted radiotherapy after completing chemotherapy. At the time of last follow up Seven patients were in life. Median duration of survival was 33 months.
Conclusion: BBC is an uncommon clinical entity. These patients require individualized treatment planning based on the tumor factors and treatment factors of the index lesion. Optimal results can be obtained by using a logical multimodality treatment approach for BBC.

BREAST CANCER IN SOUTH OF TUNISIA IS IT USUALLY INFLAMMATORY?

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Purpose: To report the clinical and histological characteristics of inflammatory breast cancer in Southof Tunisia..
Methods: Among 781 treated within breast cancer committee between 2002 and 2008, 167 (21, 4%) had inflammatory form classified T4b or T4d.
Results: The mean age at diagnosis was 50, 8 years. Twelve patients (9, 6%) had an age <35 years and 31 patients had a family history of breast cancer. Inflammatory symptoms revealed the diagnosis for 45 patients (26, 9%). The tumor average size was 6, 6 cm (2-15 cm). T4b clinical stage was more frequent (65, 9%). Sixty five patients had metastatic disease (38, 6%) at the diagnostic with bone metastases at 47 cases (72, 3%). The invasive ductal carcinoma was the most common histological type with 74,2% of all the cases. Inflammtory histology represented 6, 6% of the cases. High grade form was the most frequent (94, 6%). Axillary lymph node dissection was performed for 107 patients. Lymph node metastases (N+) were found in 93 patients (89, 4%) with ≥4 N+ in 61 cases (58, 6%). Capsular effraction was noted in 63 cases (67, 7%). Hormone receptor (RH) status was defined for 150 patients. Hormone recptor were negative at 64 cases (42, 7%). Among 30 patients with defined Her2 status, 8 patients (26, 7%) over expressed.
Conclusion: Inflammatory breast cancer remains frequent in Tunisia and represents about 24% of all cases of breast tumors. In our institution, we observed an improvement in diagnosis. Frequency of this form decreased from 36% between 1993 and 1997 to 21% in our study. These tumors are usually locally advanced at the diagnosis with higher metastatic form. Aggressive forms were more frequent with high grade histlogy and more lymph node involvement.

BODY IMAGE AND PSHYCOLOGICALDISORDRE IN BREAST CANCER AMOUNG YOUNG PATIENTS

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Introduction: Breast cancer is the leading cause of cancer. Its radical treatment is sugery which may cause significant disorders in the patients, including dissatisfaction with appearance, perceived loss of femininity and body integrity. These conditions affect the perceived body image and sexual attractiveness in approximately 33% of breast cancer patients. The objective of this study is to understand the body image and sexual disorders of a group of women with mastectomy younger than 45 years old.
Methods: This is a cross sectional study of 120 women with breast cancer conducted in the medical oncology department of Hassan II University Hospital. We used the Hospital Anxiety and Depression Scale (HADS) and the Body Image Scale (BIS) to measure body image, symptom distress, anxiety, depression and psychological impact of disease in these patients.
Results: The median age of the subjects was 36 years (28-45 years). 30% of patients were 40 years-old or younger. Most of them were married (76.5%), had Elementary education (72.9%), and were non employed (76.9%). 59 %of patients were at early stage of cancer. A large majority of subjects underwent radical mastectomy (96.8%). 38.7% and 27.7% of the patients were classified as having clinical anxiety and depression respectively. Overall body image score for the breast cancer patients was 7.55. The subdimensions of body image mean scores were: cognitive (mean =4.45), affective (mean = 3.35), and behavioral (mean = 0.74). Factors correlated with body image concerns were the young age and the radical mastectomy.
Conclusion: Body image issues among breast cancer patients is becoming more prevalent. This study demonstrates that age, symptom distress, depression, intrusion, and operation procedure are important predictors of body image among breast cancer patients younger than 40 years old. It should consider how best to help breast cancer patients relieve their symptoms, decrease the psychological impact of the disease, and enhance self-confidence.

PERSISTENT PAIN IN POST-MASTECTOMY PATIENTS

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Introduction : Breast cancer is the most common female malignancy. 75% of these patients may have chronic pain, lymphoedema, post-irradiation neuropathy or phantom pain following the cancer treatment.
Persistent post-mastectomy pain (PPMP) is an increasingly recognized problem leading to disability, psychological distress. It is multi-factorial and is due to extensive surgery and reconstruction, axillary lymph node dissection and adjuvant treatments (radiation, chemotherapy, and hormone therapy).
Methods This is a cross sectional study including 130 patients treated with mastectomy and followed in the medical oncology department at the Hassan II University Hospital of Fez. Data were collected on a questionnaire to characterize pain symptom distress, anxiety and depression.
The purpose of this study was to investigate demographic,

psychophysical, psychosocial and treatment-related factors associated with PPMP.
Results: The median age was 48 years (30-74 years). 33% of patients were younger than 40 years, most were married (67%) and had elementary education (52%). Forty six patients (38%) had a PPMP. The breast was the most common location (92%) with a mean pain severity of 3.6 (0 to 10).Pain in the axilla was also relatively common (62%), with reported mean severity of 4.2. Class I and II analgesics were used in 18% and 5% respectively of the pain group patients.
Comparison between the PPMP and PPMP-free patients did not objective any difference in mean time since mastectomy (27 Vs 29 mounths), in radiation therapy rates (65 % vs 68%), in chemotherapy rates (78 % vs 81%) or in hormone therapy rates (74% vs 76%). The analysis of demographic and psychosocial variables: age, Body mass index, education, marital status, and exercise did not show any difference between the 2 groups. However, measures of anxiety, depression and somatization were significantly higher in patients with PPMP.
Conclusion: Pain can be severe enough to cause long-term disabilities and interfere with sleep, performance of daily activities. Treatment should start as early as possible and requires multidisciplinary collaboration combining medicinal, physical, social and psychological therapies. Prevention remains difficult and pain screening should be early to obviate medical nomadism.

PREDICTORS OF OUTCOME AND PATTERNS OF FAILURE FOR HIGH RISK TRIPLE NEGATIVE BREAST CANCER PATIENTS TREATED WITH NEOADJUVANT CHEMOTHERAPY , SURGERY AND RADIATION

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Introduction: Triple Negative Breast Cancer (TNBC) is associated with aggressive pathological features, early relapse and poor overall survival (OS). Neoadjuvant chemotherapy (NAC) is increasingly used for TNBC as high response rates are attainble with more favorable prognosis in patients achieving pathologic complete response (pCR). However, data regarding the impact of adjuvant radiation (RT) on locoregional relapse and patterns of failurevare limited .This study aimed to identify predictors of disease-free surviva l (DFS) and patterns of LRR following NAC , surgery and adjuvant RT in our institution.
Methods: a retrospective study was conducted on 74 patients diagnosed with TNBC treated with NAC between 2009 and 2013 in Salah Azaiez Institute. DFS and OS were calculated using the Kaplan Meier Method. LRR rate was estimated by the cumulative incidence function by treating death as a competing risk. Predictors of DFS were identified using Cox regression analysis.
Results: The median follow-up was 49,7 months (range 15-97). Most patients had clinical T2-T3 disease (69%) and nodal disease (86,7%) ; 27 clinical stage II and 47 stage III. All the patients received Neoadjuvant anthracyclin chemotherapy among them 21,6 % received anthracyclin-taxane based regimens. Breast conserving surgery was possible in 26 cases (35,1%) and pCR was achieved only in 11 patients . In Total, 28 patients relapsed : 9 locoregionaly and 27 distantly. Of the 9 patients who relapsed regionaly , all received nodal RT. All LRR except for one were diagnosed with distant metastases. Of the 11 patients who achieved pCR , three patients relapsed (lung). The 3 year DFS and OS were 63,4 an 70,8% for the entire cohort , respectively. Patients with PCR presented a very small number of the population and showed no difference in OS and DFS compared with patients with residual tumor. Patients with stage II disease had significantly higher 3-year DFS than stage III (81 % versus 52 ,3 % ;p=0,009). Patents who underwent radical mastectomy had significantly higher 3-year DFS than breast conserving surgery (80% versus 54,3% ;p=0,014). On mutlivariable analysis , node-negative (HR 0,4 95% CI ;p =0,026) and stage II (HR 0,28 95% IC ; p=0,005) disease were indedependent predictors of DFS.
Conclusion: Advanced clinical stage is associated with worse DFS in patients initially treated with NAC. Low PCR rates were achieved in our cohort . Further analysis are required to investigate the PCR rate in our TN breast cancer patients and to identify its impact on survival.

HORMONOTHERAPY INITIATION AFTER DUCTAL CARCINOMA IN SITU

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Introduction:Ductal carcinoma in situ (DCIS) is a stage 0 breast cancer that is frequently detected by mammogram and accounts for 20% of all breast cancer diagnoses. the role of the hormonotherapy in the setting of oestrogen receptor positive following definitive local treatment is still not yet established.
Methods: it is a retrospective study carried out at the institute of Salah Aziez Tunisia which included 243 patients presented with the final pathology of DCIS , over a period of 22 years bet ween the years 1993 and 2014.
Results: 243 patients presented with the final pathology of DCIS, The average age at diagnosis was 49 years , the rate of the positive hormonal receptor tumors was 40,32% (98 patients) , negative in 37,44% and not determinated in 5,76% .Overall 27,98% of patients (68 patients) initiated endocrine therapy. All of them they used tamoxifen only one patiente used aromatase inhibitors. among patients who received hormone therapy no patients had a recurrence.
Conclusion : Endocrine therapy initiation is a critical treatment consideration in the context of current debates over the appropriate clinical care for women with DCIS. It should be targeted toward patients for whom the benefits are most likely to outweigh the risks.

CHEMOTHERAPY AND SQUAMOUS CELL CARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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Introduction:No prospective randomized trials exist to delineate the role of combined chemoradiotherapy (CRT) in the treatment of primary squamous cell carcinoma of vagina (PSSCV). We sought to describe the utilization rate of CRT and evaluate the potential survival benefit of CRT over radiotherapy alone (RT) in PSSCV.
Methods: A retrospective analysis of Salah azaiez data base was performed analyzing women with PSSCV treated with external beam radiation and/or brachytherapy and diagnosed between 1994 and 2015.
Results: Of The 76 PSSCV Patients In The Salah Azaiez, 60 Met

Inclusion Criteria. The Mean Age Was 59,3 Year. CRT Was Used In 33,3 % Of Patients, Whereas Cisplatin Was The Chemotherapy Of Choice In 95% Of CRT Patients. Median Follow-Up Was 31.3 Months. Kaplan-Meier Estimated That 5-Year Disease Free Survival (DFS) And Overall Survival (OS) Was 71.9% And 43.3%, Respectively. We Found That Patients Who Underwent CRT Have Better OS And DFS Than RT (60% Vs 35%) And (90,9% Vs 61,9%)But Those Results Weren't Statically Significant (P = 0.086 And 0.079) .Factors Associated With Best OS Include Size < 4 Cm, Tumor Site, In One Wall Of The Vagina, Age < 65 Year, Histological Grade 1, RT Dose >60 Gy. Only Exophytic Growth Was Correlated With A Best DFS.
Conclusion: Che motherapy Seems To Be Interesting To Improve OS And DFS For Patients With PSCCV_

BREAST CANCER IN YOUNG WOMEN IN SOUTHERN TUNISIA: A SERIES OF 112 CASES

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Introduction: Breast cancer in young women is frequent in our country. We aim to determine the epidemiological, anatomo-clinical features of breast cancer in women younger than 35 years old in southern Tunisia.
Methods: This is a retrospective study including 112 patients under 35 years old and managed by the Sfax Breast cancer Committee.
Results: The mean age was 31.7 years [19-35]. Twenty Two patients had a family history of breast cancer. Self palpation of a nodule was the most frequent relevant symptom in 95 cases (84,4%). The tumor was discovered by a screen mammography for only 6 patients. The average tumor size was 5.34 cm [1-15]. T2 stage was the most frequent in 38 cases (33.9%). Tumors were classified into T1 in 7.1% of cases, T3 in 26.7% and T4 in 18.7% of cases. Seventy-seven patients (68.7%) had lymh adenopathy at diagnosis. Seventeen patients (15,1%) were metastatic at diagnosis including 12 bone metastases, 6 lung metastases and 3 hepatic metastases. Breast surgery was performed for 95 patients. It was radical and conservative for respectively 80 and 15 patients. CCI was the most frequent histologic type in 84% of cases. The mean tumor size was 4.3 cm with SBR II grade in 42 cases (52.5%). All patients underwent axillary dissection with an average of 13.9 lymph nodes remo ved [2-35] and more than 4 lymph nodes involved in 35 cases (36,8%) . Lympho vascular involvement was noted in 34 tumors, and perineural engainement in 8 tumors. Surgical limits were not invaded in 77.9% of cases. Hormonal receptors were positive for 60 patients (53,5 %). Amomg patients who had the Her2 study, 11 patients overexpressed this marker.
Conclusion: The incidence of breast cancer in young women is increasing in our country. This entity is characterized by the predominance of advanced stages and the frequence of aggressive histologic marker making the prognosis worse.

CARCINOSARCOMA OF THE BREAST: A CASE REPORT AND REVIEW OF THE LITERATURE.

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Introduction: Carcinosarcoma of the breast represent less than 1% of invasive breast carcinomas.This tumor is believed to behave differently from carcinoma or sarcoma of the breast.
Methods: We reviewed the patient'file with a review of the literature.
Results: A 53-year old menopausal woman presented a right breast mass which had grown rapidly in 2 months. Physical examination showed a firm mass of 3 cm and no enlarged lymph nodes in the axillary region. Ultrasonography revealed a solid hypoechoic mass of 2.5 cm. A radiopaque lesion with irregular boundaries was monitored in mammography. The mass was totally excised. Histopathological examination concluded the diagnosis of carcinosarcoma. No lymphovascular thrombi was detected. Ki67 proliferation index was 40% positive. All tumor cells were negative for estrogen, progesterone, desmin and SMA. Histopathological examination of 15 lymph nodes dissected from the axillary materiel was consistent with reactive hyperplasia. No metastasis was found in systemic radiological investigations. Right modified radical mastectomy was performed. No residual tumor was found in the excision area in the mastectomy specimen. 2 weeks later, she had a local relapse (mass measured 6x5 cm). The patient receive n ow her first chemotherapie cure (Adriamycin and Cyclophosphamide)
Conclusion: Mammary carcinosarcomas are a rare tumor. Usually they affect older and are generally triple-negative. These tumors are relatively aggressive and tend to metastasize and invade local tissues.

BREAST PHYLLODE TUMORS ; THERAPEUTIC ASPECTS ABOUT 34 CASES

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Introduction: of this work was to review the current therapeutic strategies of phyllodes tumors in the Maternity Center of Monastir over a period of 5 years.
Methods: This is a retrospective study of 34 cases of phyllodes tumors recruited at the Maternity Center of Monastir over a period of 5 years.
Results: Thirty-four patients were included in our study. The mean age at diagnosis was 40.2 years. The mean delay of consultation was 23 months. The mean tumor size was 7.25 cm. The most frequent reason for consultation was a breast mass palpation. 22% of patients had a personal history of breast tumor. The histological diagnosis was surgical in all cases. Intraoperative extemporaneous examination was performed in 56% of cases. The treatment consisted in surgery followed or not by radiotherapy according to the grade of the tumors. An enlarged lumpectomy was performed on 28 patients (22 benign, 4 borderline and 2 malignant). A mastectomy was performed on 6 patients (2 borderlines and 4 malignant).
Conclusion: Breast phyllode tumors are fibroepithelial tumors similar to adenofibromas, but with a predominant componen t of connective tissue. They are rare tumors that account for 0.3 to 0.9% of breast tumors in women. Their treatment is mainly surgical. Radiotherapy has an important place as an adjuvant treatment; it allows reducing the rate of local recurrence. The prognosis is based on the histological characters of the connective tissue part of these tumors.

CONSERVATIVE SURGERY FOR BREAST CANCER IN THE TUNISIAN CENTER (ABOUT 419 CASES)

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Introduction: Conservative treatment for breast cancer is the standard treatment for T1 and T2 breast cancers. It must fulfill three conditions: equal survival rates to those obtained after a mastectomy; a low risk of local recurrence and a satisfactory aesthetic result. There is currently an expansion of its indications, made possible by several major advances: the early detection of subclinical lesions and the provision of neo-adjuvant treatment.
Methods: This is a descriptive retrospective study of 419 patients, followed and treated conservatively and collected from the maternity center of Monastir over a period of 10 years.
Methods: The mean age of our patients was 48 (range: 19-81). One third of our patients (33%) were menopausal. The mean size of the tumor was 23.1 mm (range: 0-80). According to the TNM classification, tumors were classified as follows: T0: 2.8%, T1: 41%, T2: 55%, T3: 1%, T4: 0.2% (the patient refused mastectomy), N0: 84%, N1: 15.5%, N2: 0.5%, M0: 96%, Mx: 4%. The most common histological type was invasive ductual carcinoma (87% of cases). According to SBR grade, tumors were divided into 18% grade I, 48% grade II and 34% grade III. Hormonal receptors were positive in 60% of cases. The H ER / 2NEU receptor was searched in 32% of cases and was positive in 10.6% of cases. Axillary lymph nodes were invaded in 37% of cases. The treatment consisted in surgery (lumpectomy in 91.4% of cases, zonectomy or quadrantectomy in 8.6%, lymph node dissection in 93%, sentinel lymph node in 5.7% of cases) followed by post-operative radiotherapy (RT) (breast and tumor bed +/- satellite ganglion areas), with or without chemotherapy (CT) and / or hormone therapy (HT). CT was administered mainly as adjuvant (73.3% of cases), neo-adjuvant in 1.4%. Hormone therapy was chemical in 50% of cases and radiation castration in 10% of cases. Herceptin was administered in 3.3% of cases. The five-year survival rate was 91%. After an average follow-up of 65.7 months (range: 1-198) the recurrence rate was 5.5% while the metastasis rate reached 7.4%. The aesthetic result was excellent in 31.7%, good in 49.3% and bad in 7.1% of cases.
Conclusion: Breast preservation in the context of breast cancer represents a revolutionary step in the therapeutic management of this pathology, to avoid the impairment of body image. The encouraging results of local control and overall survival suggest extending its indications.

TRIPLE-NEGATIVE BREAST CANCER ABOUT 43 CASES

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: Introduction: Breast cancer is the most common cancer in women and is the leading cause of death. It is an eminently heterogeneous pathology. Multiple classifications (clinical, histopathological or molecular) have emerged, to allow the precise identification of the most aggressive tumors and the resulting therapeutic adaptation. Routine immunohistochemical analysis of the hormone receptors and the HER2 oncoprotein has led to the definition of a «triple negative» group (BCTN). It is defined by the absence of hormone receptor expression and HER2 overexpression. The objective of this retrospective study was to identify the clinical-epidemiological, pathological and prognostic characteristics of BCTN in a sample of 43 patients.
Methods: This is a retrospective study of patients with BCTN. We included in this study all patients with BCTN collected at the medical oncology unit in the Maternity Center of Monastir over a six-year period between January 2012 and December 2017. Information was collected from medical records.
Methods: The BCTN was identified in 43 cases out of 592 breast cancer cases (7% of all breast cancers). The mean age was 52.51 years with a median age of 50 years [23 - 87 years]. Sixty seven percent of patients were menopausal. 25.3% had a family history of cancer of which 23.3% were breast cancer. The reason for consultation was a nodule palpation in the breast in 81.4% of cases. The mean delay of consultation was 5.12 months [1 - 48 months]. The tumor was localized in the right breast in 51.1%. The mean tumor size was 40mm [10- 140mm]. 41.9% of the tumors were classified as T2. Three cases of inflammatory breast cancer have been reported. Sixty two percent of patients were classified as N0 and 3 patients have metastatic breast cancer. Concerning histological subtypes, 88.4% of the tumors were invasive ductual carcinoma and 58.1% of the tumors were SBR grade III. Lymph node dissection was performed on 39 patients with a percentage of12.95% of lymphnode involvement. 15.9% have more than 3 involved lymphnodes. Seventeen patients had conservative treatment and 19 patients had radical treatment. Neoadjuvant chemotherapy has been performed in 15 cases. The histological response according to Sataloff classification was specified in 7 cases; it was TA in 3 cases, TB in 3 cases, TC in 1case. It was NA in 2 cases, NB in 3 cases, NC in 2 cases. The mean overall survival was 108 months ± 11 and the survival rate at 5 years was 60.6%. The mean recurrence free survival was 26 months ± 13 and the mean progression free survival was 6 months ± 0.
Conclusion: Our results show that most of the features of the BCTN are in agreement with the data from the literature. Molecular studies show that BCTN is an heterogeneous group of different biological entities. New targeted therapies are understudy, such as PARP (poly (ADP-ribose) polymeraseinhibitors) EGFR inhibitors, and antiangiogenic agents. Validation of new treatments and their clinical application is a universal priority because of the high mortality associated with this type of cancer.

BREAST CARCINOMA IN SITU : RETROSPECTIVE STUDY ABOUT 33 CASES

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Introduction: carcinoma in situ (CIS) is an early stage of carcinoma. Its incidence is increasing, due to screening mammography; thus, its managing is assuming greater importance.
Methods: We propose a retrospective analyse of anatomo-clinical and therapeutic features of CIS, through 33 cases.
Results: 4.2% of our patients were diagnosed with a CIS. The middle age was 49.9 years old. the circumstance of discovery was

the palpation of a breast nodule for 14 cases (50%). the average tumor size was 29 mm. all patients have had a breast ultrasound-mammography, that revealed a focus of microcalcifications for 17 patients. 54.5% of patients have undergone a conservative surger with Axillary lymph node dissection. lymph node involvement was seen in one case. comedocarcinoma was diagnosed in 5 cases. The tumors were multifocal in 11 cases. the surgical margin was invaded for 1 patient. Hormonal receptors were expressed in 18 cases, among them 11 patients have received hormonal therapy. All patients treated with conservative surgery have benefited from adjuvant radiotherapy. 2 cases of local recurrence treated with mastectomy. one case of lymph node recurrence, our therapeutic approach : lymph node dissection, chemotherapy and radiotherapy. The overall survival : 96.8% at 3 years, 92.4% at 5 years.
Conclusion: the frequency of CIS still relatively low in our country despite the establishment of many screening structures. The care is based on : surgery +/- adjuvant radiotherapy. the hormonal therapy has a controversial indication. the prognosis is excellent with an overall survival at 5 years reaching 100%.

HORMONAL THERAPY FOR METASTATIC BREAST CANCER
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Introduction: Metastatic breast cancer (MBC) is currently incurable and main objective is to palliate symptoms while maintaining a good quality of life. Endocrine therapy (ET) is one of the therapeutic strategies of hormone receptor-positive MBC.
Methods: We propose a retrospective study of the therapeutic results of ET for MBC, through 108 cases (January 2000-December 2007).
Results: 108 patients were treated with first-line ET which indication was: at the diagnosis for 25, after palliative chemotherapy for 73 and after failure of chemotherapy for 10. The objective response rate of first-line ET for post-menopausal patients was: 54.5%, 43%, 66.7% respectively with: Tamoxifen, 1st generation Aromatase inhibitor (AI), 2nd generation AI; and the median duration of response was respectively: 9.4, 7.6, 11.2 months. For pre-menopausal patients, the median duration of response was: 10.7, 12.9, 17, 21 months respectively with: Tamoxifen, 1st generation AI, 2nd generation AI, radiation castration-Tamoxifen. 44 patients have received second-line ET,that was proposed as per the first therapy. The objective response rate was : 60%, 80%, 84% respectively with : Tamoxifen, non steroidal AI, steroidal AI; the median duration of response was respectively : 7, 6, 9 months 14 patients have received third-line endocrine therapy, among them 12 were treated with AI.
Conclusion: The majority of MBCs are hormone-responsive, making endocrine therapy (ET) an integral component of systemic therapy. However, in many cases, resistance to ET limits their effectiveness. To overcome to hormone resistance, combination treatement and targeted therapies are emerging as useful treatments.

ANXIETY AND DEPRESSION ON BREAST CANCER PATIENTS
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Introduction: Patients with breast cancer are at higher risk of developing severe anxiety and depression. Our purpose was to study depression and anxiety in women with breast cancer.
Methods: We carried out a cross-sectional descriptive study in the department of medical oncology of Ariana Hospital by interviewing 85 women with the diagnosis of breast cancer during a period of 5 weeks between January and February 2018. We used demographic and clinical data and the Hospital “Anxiety and Depression scale” (HAD).
Results: We found that 47.7% of patients were more than 50 year old. The vast majority (77.9%) underwent surgery. The disease stage was as follows: 78.6% local and 21.4 % metastatic. Women who lived in urban areas were 86.3% and in rural ones: 13.7%. Most were married (76.7%) and have had primary or secondary education (60.3%). Of the patients who worked (36.6%), 29% presented professional difficulties of a psychological nature. Emot ional difficulties were experienced by 38.9% and financial ones by 42.5%. Patients used an anxiolytic/antidepressant in 16.4 % and benefited from family support in 89%. According to HAD scale, anxiety score was normal in 54.1 %, mild in 16.5 % and severe in 29.4%. Depression score was normal in 65.9 %, mild in 22.4 % and severe in 11.8 %. We found correlation between Levels of anxiety/depression with financial and emotional difficulties. Family support was correlated with the ability to enjoy daily activities.
Conclusion: The detection of anxiety and depression during treatment of breast is mandatory and requires special care for a better quality of life.

THE PSYCHOLOGICAL IMPACT OF ALOPECIA IN EARLY BREAST CANCER
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Introduction: We aimed to study the psychological impact of hair loss in women treated with chemotherapy for early breast cancer.
Methods: We retrospective selected patients treated with chemotherapy for early breast cancer who achieved therapy since at least 6 months. Between January-February 2018, we underwent a cross sectional study, based on a questionnaire evaluating items related to psychological impact of hair loss during chemotherapy.
Results: We interviewed 59 women aged from 31-73 years. Alopecia was grade II in 79.7% and grade I in 20.3%. Women felt less attractive during treatment in 67.8% and reported that they did not want to look into the mirror because of their alopecia in 57.6%. They also reported that they felt less feminine in 67.8% and that alopecia had a negative impact in the couple’s life in 22% of cases. Twenty two percent of women used medical treatments in order to reduce the loss of their hair, 35.6% used hair dye during treatment, 35.6% have resorted to eyebrow makeup of and 22% wore a wig. Women that started to wear the veil during treatment were 39% (22% for religious purposes, 13.6% for aesthetic purposes and 3.4% for both). After the regrowth of their hair, 44.1% felt stronger psychologically.
Conclusion: Hair loss is a highly stressful chemotherapy-induced side effect and seriously affected self-esteem and body image in our patients.

IMAGING OF UNUSUAL BREAST CANCER : ABOUT 75 CASES AND REVIEW OF THE LITERATURE

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Introduction: Unusual breast cancers (UBC) are rare subtypes of BC, that cover a wide range of Histopathological types. Characterized by a misleading radiological aspects. They present a more favourable outcome than more common histological types of BC.

Methods: This is a retrospective study of 75 cases of UBC. We illustrate: radiological aspects at breast ultrasound-mammography, the role of imaging in the ACR (American College of Radiology) classification and the prognosis of the disease.

Results: The reason of consultation was nodule of the breast +/- mastalgia. Mammography and breast ultrasonography were carried out for all patients; in most cases the first exam detected a density mass, that is hypoechogenic at the second, regularly-shaped and well-vascularized at Doppler examination; suggesting a benign tumor. At pathological examination (biopsy or surgical excision), 26 cases of mucinous carcinoma, 14 cases of medullary carcinoma, 9 cases of neuroendocrine carcinoma, 6 cases of tubular carcinoma, 6 cases of metaplastic carcinoma, 5 cases of micropappilary carcinoma, 3 cases of breast lymphoma, 2 cases of adenoid cystic carcinoma, 2 cases of apocrine carcinoma and 2 cases of breast sarcoma.

Conclusion: It is crucial to be aware of unsual types of BC, clues are often present in imaging characteristics. Reviews, providing an overview of unsual malignant breast neoplasms and highlighting particular or specific clinical and imaging findings, well help to clear recommendations of clinical management.

EVALUATION OF HAIR LOSS AND REGROWTH AFTER CHEMOTHERAPY FOR EARLY BREAST CANCER

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Introduction: We aimed to study characteristics of hair loss during chemotherapy for early breast cancer and to report aspects of hair recovery after the end of therapy.

Methods: We conducted a telephone interview survey of patients who had completed neo/adjuvant chemotherapy for breast cancer since at least 6 months.

Results: Among 60 patients treated for breast cancer between 2011-2017; 58 re ceived sequential chemotherapy (docetaxel in 51 patients, paclitaxel in 5) and 2 had anthracycline based therapy. Alopecia occurred in 100% of patients and was grade II in 80% of cases. Hair loss occurred during anthracycline chemotherapy in 91.7% of cases and after the second cycle in 51.7%. Five patients had alopecia during taxanes. Hair loss was homogeneous for 40 patients, localized in frontal area in 8, lateral in 7 and posterior in 5. Thirty two patients reported generalized hair loss to all body and 15 had only scalp limited hair loss. Alopecia was followed by full hair recovery for most patients (73.3%). Fifteen had partial hair recovery and 2 have permanent alopecia after 2 years of completing sequential chemotherapy. Thirty six patients had the same hair color and texture as before chemotherapy, 16 had different color (8 turning white) and 28 had different texture. Hair recovery was generalized to all scalp for 43 patients and starting in a particular region of scalp in 17

Conclusion: Hair loss during chemotherapy was common and generally extended to all body. Hair recovery was associated with changes in hair characteristics in some patients

CLINICOPATHOLOGICAL FEATURES OF INFLAMMATORY (IBC) VERSUS NONINFLAMATORY LOCALLY ADVANCED BREAST CANCER (LABC) IN TUNISIAN POPULATION

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Introduction: We aimed to compare characteristic and therapeutic results between IBC and LABC patients in Tunisian population.

Methods: We retrospectively selected 314 patients in three oncology centers: 179 (57%) with IBC and 135 (43%) with LABC. We compared risk factors, clinic-pathological characteristic and prognosis of patients diagnosed with IBC or LABC.

Results: Baseline characteristics did not show age difference (women ≤ 40 years: 29.05% vs 22.96%, p=0.226) or any difference in menopausal status (42% vs 42.5%, p=0.44). Clinically positive nodes were significantly more common among IBC patients compared to LABC patients (91.39% vs 81.96%, p=0.021). Hormone-receptor-negative tumors were more frequent in IBC patients (45.25% vs 26.15%, p=0.002) as well as tumors with HER 2 amplification (49.71% vs 34.09%, p=0.002). Triple negative molecular subtype was similar between the 2 groups (20.11% vs 19.23%, p=0.84). There were no statistically significant difference in rates of distant metastasis at diagnosis (17.31% vs 20.76%, p=0.36). Patients with non metastatic-IBC were more likely to have a complete pathological response to neoadjuvant chemotherapy (24% vs 15.3%, p=0.025). Relapse rate was significantly higher among patients with IBC than with LABC (49.61% vs 34.23%, p=0.037).

Conclusion:IBC is associated with higher aggressive features and poorer outcome compared with LABC. These data reinforce the idea of IBC being the aggressive form of breast cancer.

SUBCUTANEOUS TRASTUZUMAB IN HER2 POSITIVE EARLY BREAST CANCER : EXPERIENCE OF A TUNISIAN CENTER

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Introduction: Subcutaneous trastuzumab is now commonly used overseas but not available in Tunisia. We aimed to study its efficacy and tolerance at our department of medical oncology

Methods: We conducted a single arm clinical trial of seven patients with Her2 positive early breast cancer to receive subcutaneous Trastuzumab.

Results: Median age was 50. There was 4 post-menopausal and 3 pre-menopausal woman. All patients presented invasive ductal carcinoma. SBR grade was 3 in 3 cases, grade 2 in 3 and grade 1 in 1. Hormone receptors were negative in 4 patients and positive in 3. Chemotherapy was neoadjuvant in 4 patients and adjuvant in 3. Six patients received sequential regimen and 1 was treated with adjuvant taxanes. Trastuzumab was started before surgery in 4 patients. Clinical and pathological responses

to neoadjuvant chemotherapy plus subcutaneous trastuzumab were excellent. Chevallier score was grade 1 in one patient and grade 3 in another. Sataloff score was TA-NA in 1 patient and TC-NC in another. Pathological response have not been reported in the rest. One patient initially classified T4bN0M0 was then ypT1cN2a with 5 positive lymph nodes. Five patients underwent radiotherapy while treated with trastuzumab. Three patients took tamoxifen during treatment. Five patients had 18 cycles of subcutaneous trastuzumab. One patient withdraw consent after 3 in jections and one patient flew to work outboards after 16 cycles. Left vebtricula ejection fraction was never under 50% during trastuzumab in all patients. None of the women presented allergic reaction during treatment.
Conclusion: Subcutaneous trastuzumab seems to be well tolerated and accepted by woman in Tunisa.

FACTORS AFFECTING FEAR OF BREAST CANCER RECURRENCE IN A DEVELOPING COUNTRY
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Introduction: Fear of cancer recurrence (FOCR) is a major concern in cancer patients. This was not well studied in the Middle East and Arab countries.
Method: This is a descriptive correlational study on 313 non metastatic breast cancer patients. The questionnaire consisted of a demographic check list and a short form of fear of progression questionnaire. The questionnaire was translated into Arabic and back translated by two independent English translators. The internal consistency was calculated on a sample of 20 pilot patients. The α Cronbach coefficient was 0.83. The five-point Likert scale was used to score the response to the 12 items of the questionnaire. This ranged from one (never) to 5 (very often). The final score was a sum of all items. A score of 34 or above indicates a dysfunctional level of FoP-Q-12.
Results: The mean age was 52.63 years ±10.65 with mean time of follow up of 50.7 months ±35.19. The mean total score was low 30.78 ± 30.78; 95%CI: 29.64-31.91. The highest score was for «Being afraid by the possibility that the children could contract cancer» (3.24 ± 1.706; 95% CI: 3.24-3.05), followed by «Worrying about what will become of the family if something should happen to the patient» (3.22 ± 1.667, CI 3.03-3.4) and «Being afraid of pain» (3.15± 1.539, 95% CI: 2.98-3.32). The lowest score was for Being afraid of becoming less productive at work (1.75 ± 1.285; 95% CI: 1.6-1.89) and Being afraid of no longer be able to pursue hobbies (1.8 ± 1.26; 95%CI: 1.66-1.94). FOCR was affected by the mean age of both the patient and the children (P value= < 0.001) reaching high statistical significance. Whereas FOCR was higher in patients not having university degree and not living with spouse and children (P value: 0.005and 0.063). On multivariate analysis FOCR was only associated with higher university degree (OR 0.301, 95% CI: 0.115-785, P value: 0.014).
Conclusion: Egyptian breast cancer patients experienced low level of fear of cancer recurrence. This may be related to strong religious beliefs among this population. FOCR was only associated with not having high University degree.
Keywords: breast cancer, fear of recurrence, fear of progression, Egypt.

SYNCHRONOUS ASSOCIATION BETWEEN BREAST CANCER AND CERVICAL CANCER-RARE CASE REPORT-
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Introduction: Breast cancer ,followed by cervical cancer are the leading female cancer registered in Algeria with estimated incidence rate of 11000 new cases per year for breast cancer and 8,7/100000 inhabitants/year for cervical cancer. The synchronous association of several cancers is an old concept that dates back more than a century,neverthless the simultaneous occurrence of these two cancers is very rare or even exceptional. Possibility of involvement of different factors :hormonal,enviromental,genetic and immunological.
The choice of therapy must depend on the stage of both neoplasias, age,performans status of the patient.
Case report:
A 67 years old women menopausal , multiparous(G6P3A2C1) with personnel history of high blood pressure ,diabetes typeII ,without family history of cancer,followed at our department of medical oncology for squamous carcinoma of cervix intially classified stageII according to FIGO classification, she was treated with concomitant radio-chemotherapy, two months after end of treatment , the MRI of abdomen and pelvis shows a locally advanced recurrence with metastasis iliac lymph nodes and carcinomatosis(stageIV of FIGO), and in whom the clinical examination reveals a suspicious nodule in the upper outer quadrant of the left breast classified :T2N0MX whose microbiopsy revealed grade II invasive ductal carcinoma ,IHC :Rh+,HER2-,Ki67 :55%(LuminalB).
The case was discussed at multidisciplinary meeting hence the treatment decision withfirt line chemotherapy(Paclitaxel_Carboplatin) combined with an antiVEGF agent (Bevacizumab) D1-D21 ,after ten cycles , the patient present a clinical and radiological progression of cervical cancer,while there was a stabilization of breast . Currently the patient is receiving a second line chemotherapy(Gemc itabine)D1_D8_D21.
A Radiological evaluation is planned after the fourth cycle
Discussion:
Synchronous association between breast cancer and cervical cancer is rare , the mecanisms behind this association are unclear,although the patient's advanced age, menopausal status ,early age of marriage are commons risck factors for the twoneoplasias lead to fortuitous occurrence of this association without rulling out the probability of genetic predisposition which is often incriminated in the double localizations.
The therapeutic choice and the management of synchronous cancers is not consensual given their rarity; that is why the multidisciplinary consultation meeting has decisive role which was the case for our patient.
However the stage of the breast cancer allows curable treatment but the advanced stage of cervical neoplasia has influenced the therapeutic attitude by choosing taxane_based chemotherapy (Paclitaxel)which is a major drug in the treatment of both neoplasias.Does hormonotherapy(aromatase inhibitors) play role at this stage of breast cancer and that has an impact on cervical cancer???
Conclusion: : Aging and the grouping of several risk factors ;especially the early age of marriage,menopausal;multiparity,are at the origin of the multiplicity of gynecological cancers in women which justified the need of systematic screening for population at rick.The leading role of multidisciplinary meeting to remove any ambiguity and to make a collegiate therapeutic decision.
These particular cases of multiple cancers deserve studies in order to personalize the optimal therapeutic associations.

CT FEATURES OF EPIDERMAL GROWTH FACTOR RECEPTOR-MUTATED ADENOCARCINOMA OF THE LUNG: COMPARISON WITH NONMUTATED ADENOCARCINOMA : MULTICENTRIC SERIES IN THE OUEST OF ALGERIA

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EPH Mostaganem

Introduction : The purpose of this study was to analyze the high-resolution computed tomography (HRCT) features of lung carcinoma on the basis of epidermal growth factor receptor gene (EGFR) mutation status
Methods: A total of 15 consecutive patients in whom lung adenocarcinoma was diagnosed at our institution between July 2016 and may 2017 were enrolled in the study. All patients underwent HRCT and analysis of EGFR mutation status. The HRCT findings were retrospectively analyzed for tumor size, multiple bilateral lung metastases, convergence of surrounding structures, surrounding ground-glass opacity, prominent peribronchovascular extension, air bronchogram, notch, pleural indentation, spiculation, cavity, and pleural effusions.
Results: EGFR mutations were demonstrated in 3 patients (20%); the remaining 12 patients (80%) had the nonmutated type of adenocarcinoma. Compared with the nonmutated group, the mutated group had significantly higher frequencies of multiple bilateral lung metastases , convergence of surrounding structures , ground-glass opacity fo one patient , and notch , but not lower frequencies of cavitation and pleural effusions . The frequencies of the other CT findings were similar between the two groups. The devised prediction HRCT score for EGFR mutation was 78.4% sensitive and 70.4% specific.
Conclusion: EGFR-mutated adenocarcinoma showed significantly higher frequencies of multiple bilateral lung metastases, convergence of surrounding structures, surrounding ground glass opacity, and notch at HRCT compared with the non-EGFR-mutated type. Conversely, EGFR-mutated adenocarcinoma showed pleural effusions less frequently than the nonmutated type did

SURVIVAL MORE THAN FIVE YEARS OF A LOCALLY ADVANCED LUNG ADENOCARCINOMA:ABOUT A CASE

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Introduction: The bronchial adenocarcinoma represents approximately 40% of the whole of the bronchial cancers. Non-small cell, this form of bronchial cancer was the most often observed in non-smokersandwomen.We report, in this work, a case of lung adenocarcinoma treated to our level.
Clinical case : Mr. B.K aged 26 years, non-smoking; who presents amixed adenocarcinoma primitive of the right lung since 2013; classified initially T2N0M0.Thepatient had surgery in July 2013, who undergoes a lower lobotomy right with a ganglioniclymphadenectomy. Histology and the Immunohistochemistryfinded a mixed adenocarcinomaprimitive of the right lung with TTF1 (+) and CK7 (+), classified pT2N1M0. The CT post operativehas supported one ganglia infra mediastinal centimeter. Chemotherapy has been initiated type gemcitabine /cisplatin. The balance sheet of evaluation done after the second cure has shown anincrease in the size of the lymphadenopathy.
A second line of chemotherapy has been specified, type carboplatin /pemetrexed plus bevacizumab. An evaluation CT has been done after 06 cures returning withoutparticularity. It was decided therefore to make maintenance by pemeterxed alone. After 2 years ofmaintenance, it was noted that there was a progression of the disease to know: bilateral pulmonarymetastases with mediastinal lymphadenopathy and under clavicular right. Chemotherapy has been resumption type carboplatin/pemeterxed plus bevacizumab with regression of lung nodules andlymphadenopathy mediastinal disorders manifest at the end of 06 cures. The research of the EGFRmutation was made and returning negative. Currently, the patient is to the 12nd cure, stable with a good general condition.
Conclusion: The survival of the bronchial cancer is strongly correlated with the stage of the disease when itsdiagnosis and its supported. All stages combined, the relative survival at 05 years is estimated atapproximately 14% for cancers diagnosed at a localized stage, and then the more often accessible to asurgical treatment, the survival at 05 years may reach 50%. But the fact of a disease longasymptomatic, the majority of patients have at the outset a disease at a stage is locally advanced ormetastatic which strike the survival. Nevertheless, in recent years, research on the non-small celllung cancer of the more advanced stages has opened new therapeutic prospects with the arrival ofnew techniques and new treatment: targeted therapy and immunotherapy.
Key words: Adenocarcinoma of the lung, chemotherapy, targeted therapy, regression, progression, maintenance.

PRIMARY MEDIASTINAL GERM CELL TUMOR

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Introduction: Primary mediastinal germ cell tumor (MGT) is a rare cancer that accounts for 2-5% of all germ cell tumors occurring in adults. They are a diagnostic challenge and have a worse prognosis than their gonadal counterparts. The aim of our study is to evaluate the epidemiologic, clinical and therapeutic features of these tumors.
Methods: We conducted a retrospective study of all cases of MGT in Salah Azaiez Institute during a period of 17 years (2001–2017).
Results: Five cases were collected. All were males. The median age was 38 years old. Most common complain was thoracic pain (n=4). Four patients presented superior vena cava syndrome. All patients underwent standard chest radiography and computed tomography. The chest X-ray showed an enlarging anterior mediastinal mass in all cases. The average size of the tumor was 152 mm. Four patients presented a vascular invasion, two had lung effusions and one had hepatic metastasis. Elevated serum level of BHCG was detected in 2 cases of seminomas. No elevation of alpha foeto protein was found. The diagnosis was established by surgical mediastinotomy in 2 cases and by CT scan biopsy in the others. Histological examination revealed 4 seminomas and 1 choriocarcinoma. Two patients had prior local radiotherapy. First line chemotherapy regimens consisted mainly of Cisplatin, Bleomycin and Etoposide (n=2), Etoposide, Ifosfamide and Cisplatin (n=2) and Etoposide with Cisplatin (n=1). Two patients obtained partial remission after chemotherapy. None of patients had surgical resection. Currently, 2 patients are under treatment, and 3 are lost of follow up.

Conclusion: Primary MGT have worse prognosis than do those with gonadal location. Reliable diagnosis and immediate multimodal treatments are necessary for patients with MGT.

PURE BRONCHIOLOALVEOLAR CARCINOMA (BAC): A CASE REPORT AND REVIEW OF LITERATURE

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Introduction: BAC is a type of non-small-cell lung cancer (NSCLC) and one of five specific histologic subtypes of lung adenocarcinoma, along with acinar adenocarcinoma, papillary adenocarcinoma, solid adenocarcinoma with mucin production and adenocarcinoma with mixed subtypes. BAC arises in the distal bronchioles or alveoli. According to the 2015 world Health Organisation (WHO) classification, BAC is divided into three subtypes: adenocarcinoma in situ, minimally invasive adenocarcinoma and invasive BAC (mucinous and non mucinous). BAC represents 4–24% of all lung cancer patients.
Methods: We review the patient's file. We review also the epidemiological, clinical, therapeutic and prognostic aspects of this entity.
Results: An eighty-three-year-old man, smoker, presented hemoptysis since four months. Total body CT-scan showed a left bilobular process of 70x52x54mm with parietal invasion, without mediastinohilar adenopathy, and with controlateral pulmonary and bilateral adrenal metastasis. Transparietal biopsy was performed. Anatomopathologic examination revealed a pure invasive bronchioloalveolar carcinoma CK7+, TTF1+, napsine+, CK20-, CD56-. (lepidic predominant: non mucinous). The patient underwent four cycles of Gemcitabin-Carboplatin with partial response, so we decided to continue two others cycles.
Conclusion: A pure BAC is rare. Non mucinous BAC is more common, found more often in smokers and has a high five-year survival. However mucinous bronchioloalveolar carcinoma is less common, often found in no smokers and has worse prognosis.

FEMALE LUNG CANCER: EPIDEMIOLOGICAL AND CLINICOPATHOLOGYCAL FEATURES.

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Introduction: Lung cancer is the first cause of death through the world, and remains much more frequent in men mainly influenced by exposure to tobacco, but it has been increasing in women. There is little controversy to the fact that the biology of lung cancer differs between the sexes.
Methods: it is a retrospective study including all cases of lung cancer in women handled at the department of medical oncology at the university hospital Constantine Algeria over 4 years (January 2013 to December 2016) in order to describe the epidemiological and clinicopathologycal profile of female lung cancer and demonstrate the therapeutic approach**.**
Results: In our series, 27 women patients with lung cancer which presents 12% of all cases of lung cancer treated during this period. Median age was 62years, three patients had family history of cancer. The average time of diagnosis was 07 months; the main symptoms of diagnosis was chest pain in 33% of cases followed by cough(22%) and dyspnoea (22%). 52% of tumors were located in right lung, 33% in the left lung and 11% were bilateral form, the most common pathologic finding was adenocarcinoma with 74%, squamous cell carcinoma and neuroendocrine tumors with 7%. at the time of diagnosis, 60% of patients presented metastatic disease and the main metastatic site was bone in 30%. 55% of patients received palliative chemotherapy based on platinum salt and only 14% received neo- adjuvant chemotherapy. partial response was noted in 11%,7% were stable and 30% presented a progressive disease. Only 02 patients received radiotherapy. The average follow up was 18 months.
Conclusion: Lung cancer has always considered as a male pathology, however, it was a major health problem in women with differences in epidemiological profiles marked by over representation of adenocarcinoma, the cigarette smoking was not the main risk factor, late diagnosis...which requires adapted process for diagnosis and therapeutic .
Keywords: lung cancer, woman, adenocarcinoma, smoking.

CLINICO-EPIDEMIOLOGICAL PROFILE OF BRONCHIAL CANCER IN WOMEN

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Introduction: The incidence of bronchial cancer in women is growing exponentially and has become the second leading cause of cancer death in women.
The diagnosis is often late, which makes the prognosis bleak.
Methods: A retrospective study is carried out on the files of 15 patients with bronchial cancer treated in the medical oncology department of the military hospital of Oran.
RESULTS: Mean age: 61 years (41-79 years). Active smoking is absent in 100% of cases while passive smoking is found in 33% of cases. The inaugural symptomatology is dominated by: cough (60%) and chest pain (46%). Adenocarcinoma is the predominant histological type (73%), all patients were diagnosed at a metastatic stage from the outset (14 patients had stage IV NSCLC + 1 patient had diffuse CPC) .The most widely used chemotherapy regimen was 1st line is the doublet paclitaxel-platinum salts (53%)
Conclusion: Particularities concerning bronchial cancer: more non-smokers, more adenocarcinomas, greater chemosensitivity. The increased incidence in non-smokers leads to consider other risk factors [hormonal, molecular abnormalities (EGFR, ALK, HER2)]. Possibility of specific treatments for women «individualized treatment» which is not currently possible in Algeria for lack of anatomical pathology laboratory capable of detecting certain genetic anomalies, and the unavailability of certain targeted therapies.

PROGNOSTIC FACTORS AND TREATMENT OUTCOMES OF METASTATIC BREAST CANCER (MBC) AMONG WOMEN IN TUNISIA

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Introduction: This study aimed to determine the clinical features and the prognostics factors for MBC.
METHODS: We retrospectively selected 163 patients treated for MBC between 2010-2015. The Overall survival (OS) and the evaluation of possible prognostic factors were calculated using Kaplan-Meier and log-rank methods ($p<0,05$).
: **RESULTS:** Median age was 47years, 73% had Performance Status 0-1 and 44% were postmenopausal. Pathology showed:

48% (HR+/HER2-), 22 % (HR+/HER2+), 12% (HR-/HER2+) and 18 % (HR-/HER2-), 94% were grade II-III. Sixty percent were de novo metastatic, median time to relapse was 24 months. Metastases were local-regional (28%), in the lung (11 %) and bone (8%). First line chemotherapy was Taxanes (43%) with an objective response rate of 35 %, anthracyclines (13%) and Capecitabine (8%). Median duration of chemotherapy was 2 lines (2-3months). After a median follow-up of 32 months, OS was 37 months. The significant prognostic factors were the molecular subtype (39 months in HR+/HER2-vs 44 months in HR+/HER2+ vs 23 months in TN vs 41 months in HR-/HER2-, p=0.003) , the performance status (41 months for PS0-1 Vs 23 months for PS2-3, p = 0.000)and the first line chemotherapy regimen (34 months for Taxanes Vs 32 months for anthracyclines Vs 49 months for Capecitabine, p=0.028). Age, the tumor size >4cm, menopausal status, metachronous metastasis vs synchronous, bone metastasis Vs others and nodal involvement (N+, R+) did not influence the OS.

Conclusion: The longest survival was observed for the HR+/HER2+ subtype, PS=0-1, which highlights the role of therapeutic targets in MBC outcome.

NY-ESO-1 EXPRESSION IN TRIPLE NEGATIVEBREAST CANCER : A NEW PREDICTOR OF GOOD PROGNOSIS AND IMMUNOTHERAPY INDICATION.

Ben Nejima Dalel, Guesmi Sondess, Chaari Ines, Ben Zargouna Yosr, Boussen Hammouda

Breast cancer is the mostcommon cause of cancer death in women and ranks second among cancer deaths. Metastasisis the main cause of death in breast cancer patients. However, the mechanism sunderlying the invasion and metastasis of breast cancer cells remain largelyelusive. Recently, the relationshipbetween the immune system and breast cancer cells has been investigatedshowingthat the presence and the quality of a lymphocyticinfiltrate in breast cancer microenvironment is associated with bothimproved or worseoutcome, depending on the subpopulation of lymphocytes. In thisview, a prerequisite for lymphocytic infiltration into the tumoris the presence of tumorspecificantigensexpressed by tumorcells. The aimof ourstudywas to evaluate the different expression pattern of one of the most relevant CTaNY-ESO-1 in early Triple Negativebreast cancer (TNBC), and investigatedwhetherits expression wouldbemaintained or lost in the metastatic in order to explore possible immunotherapy indication. Tissue microarraywasperformed on a total of 48 Invasive tunisianBC. Sections werestained for NY-ESO-1. The second cohortwascomposed by 15metastatic TNBC patients fromwhomboth the primary and secondarylesion tissues wereavailable. Sections werestained for NY-ESO-1.

The expression rate of NY-ESO-1 was 0% in ER+, PgR+ tumors, and wasparticularlyrepresented in TNBC. In the second cohort, NY-ESO-1 wasexpressedin 9 and 34% of primary and metastaticlesionsrespectively. Conclusions This studydefines a distinction between HR+ and HR- tumorsthroughNY-ESO-1 expression. NY-ESO-1+ cases,couldbe the candidate population for the development of anti-NY-ESO-1 vaccine.

NON-SMALL CELL LUNG CANCER,EPIDEMIOLOGICAL AND HISTOLOGICAL ANALYSIS

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Introduction: Primary bronchopulmonary carcinoma is the most common and dangerous cancer worldwide,It is the leading cause of deaths by cancer in the world for men and the 3rd for women despite the remarkable therapeutic progress of recent years.

Methods: This is a retrospective descriptive study based on the analysis of the data collected from the files of the patients followed in the medical oncology department of Medea hospital in Algeria, presenting a primary bronchopulmonary carcinoma over a period of 3 years. from January 2015 to December 2017

Results: Our study of 36 patients during the 3-year period (5 % of all patients) had an average age of 63 years with extremities ranging from 24 to 88 years, a sex ratio of 1:4 (78% male and 22 % female), histological type ADK 87% squamous cell carcinoma 13%, diagnostic stage 52% of patients are metastatic and the most common metastatic site is bone at 78%, therapeutically the most used chemotherapy protocol is Alimta / CRBP for ADK and NAV / CRBP for squamous cell carcinoma, unfortunately surgery is only possible in 3 cases, the mortality rate is at 61%

Conclusion: Bronchopulmonary cancer is a public health problem due to its frequency ,morbidity and mortality, despite all the progress made in research and treatment development, in order to decrease the number of new cases per year, a regoures fight against tobacco, a screening program and an early detection strategy, must be established to overcome this problem.

PRIMARY GERM CELL TUMORS OF MEDIASTINUM ABOUT 7 CASES

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Introduction: Malignant mediastinal germ cell-tumor represent 12% of primary mediastinal tumors, and less than 0.5% of thoracic tumors. They affect the young, middle-aged, 31-year-old male, in 97% of cases. They are of poor prognosis, especially for non-seminomatous germ tumors.

Methods: This is a retrospective descriptive study on seven cases of mediastinal germ-cell tumors, confirmed histologically, collected at the Medical Oncology Department of Hassan II University Hospital of fez, over a period of 7 years from January 2010 to December 2017. The aim of this study is to report treatments results of patients with primary germ-cell tumors of mediastinum.

Results: All patients reported were male, whose age ranged between 16 and 39 years, the thoracic manifestations were dominated by chest pain and dyspnea . Thoracic CT revealed a large mediastinal mass in all patients.Tumor biopsy was performed in all patients and histological examination with immunohistochemistry revealed a seminomatous germ-cell tumor in 4 cases, and mediastinal teratoma in three cases. At the time of diagnosis, six patients had highly positive tumor markers, bHCG or afoeto-protein. The extension assessment was based on thoraco-abdominopelvic CT scan: locally advanced tumor (5 cases), and metastatic tumor (2 cases) at the pulmonary(2 cases) ,hepatic and bone level(1 case). Five patients received four cycles of chemotherapy : cisplatin + etoposide; with bleomycin (BEP, 3 cases) or ifosfamide (EIP, 2 cases). At the end of the chemotherapy; four patients had a partial response with negative markers, one of them underwent complete resection of the residual tumor; the fifth had a complete response with negative markers, PET scan was also negative. All these patients remained without disease after 18 months of median folow up. Two patients hadrefractorydisease and diedduringtreatment.

Conclusion: Although the mediastinal cell germ tumors is rare, it remains non-exceptional, requiring urgent and multimodal the

ASKIN'STUMORS(ABOUT 5 CASES)

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Introduction: Primitive neuroectodermal tumor of the thoracopulmonary region is a rare tumor found in children and young adults and has been referred to as Askin tumor. They are characterized by their aggressiveness and their prognosis remains despite the progress in the chemotherapy.

Methods: This is a retrospective descriptive study on five of Askin tumors, confirmed histologically, collected at the Medical Oncology Department of Hassan II University Hospital of fez, over a period of 6 years from January 2012 to December 2017. The aim of this presentation is to discuss the clinical, radiological, histological and therapeutic aspects of this tumor.

Results: We report five cases, 3 women and 2 men, whose age ranged between 18 and 39 years; chest pain and dyspnea were the dominant symptoms. Thoracic CT revealing a mass at the expense of the chest wall extends to the lung ,with erosion of the ribs in 2 cases. All patients underwent tumor biopsy ; histopathological study revealed malignant small round cell proliferation with significant expression of CD99, T (11;22) research was performed in a single patient confirming the diagnosis. The distance exetention assessment was based on thoraco-abdominopelvic CT (5 cases), osteomedullary biopsy (1cas), and bone scintigraphy (4 cases): locally advanced tumor (4 cases), and metastatic tumor at the pulmonary and bone level(1 case). Four patients received induction polychemotherapy: ifosfamide,doxorubicin,vincristine (1 case),with etoposide (VIDE, 2 cases), and doxorubicin +cyclophosphamid (1 case). After four cycles we observed a major clinical and radiological regression of the soft tissue mass. But only one patient underwent resection of the tumor including the ribs and received six cycles of adjuvant chemotherapy and he remained with no sign of recurrence after three years of follow-up. Radiotherapy also received by a single patient with disease stability. The three patients who did not have surgery progressed after a median of 10 months, and they died after a median follow-up of 30 months. The fifth patient who had a metastatic disease, died just after diagnosis, before initiating any treatment.

Conclusion: These reported cases show that the treatment of the Askin tumor must be multimodal. and therefore the prognosis remains poor in the absence of optimal surgery after the response to multichmotherapy.

NON-HODGKINAL MALIGNANT LYMPHOMA OF TESTICLE A CASE REPORT

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Introduction: The malignant non-Hodgkin (NHL) revealed a testicular tumor are very rare. They represent 1% of the totale number of NHL and 2% of NHL occurring in mens; they readily affect the elderly. Beyond 60 years .It is usually a NHL of high grade.

The observation reporting the case of a non-Hodgkin lymphoma of the testis in a 50 years-old man treated in our department between 2016- 2017.

Mr. AM 50yearsold, operated for mass of the right testicle having undergone a right orchiectomy.

The conventional histopathological and immuno histochemical study concluded to a diffuse large lymphoma phenotype B cells .the balance of extension returned without anomaly.

Aftera complete pretherapeutic assessment : cardiac and biological and spermconservation; acomplementary treatment has been recomanded recommended on basedchemotherapy «8cures» R-CHOP (rituximab, cyclophosphamide, vincristine, prednisolone ,epirubicine,paracetamol)and intrathecalchemotherapy than a conformal of radiotherapy 30grays .Then a conformational of scrotal 30gray.The patient is regularly reviewed in consultation with clinical biological, radiological . It is asymptomatic ; in complete remission one year after diagnosis.

Discussion: The first observation of testicular NHL has been reporteden1877 by MALASSEZ; It is a relatively rare tumor ;representing for only 1-9% of all malignant tumor stesticular. testicular involvement is often unilateral; it can be bilateralin 5-20% of cases .the controlateral testicular lesion may be of another histological type . The generally painless increase in testicular volume is the most common sign of the call.In the diagnosis of testicular NHL, the extemporaneous examination is not very contributive and does not allow to formally eliminate a seminoma.Most testicular lymphomas (90%) were phenotype B large cell lymphomas (high-grade malignancy) or intermediatecells . the discovery of testicular lymphoma systematic ally requires an extension asssesssment . Therapeutically, testicular NHL is the only location urogenital lymphomathatis an excisional surgery orchidectomy is the rule ;However, even in localized stages, orchiectomy alone is insufficient .In fact more than 60% of patients treated with orchiectomy single reoffend within 5 yearse specially in the central nervous system. There fore, the Most authors suggest adjuvant chemotherapy with anthracyclines . In young subjects with localized lymphoma as the case of our patient.Pelvic radiotherapy is more and more discussed. The relapse rates is higher than 50%.Testicular NHL prognosis remains dark with a median survival of 12 months and a 5 year survival estimated at between 15% and 50% despite combination chemotherapy.

Conclusion*:* despite a poor prognosis, the NHL treated by systemic and intrathecal chemotherapy associated with a good long term specific survival .

unfortunately ;the related mortality chemotherapy is not negligible and does not seem completely protected relapses brain.

EFFICACY AND SAFETY OF ERLOTINIB IN NSCLC ABOUT 10 CASES EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENT, HASSAN II UNIVERSITY, FES

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Introduction: Activating mutations in EGFR are important markers of response to tyrosine kinase inhibitor (TKI) therapy in non-small-cell lung cancer (NSCLC). Erlotinib has been shown to improve progression-free survival compared to chemotherapy when given as first-line treatment For patients with non-small-cell lung cancer (NSCLC) with activating EGFR mutations. The aim of this study is to report the efficacy and safety of erlotinib in patients with advanced EGFR-mutation positive NSCLC.

Methods:A retrospective study was conducted in the department of medical oncology at Hassan II University Hospital from Jan 2004 to December 2017, including 10 patients with non squamous tumor histology .receivingerlotinib (150 mg orally, once daily) treated for metastatic NSCLC.

Results: The mean age of patients was 62 years with extremes ranging from 33 to 67 years old .the male gender was

predominant (60%). Seventy percent of patients were PS 0 to 1, and the majority (60%) were active smokers. All patients were metastatic and bone metastases were present in 50% of cases. The most of patients (70%) received erlotinib in second line except one percent had a EGFR mutation , received erlotinib in first line therapy .In two cases ,erlotinib was administered in the third line . Most commonly observed adverse events (AE) were rash (80 %) and diarrhea 70% (The majority of cases were mild or moderate (grade 1/2) in severity, 20% were grades 3 to 4, . Twenty-one patients required dose reduction and any patient discontinued the treatment with erlotinib because of AEs. Interstitial lung disease (ILD) was reported in one case and two patients had mouth ulceration of grade II well evolved under treatment . The median PFS was 3,88 months with a median overall survival is 6,2 months, there was any patient who died from treatment-related causes.

Conclusion: Erlotinib was a well-tolerated treatment option for patients with advanced NSCLC. The main adverse events of rash and diarrhea were typically mild or moderate in severity, and rarely lead to treatment withdrawal. When necessary, rash and diarrhea can be easily managed prophylactically.

EFFICACY AND TOLERANCE OF PEMETREXED IN THE MAINTENANCE TREATMENT OF NON SMALL CELL LUNG CARCINOMA: EXPERIENCE OF THE PNEUMOLOGY DEPARTMENT AT BAB EL OUED HOSPITAL

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Introduction: Pemetrexed is a multi-drug antimetabolite inhibiting the 3 key enzymes essential for cell division. Several studies have demonstrated the efficacy and tolerability of pemetrexed in patients with advanced non-small-cell lung cancer. Our work aimed to analyze the results of using pemetrexed as maintenance treatment in terms of response and overall survival over the last six years.

Methods: Retrospective study including 115 cases of locally advanced and metastatic NSCLC collected at the Bab El Oued hospital from January 2010 to June 2017 and treated with pemetrexed for maintenance following disease control after induction chemotherapy.

Results: The study included 115 patients with a male predominance of 80.9%, median age 61 years, predominantly smokers or former smokers (76.5%). All patients had a performans status ≥ 1 and 74.8% of the cases were at IV stages. A total of 572 cycles were administered with an average of 5 courses per patient. All cases were assessed for toxicity and 93 for response. The side effects were grade I / II vomiting in 25% of patients, grade I / II anemia in 13.6% of cases, grade I thrombocytopenia in 4.5% of cases and grade renal failure. I/II in 14% of cases. The control rate of the disease (objective response and stabilization) was 34.7%. The medianoverallsurvivalwas 16 months.

Conclusion: in our series, pemetrexed maintenance therapy has been well tolerated and has significantly improved overall survival and is currently a good treatment option for patients with advanced non-squamous lung carcinoma who are not progressing well. after the initial induction treatment.

RISK FACTORS FOR VENOUS THROMBOEMBOLISM IN PATIENT WITH CANCER

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Introduction: Venous thromboembolism (VTE), which includes deep vein thrombosis (DVT) and pulmonary embolism (PE), is a major complication of cancer and one of the most common causes of death in cancer patients. It affects up to 20% of cancer patients before death, but it is found in 50% of post-mortem examinations. The cancer would increase the risk of thrombosis by 4 compared to the general population and by 6 in case of treatment with chemotherapy. This risk depends on the type of cancer, the extent of tumor involvement, oncology therapies and many other patients' specific risk factors. The risk assessment model (MER) developed and validated by Khorana is the most relevant method reported in the literature allowing the stratification of thromboembolic risk in the population of cancer patients. Our objective was to evaluate the risk factors associated with VTE in the cancer patient, as well as the different risk groups to develop a VTE by the Khorana score, in order to propose prevention.

Methods: This is a retrospective study of hospitalized cancer patients or consultants at the department of medical oncology in CHU Habib Bourguiba, during a one-year period from January 2013 to December 2013, to begin a new cycle of chemotherapy.

Results: We collected 230 patients of mean age of 52 years (18-87 years). The sex ratio was 0.86. The evaluation of the WHO Performance Status score showed a WHO at 0 in 21.7% of cases, a WHO at 1 in 62.2%, a WHO at 2 in 10% of cases and a WHO at 3 in 6.1% of cases. The most common cancer site was breast cancer in 29.1% of cases, followed by colorectal (18.3%), pulmonary (5.7%), ovarian (4.7%), bladder (3.9%), stomach (3.5%), pancreatic (3%), uterus (2.6%), lymphoma (2.2%) and testicular cancers (0.8%). Half of the patients had metastatic cancer. The chemotherapy drugs were cisplatin (56 cases), Folfox (28 cases), Taxol (21 cases) and Gemcitabin (20 cases). We noted that 97 patients (42.4%) belonged to the low-risk group of VTE, 109 patients (47.4%) to the intermediate risk group and 24 patients (10.4%) to the high-risk group. An episode of VTE was diagnosed in 39 patients, including 35 cases of DVT and 4 cases of PE. The majority of VTEs (56% of cases) occurred within 45 days of the start of chemotherapy. The incidence of VTE in the three Khorana risk groups was: 6.2% in the low risk group, 20.2% in the intermediate risk group, and 45.8% in the high risk group. Thrombotic risk factors in univariate analysis were: age> 65 years, WHO 2-3 score, three variables of Khorana score (platelet count ≥350,000 / µl, leukocyte count> 11,000 / µl and hemoglobin <10 g / dl) and the high risk Khorana score. In the multivariate analysis, the WHO score, the hemoglobin and leukocyte platelet count, and the Khorana score wereindependent risk factors. The sensitivity of the Khorana score was 25.6%, the specificity was 94.2%, the positive predictive value was 47.6% and the negative predictive value was 86.1%.

Conclusion: The Khorana score assessment did not distinguish between patients who should have preventive therapeutic and those who should not. Indeed, the prevalence of VTE in our study in the «low risk Khorana» group was 6.7%. Thus, thrombotic risk in this group would be similar to high thrombotic risk situations in non-cancer patients. Prevention may be indicated in subjects with a low Khorana score in the presence of risk factors for VTE.

BRONCHIAL CARCINOMA AT YOUNG PEOPLE, MEDICAL ONCOLOGY DEPARTMENT EXPERIENCE

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Introduction: Lung cancer in young people is rare, and few data are available. It is characterized by frequent changes of biomarkers: EGFR (Epidermal Growth Factor Receptor) and ALK (Anaplasique Lymphoma Kinase).
Methods: Retrospective study of bronchial carcinoma treatment in young people, realized in Medical Oncology department at University Hospital Centre of Tizi-Ouzou during the period: January 2013 - December 2016.
Results: 14 patients were identified, median age 40 years (31-45), 03 EC(Epidermoïde Carcinoma), 10 ADK (Adecarcinoma) and 01 papillary carcinoma, all metastatic at once (06 cases pleura, 03 cases bones, 01 case brain, 03 cases liver, 03 cases contra- lateral lung and 03 lymph node). In the first line: 09 patients received AAC (Avastin, Pemetrexed, and Cisplatine), 01 ATC (Avastin, Taxol, and Carboplatine) and 03 GC (Gemzar, Cisplatine).In the 2nd line: 03ATC (Avastin, Taxol and Carboplatine), 01 TXT (Taxotere), 02 Erlotinib. Maintenance: Bevacizumab: 05, Pemetrexed: 01 and Docetaxel: 01. The Chemotherapy evaluation after 03 cures: 07 OR (Objective Response), 03 Stabilizations, 03 Progressions. Overall survival: 6-12 months: 03, 12-18 months: 03, 18-24months: 02 ;and> 24 months: 03 patients.
Conclusions: Lung cancer in young people is rare, and few data are available. Studies showed a high proportion of EGFR and ALK mutations (compared to prevalence figures usually reported) leading targeted therapies prospects and raising the interest of a broad and systematic search for biomarkers.

LUNG CANCER IN YOUNG ADULTS

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Introduction: In the world, lung cancer is the most common cancer in terms of incidence and mortality (1.35 million new cases per year and 1.18 million deaths), with the highest rates in Europe and North America [1]. The most common lung cancer population is over 50 years with a history of smoking [2].Lung cancer is the second most common form of cancer in most Western countries, and is the leading cause of cancer-related death. The risk of developing lung cancer increases with age [3]. More than half of all new cases of lung cancer are diagnosed in people aged 60 or older [3]. Men are affected more often than women [3].Diagnosing cancer in a young adult has important physical, psychological and social implications. We did this work to describe the characteristics of lung cancer in young subjects.
Methods: This is a retrospective study of lung cancer cases treated in medical oncology Department CHU Blida between 2014 - 2017, the purpose of which is to describe the characteristics of lung cancer in subjects younger than 40 years . We collected patient data (chemotherapy for all stages of lung cancer between January 2014 and January 2018) from clinical records, and analyzed age, sex, and toxic habits, stage, the histological type in subjects under 40 years and over 40 years. A comparison was made between the 2 groups under 40, and over 40 years (exact test of bilateral Fisher).
Results: The total number of patients with lung cancer is 141 patients observed during the study period. The number of patients under the age of 40 is 15/141 patients (10.6%). The average age is 35 vs 62 years. In the group of patients the frequency of women was higher than in the group of over 40 years (33.3% vs. 14.4%, p = 0.07).Tobacco use was lower in the group (40% vs 76% in the over 40 age group, p = 0.0057).
Stage IV represents 73% of patients vs 68% . Bone metastases are the most common 51.1% in all patients with predominance in those under 40 (55% vs 44%, p = 0.53).Brain metastases accounted for 25.7% of all patients (27% vs. 26%, p = 1).
The histological type adenocarcinoma is the most common 62.4% with predominance in the under 40 years (80% vs 60%, p = 0.16)
Discussion: The retrospective nature of the study is a limitation to the control of the data, which led us to select only the age, the sex, the smoking consumption, the stage with the diagnosis and histological type like parameter of analysis. The study included 141 patients, with a subgroup of 15 patients (patients younger than 40 years old).This small sample is probably responsible for the absence of statistical difference between the majority of the parameters studied. Except for smoking which is less in young patients with a significant p of 0.0057. 60% of young people are not smokers, which probably imply other risk factors (passive tobacco, environments ...).More women have been observed in patients younger than 40 years old .The most frequent histological type is adenocarcinoma in the 2 subgroups. Stage IV is the most common, with predominantly bone metastases in the 2 subgroups, usually it is synchronous metastasis, uni site.
Conclusion: Lung cancer is the leading cause of cancer deaths in the world. The prognosis of this pathology remains appalling. Recent progress has been made to identify other risk factors than tobacco: genetic factors, environmental factors, passive tobacco.
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CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES OF PATIENTS WITH MALIGNANT GERM CELL TUMORS OF THE OVARY (MGCTO):

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Introduction: Germ cell tumors (GCTs) are rare (20% of all ovarian tumors). Approximately 3 to 5% of ovarian GCTs are Malignant. The aim of this study was to analyze the clinical features and the treatment outcomes of patients with MGCTs of the ovary.

Methods: The data of 100 patients with MGCTO treated in Salah Azaiez Institute between 1984 and 2012, were analyzed retrospectively. The Overall survival (OS) was calculated using the Kaplan-Meier method.
Results: The median age of diagnosis was 26years (range 8-76). The main clinical features were abdominal pain (80%), abdominal distension (62%) and abdominal sweeling (62%). The pathologic diagnoses were immature teratoma in 34 patients, endodermal sinus tumor in 14, dysgerminoma in 32, and mixed

germ cell tumor in 11. The majority presented with early-stage (I/II) disease (77%).73 patients had stage I diseases, 4 stage II, 19 Stage III, 3 stage IV. Sixty patients underwent primary conservative surgery and 57% of patients were treated with chemotherapy (BEP or EP or PVB regimen). Five patients with pure dysgerminoma received adjuvant radiotherapy. The median follow-up period was 74 months (range 7 – 182). There were 13 cases of recurrence. The median time to relapse was 10 months (range:1 –32). There were 8 cases of distant metastasis. The 5-year overall survival was 80%. Three spontaneous pregnancies were achieved.
Conclusion: The prognosis of MGCT of the ovary is closely related to disease stage. Fertility sparing surgery should be considered in early-staged Young patients.

OVARIAN CANCER: EXPERIENCE OF THE MILITARY TUNISIAN CENTER

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Introduction: Ovarian cancer (oc) is the fifth most common female cancer. Incidence in Tunisia is 3.9/100 000. It is the most lethal gynaecological malignancy. Here, we report our experience.
Methods: This retrospective study involved 30 women diagnosed with OC during the period from January 2010 to December 2017.

: Results: The average age was 53.3 years [24- 75]. Sixty percent of petients were postmenopausal at diagnosis. Four patients had associated breast cancer. Abdominopelvic-CT was performed in 16 patients with an average tumor size of 98.46 mm [28-250],tumor bilaterality in 46.7% and ascites in 43.3% of cases. CA-125 was raised in 20 patients. Surgery was performed in 22 patients, 10 of whom had complete tumour resection. Invasive serous carcinoma was the most common histological type accounting for 56.7%. High grade was predominant. According to FIGO staging we have: stage I (50%), stage II (10%), stage III (33.3%) and stage IV (6.7%). All Patients received paclitaxel–carboplatin chemotherapy (standard regimen in 75.9% and dose-dense scheduling in 24.1%). About 13% of patients relapsed with an average time of 25 months. Bevacizumab was given in only 1 patient on the second line. One-year and 2-y ear OS rates were 75.7% and 56.8%, respectively. We didn't find any significant prognostic factors correlated with suvival.
Conclusion: Despite the therapeutic progress of OC in Tunisia, relapse and mortality rates remain high. The advent of targeted therapies such as Bevacizumab and PARP inhibitors is likely to improve its prognosis.

MESONEPHRIC ADENOCARCINOMA OF THE CERVIX IN A PREMENOPAUSAL PATIENT

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Introduction: Mesonephric adenocarcinoma is a rare type of cervical cancer that derives from mesonephric remnants in the uterine cervix. These tumors are often confused with more common adenocarcinomas or mistaken for benign mesonephric hyperplasia.
Methods: We describe clinical, histological and therapeutic feature of a case of a mesonephric adenocarcinoma of the cervix diagnosed in a premen opausal woman.
Results: A 48-year-old woman presented with postmenopausal vaginal bleeding. Physical examination revealed an ulcerated mass of the cervix measuring 30mm and the imaging studies showed a pelvic mass centering on the cervix measuring 30×19mm extending to the upper third of the vagina without parametrial invasion. There was no evidence of secondary localizations. The pathological examination of the cervical biopsy revealed an invasive adenocarcinoma. The Patient was a (FIGO) stage IIA and underwent concurrent chemoradiation therapy at the dose of 45 grays and brachytheraby followed by radical hysterectomy with bilateral salpingo-oophorectomy and pelvic lymphadenectomy. Pathological examination confirmed a residual mesonephric adenocarcinoma of the cervix measuring 5mm characterized by glandular, tubular and papillary formations with cylindrical cells contain ing an eosinophilic cytoplasm. Pelvic lymph nodes, uterus, adenexa, parametria and vagina were not involved. One year later the patient presented a vaginal recurrence with confirmed extension to the bladder which was treated by anterior pelvic exenteration. The patient presented liver metastasis, 12 months later, and died after six months.
Conclusion: The prognosis of such neoplasms cannot be accurately predicted due to the small number of published cases with adequate follow-up, however these tumors are likely to be more aggressive.

SEXUAL FUNCTION AND QUALITY OF LIFE IN LOCALLY ADVANCED AND METASTATIC CERVICAL CANCER

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Introduction: Sexual dysfunction is currently one of the most common complications of cancer. Since cervical cancer patients are mostly in in a period of sexual activity, quality of life of this population may be much impacted by sexual disorders. The objective of this study is to assess the quality of life and sexual function of patients with locally advanced and metastatic cervical cancer.
Methods: It is a prospective study that included 75 cervical cancer patients treated in the Department of Medical oncology of Hassan II University Hospital of Fez between January 2017 and January 2018. We used the EORTC QLQ-C * 24 questionnaire to assess scoring quality of life and sexual function of the included patients.
Results: Seventy five percent of the patients completed the survey. The mean age was 50 years (+/-11,351). Seventy percent of the patients had locally advanced disease and were treated by concomitant chemo-radiothearpy. A quarter of patients experienced hot flushes. A half had abdominal pain and urinary disorders. Neuropathy of the extremities was found in 30% of the patients. All areas of sexuality were altered, 89% of patients felt less attractive and feminine because of the treatment. Ninety percent reported a vaginismus and 60% complained of dyspareunia. Sexual life was much more affected in patients with metastatic cancer (80%) than in those treated with locally

advanced cancer (60%). Overall quality of life was statistically correlated with sexual quality of life.
Conclusion: Patients treated in our series for advanced locally and metastatic cervical cancer have an altered sexual and quality of life. The implications of treatments were physiological, intrapsychic and relational. They have more problems affecting sexuality than the general female population and women treated for another gynecological cancer. Suitable care should be provided for patients and their partners.

GRANULOSA CELL TUMORS OF THE OVARY; CLINICAL FEATURES, TREATMENT, OUTCOME, AND PROGNOSTIC FACTORS

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Methods: Granulosa cell tumors compromise from 2 to 6% of all malignant ovarien tumors. The relativety low incidence is one likely reason for the differing opinion on histopathology ,treatment and prognosis. The objective of this study was to determine the clinical presentation, treatment, outcome, and prognostic factors for patients of granulosa cell tumors.
Results: The present retrospective clinical and histopathological study of all granulosa cell tumors was carried out , from 2009 to 2016 includes 1O patients with a follow up from 1 to 8 yeras. The clinical and histopathological findings are correlated to therapy and prognosis.
the mean age at diagnosis was 43 years,2 women were post menopausal at the time of diagnosis.The most commun presenting symptoms were abnormal uterine bleeding and abdominal distension or pain. The median age of the patients was 52 years (range, 17-66 years). Abdominal pain was the most common presenting symptom. The median follow-up was 51.4 months (range, 11.6-96.9 months). The estimated 5 years overall survival (OS) was 84.6 . Event-free survival (EFS) was 76.5 at 5 years. Advanced stage was significant independent poor prognostic indicator for both OS and EFS.
Conclusion: Majority of the patients with granulosa cell tumors of the ovary present in early stage. Surgery is the primary treatment modality for granulosa cell tumors. Advanced stage and pres ence of residual disease were associated with inferior survival, but only prospective studies can ascertain their definite role.

UPFRONT DEBULKING SURGERY VS INTERVAL SURGERY FOLLOWING NEOADJUVANT CHEMOTHERAPY FOR ADVANCED STAGE OVARIAN CANCER : A « REAL LIFE » EXPERIENCE

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Introduction: Neoadjuvant chemotherapy followed by interval surgery (NACT-IS) is currently an option for advanced stage epithelial ovarian cancer (EOC), when upfront complete surgery is impossible. The aim of our study was to analyze characteristics of patients treated for advanced EOC, and compare outcome according to the therapeutic strategy.
Methods: We retrospectively studied 52 women with stage IIIC/IV EOC who underwent debulking sur gery in our institution between 2011-2015. Thirty patients (57.7%) underwent PDS, and 22 (42.3%) had NACT-IDS. Chi2 test was used to determine correlation between the timing of debulking surgery and characteristics of EOC. Survival rates were estimated using the Kaplan–Meier method and compared with the log-rank test.
Results: There were no significant differences in terms of age, menopause and performance status, obesity and type of chemotherapy regimen between patients who underwent PDS and NACT-IDS. However, grade 3 toxicities were mostly reported in NACT-IDS group (p=0.012). Complete intraperitoneal cytoreduction was achieved in 60 % after PDS and in 63.6 % after NACT-IDS (p= 0.8). Macroscopic residual disease (R2) was higher after PDS but not statistically significant (33% vs 18.2 % ,p=0.1).The recurrence rate was similar between the 2 strategies (72.4% vs 66.7% ,p=0.6).The one- year recurrence free survival rate was higher in NACT-IDS but not statistically significant (60% vs 38 % ,p=0.8). No statistical difference in the 2-year overall survival rate was found between PDS and NACT-IDS (52 % vs 65% ,p=0.2).
Conclusion:Our “real life” experience showed that survival is not affected by NACT-IS, however more grade 3 toxicities were reported.

OVERALL SURVIVAL OF STAGE IV LUNG CANCER IN ALGERIA

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Introduction: Lung cancer is the most frequently diagnosed cancer and the leading cause of death by cancer. Most of patients have advanced stages at diagnosis, and are not candidate for curative options, with a survival rate less than 2% at 5 years. The aim of our study is to evaluate the overall survival (OS) of patients with stage IV lung cancer.
Methods: We performed a retrospective study on stage IV lung cancer patients data, treated at the medical oncology department of the university hospital Frantz Fanon of Blida, between January 2014 and January 2018. Patients with metachnrous metastases are excluded from the study). The primary end point is the evaluation of the overall survival (OS), which is defined as the time between the initial biopsy and death, using Kaplan Meier curves. The secondary end points were the comparison (Mantel-Cox) of the overall survival by sex, tumor stage, lymph nodes infiltration, metastases sites and histological types.
Results: Ninety-nine patients with stage IV lung cancer have been enrolled. The mean age is 59.3 years. Males represent 79.8 of the study population. Tobacco consumption is found in 67.7% of patients, with a mean of 40.3 pack-years. T4 and N3 stage were found in 57.6% and 23.3% respectively. Most of patients have bone metastasis (44.5%). Brain metastases are found in 25.2% of patient. Sixty percent of patients (60%) have only one metastatic site. Adenocarcinoma is the most represented histological type (67.7%). The patients received a mean of 4.9 ± 0.2 treatment cycles. Carboplatine and Cisplatine were given to 54.1% & 20.4% respectively. A free platinum regiments were given to 25.5% of patients. Second line and third line chemotherapy were given to 31.1% & 30% of patients after a previous line (mean cycles number of 3.9 ± 0.41 & 4.4 ± 0.83 respectively). Survival analysis shows a median overall survival (OS) for the 99 patients of 9 months [IC95%:6.40–11.59]. Subgroups analysis shows an overall survival of 9 months for females [IC95%:4.245–13.755] *vs* 8 months for males [IC95%:4.77–11.22] (*p= 0.467*); N3 patients have a statically significant worse survival than the N0-2 patients (4 months

[IC95%: 0.00 – 10.79] *vs* 11 months [IC95%:4.42–17.57]; *P= 0.038*). A worse survival is also observed in patients with bone metastases (6 months [IC95%:3.35–8.64] *vs* 11 months [IC95%:8.60–13.39]; *P= 0.053*).
Conclusions: poor prognosis is associated with metastatic lung cancer. Overall survival is reduced to 30% in N3 stages, and to half in presence of bone metastases.

CLEAR CELL CARCINOMA OF THE UTERINE CERVIX: CLINICAL AND PATHOLOGICAL ANALYSIS OF 19 PATIENTS
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Introduction: Clear cell carcinoma of the uterine cervix (CCCUC) has been reported to mainly occur in young women whose mothers were exposed to diethylstilbestrol (DES) during pregnancy.
Methods: We retrospectively reviewed 19 cases of clear cell carcinoma of the uterine cervix (CCCUC) who were diagnosed and treated at Salah Azaiez Institute of Tunisia between 1998 a nd 2015. The aim of this study was to summarize the clinical and pathological and therapeutic characteristics and to conduct prognosis analysis of survival and recurrence.
Results: A total of 19 patients were enrolled. Median age was 65 years (range, 23-79 years). No patient had a history of exposure to diethylstilbestrol. The mean tumor size was 42mm (range,15-90mm). The International Federation of Gynecology and Obstetrics stage distribution was 26.3% (n = 5) stage I, 52.6% (n = 10) stage II, 15.8% (n = 3) stage III, and 5.3% (n = 1) stage IV. Eighteen patients received preoperative chemo radiation therapy followed by brachytherapy in twelve cases. Fourteen patients (73.7%) underwent radical hysterectomy with pelvic lymphadenectomy and one patient (5.3%) underwent simple hysterectomy. Pathological examination revealed lymph node metastasis in three patients (23.1%) and lymphovascular invasion in 5 patients (26.3%). The 5-years overall survival (OS) was 69% and the 5-years progression free survival (PFS) was 71.8%. Chemo radiation therapy before radical surgery did not affect PFS or OS (p>0.05).
Conclusion: Clear cell carcinoma is a rare entity with clinic-pathological features and prognosis which are different than conventional adenocarcinoma.

EPIDEMIOLOGY OF GYNECOLOGIC CANCERS IN ORAN 2014-2016
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Introduction: Gynecologic Cancers (cervical, ovarian, uterine, vaginal, and vulvar).are the most common cancers in women and hence an important public health issue. In 2012, Cervical Cancer (CC) is ranking as the fourth with an estimated 528.000 new cases and Ovarian Cancer (OC) is the seventh most common for females with nearly 239.000 new cases worldwide. In Algeria,
Methods: Cervical cancer is the second gynecological cancer after the breast cancer (incidence of 8.7 per 100,000 women). The frequency of this cancer and its consequences has been declining for 40 years in developed countries thanks to smear Pap. In Oran, CC is also the second most common cancer among females with an incidence of 11,8 /100000, OC is ranking as the sixth with 2,9 cases /100000 and Uterine cancer is in the eighth place with 2,3/100000 (Oran cancer registry data 2012) Aim: Describe epidemiological profile of gynecologic cancer in the Oran university hospital (EHUO) .
Results: The data were obtained from two years of registration as part of the cancer registry of EHUO
Gynecological cancers. In total, 239 cases of gynecological cancers were resgistered. It represent 16% of all cancers in women The average age of patients is 56.8±2.0 years old. Regarding the anatomical locations, cervical cancer remains the most common 67.1% followed by that of ovaries 17.5%, followed respectively by uterine, vulvar cancers. Histological analysis of cervical cancerous cases showed a predominance of squamous cell carcinomas 66.9%, Low grades lesions I and II are the most frequent 91.2%.
Conclusion: A good knowledge of the epidemiology of gynecologic cancer will make it possible to put in place measures of prevention, control and treatment, which will contribute to the better health of women.

PELVIC EXENTERATION FOR GYNECOLOGICAL CANCER: ANALYZE OF MORBIDITY AND MORTALITY
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Introduction: Locally advanced or recurrent pelvic malignancies are associated with a poor prognosis if untreated. pelvic exenteration could be a curative intervention for advanced and recurrent gynecologic cancers.
Methods: We reviewed 43 patients with gynecologic malignancies who underwent pelvic exenteration from June 2005 to April 2015 treated at the Salah Azaiez institute, Tunisia. The aim of our study is to analyze of morbidity and mortality after pelvic exenteration (PE) of gynecological malignancies.
Results: PE was performed for cancer of the cervix in 26 patients, vulva 3 patients, endometrium 5 patients, ovary 8 patients. Mean age was 55 (36–78) years. Twenty-nine (67.4%)patients had PE for primary disease and fourteen (32.6%) had PE for recurrent disease. Twenty-two received neoadjuvant treatment. We performed 42% anterior, 23% total and 35% posterior PE. No residual tumor was left in 83.7% of the patients. 28 (65%) urinary diversions (Briker technique) and 22 (51%) had permanent colostomy. There was no intraoperative mortality, but three (7%) patients were died into 30 days from surgery. >From 43 patients, 24 (56%) had morbidity. Postoperative complications were surgical in 50% related to fistula in (75%).
Conclusion: Although pelvic exenteration for gynecological cancers is accompanied with a high number of post-operative complications, standardized multimodality treatment protocols are needed to optimize patient selection and treatment in this difficult group of patients.

SYNCHRONOUS APPEARANCE OF UTERINE LEIOMYOSARCOMA AND GASTROINTESTINAL STROMAL TUMOR

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Introduction: Leiomyosarcomas are aggressive tumors associated with a poor outcome. Synchronous primary neoplasms in female genital tract has long been observed. However synchronous association between leiomyosarcoma of uterus and gastrointestinal stromal tumor (GIST) has not been described in the literature.
Methods: To The Best Of Our Knowledge, This Is The First Case Of Intestinal GIST Coexisting With Leiomyosarcoma Of Uterus To Be Reported In The Literature.
Results: we report the case of a 72-year-old woman who suffered from pelvic pain and vaginal bleeding. On physical examination, a right pelvic mass was recognized. CA-125 level was found to be 189 IU/ml. The computed tomography (CT) with contrast enhancement revealed a 23 cm × 20 cm × 16.3 cm sized, well-defined, heterogeneously enhancing solid mass, arising from the anterior wall and fundus of the uterus containing non-enhancing with necrotic area. No metastases were found. Hysterectomy and bilateral salpingooophorectomy was performed. A 5 cm tumor formation on the anterior wall of small bowel, was incidentally discovered during surgical treatment imposed segmental resection. The histological and immunohistochemical examination confirmed coexisting of both tumor small bowel GIST with low grade and endometrium leiomyosarcoma. First-line chemotherapy treatment was undertaking. However, patient developed a local relapse few months after.
Conclusion: Excision of any suspected tumor is necessary to avoid falling into the trap and make an incorrect management if misdiagnosed as metastases.

OVERALL TREATMENT TIME ASSESSMENT OF LOCALLYADVANCED CERVIX CANCER

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Introduction: Overall treatment time is an important factor in the outcome of cervix cancer treatment. However, indaily clinical practice, unplanned treatment interruptions are inevitable for many reasons. We performed a prospectivestudy to assess the overall treatment time for patients treated in our department and identify the causes of treatmentprolongation.
Material and Results: Between first January and 30 April 2016, a group of patients with locallyadvanced cervix cancer was interviewed at the end of treatment. Data was collected using a questionnaire containingimportant study parameters. Results: 100 patients were interviewed. The mean age of women was 55,08 ± 12,43years. Seventy-five patients (75%) were illiterate. Ninety-six patients (96%) has low socio-economic level. Ninetypatients (90%) has squamous cell carcinoma. The stage IIIB represented the majority of cases (90%). All patientswere treated with concurrent chemoradiation except one patient. Pelvic radiation at the dose of 46 Gy was performedfor all patients. The median time to complete pelvis RT was 37 days (34-42 days). Only seventy-seven patients (77%)were treated by BT. A median time of the first brachytherapy insertion was 13,50 days (0-20 days). The median ofOTT was 71 days (64-78 days). This prolongation was mainly due to the delay of the first brachytherapy insertion. Inthe univariate and multivariate analysis, 2 factors were associated with longer overall treatment time: age (p=0,006)and stage (p=0,001).
Conclusion: In our country, cervical cancer outcomes are still poor. To improve the prognosis,overall treatment time should be given in timely manner (8weeks).r

MANAGEMENT OF EPITHELIAL OVARIAN CARCINOMA IN THE SOUTH OF TUNISIA: CLINICOPATHOLOGICAL DATA AND THERAPEUTIC RESULTS.

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Introduction: Ovarian cancer is the fifth most common cause of cancer deaths in women. Outcomes depend on the extent of the disease and the subtype of cancer. The aim of our study was to discuss clinicopathological data, therapeutic results and to define prognostic factors of malignant epithelial ovarian carcinoma.
Methods: We retrospectively analyzed data of 32 patients with ovarian carcinoma enrolled in the department of medical oncology between january 2014 and December 2017. We collected clinico-pathological and therapeutic data. Surgery was defined as: optimal, suboptimal or minimal. After this surgery the tumor was classified according to FIGO. Poly adjuvant chemotherapy with cisplatin-based regimen has been reported from stages Ic. In case of minimal surgery, neoadjuvant chemotherapy was administered followed by interval surgery. Overall survival was calculated according to Kaplan-Meier and prognostic factors defined according to the log rank test.
Results: The median age was 58 years. Symptoms were dominated by pelvic pain (56%) and increase in abdominal volume (40%). Computed tomography revealed liver metastases in 6 cases and pleural-pulmonary metastases in 1 case. Virtually all of our patients had primary surgery: optimal in 15.6% of cases, suboptimal in 50% and minimal in 34.4%. Stages I, II, III, IV were found respectively in 3.1%, 3. 1%, 75% and 18.8% of cases. Serous cystadenocarcinoma was the most common histological subtype (81%). All patients had adjuvant chemotherapy or interval surgery. Interval surgery was complete in 14 out of 21 cases. At the end of the treatment protocol, 56.3% were in complete remission. Overall survival at 2 and 5 years was 55.3% and 37%. Advanced (IIIB, IV) and non-optimal surgery were prognostic factors.
Conclusion: Advanced stages were predominant in our series. The overall survival at 5 years of our patients was slightly lower than in other series of the literature. Our study confirmed the influence of stage and quality of surgery on survival.

NON-EPITHELIAL OVARIAN CANCER: CLINICAL FEATURES AND MANAGEMENT

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Introduction: Non-epithelial ovarian cancer account for less than 20% of ovarian cancers in adults. There are essentially malignant germ tumors and tumors of the stroma and sexual cords. These tumors affect more the young woman and have the

distinction of being diagnosed at an early stage in more than 50% of cases. Their prognosis is excellent, with a five-year survival rate of up to 97% in all stages. The principles of treatment are usually extrapolated from the management of ovarian epithelial tumors and testicular germ tumors. Surgery and chemotherapy are two main therapeutic weapons. The objective of our work was to study the different clinical characteristics, radiological and pathological, to evaluate the therapeutic management.
Methods: We conducted a retrospective study collecting non-epithelial ovarian malignancies treated and monitored in the department of medical oncology in Sfax during the period between January 2000 and December 2014. The treatment regimen was decided following the international recommendations.
Results: We collected 20 cases of non-epithelial ovarian cancers (estimated frequency of 17.7% of all ovarian tumors). The average age was 30.7 years (19 months -49 years). The average age of germ tumors was 22.4 years, and the age of stromal and sex cords tumors was 50 years. In the germ-tumors group, the reason for consultation was: abdominopelvic pain (9 cases), abdominal volume increase (7 cases), amenorrhea (1 case) and acute abdominal panel (1 case). In the group of stromal and sex cords tumors, abdominal pain (4 cases) and increased abdominal volume (3 cases). Abdominal examination showed abdominal mass in 14 cases and ascites in 7 cases. A cystic and solid mass on ultrasound was the most frequent radiological aspect (15 cases). The histopathological examination was done on the operative specimen in 17 cases and a biopsy in 3 cases. The histological type was seminoma (1 case), non-seminoma tumors (13 cases), adult granulosa cell tumors (2 cases), juvenile granulosa cell tumors (2 cases), and Sertoli and Leydig cell tumors (2 cases). Clinical stage was stage I in 11 cases, stage III in 6 cases, and stage IV in 3 cases. Surgery was performed in 19 cases (radical in 6 cases). Adjuvant chemotherapy was indicated in 5 patients, 4 of whom were in the germ cell group. The BEP protocol was used in all 4 cases of germ cell tumors; however the Cisplatin-Cyclophosphamide protocol was administered to 70-year-old patient with adult granulosa cell tumor. Neoadjuvant chemotherapy was proposed in 7 cases. It was a stage IIIc in 4 cases and a stage IV in 3 cases. We observed only one case of recurrence at 3 years in the germ cell group. Four recurrences were observed in the stroma and sex cord tumor group with an average delay of 36 months.
Conclusion: Non-epithelial ovarian cancer is a particular clinical entity. The treatment is similar to germs cell tumors with a good prognosis.

UTERINE LEIOMYOSARCOMA

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Introduction: Uterine leiomyosarcoma (LMS) is a rare gynecologic malignancy, comprising about 1% of all uterine malignancies and 25~36% of uterine sarcomas.
Methods: A retrospective study of 20 cases of uterine leiomyosarcoma treated in department of oncologic surgery salah azaiz Tunisia between 2000 and 2014. The aims of our study is to report epidemiologic and anatomoclinical treatment of 20 patients treated for leiomyosarcoma.
Results: <td height=»30»>The median age was 47 years (15 to 78). 45 % were postmenopausal. Vaginal bleeding was the most common presenting symptom, being present in 15 patients (75%). all patients except one, underwent surgery:12 had simple extra fascial hysterectomy with bilateral salpingo-oophorectomy, tow for central recurrent pelvic tumor, five had Radical hysterectomy, one had partial cystectomy. pelvic lymphadenectomy was done in (55%) 0f cases. No residual tumor was left. one patient had only biopsy because tumor was fixed, and it was not operable. According to the classification of the International Federation of Gynecology and Obstetrics (FIGO), twelve 60% patients were in stage I, 2 (10%) patients in stage II, three 15% in stage III, one patients was stage IV. 7 patients underwent postoperative pelvic radiotherapy, associated with adjuvant chemotherapy in one cases. 4 patients had chemotherapy. The evolution was marked by the occurrence of local recurrence in 3 patients, peritoneal carcinomatosis in one case and lung metastases in 5 cases associated with synchronous liver metastasis in two cases
Conclusion: While the majority (60%) of women is diagnosed with early stage disease, patients have a poor prognosis regardless of stage.

SALVAGE SURGERY IN PRIMARY VAGINAL CARCINOMA: ONE SINGLE INSTITUTE EXPERIENCE

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Introduction: Primary vaginal carcinoma (PVC) is a rare entity. Radiotherapy (RT) is the mainstay of treatment for PVC instead the management of treatment failure of RT is not well know, surgery seems to be a solution for this.
Methods: A Retrospective Analysis Of Salah Azaiez Institute Data Base Was Performed Analyzing Women With PVC Treated Initially With RT, Followed By Surgery Between 1994 And 2015.
Results: Of The 73 PVC Patients In The Salah Azaiez Institute, 12 Met Inclusion Criteria. The Mean Age Was 55,7 Years. EXBR Alone Was Performed In 6 Patients, Whereas The Combination Of EXBR And BT Was Performed In 3 Patients And 3 Patients Underwent EXBR And Chemotherapy. The Mean Dose Of RT Was 52,4 Gy. All The Patients Underwent An Evaluation Under Anesthesia And We Found A Partial Vaginal Response (<50%) In 10 Patients, Whereas 2 Had A Complete Vaginal Response But A Persistent Inguinal Lymph Nodes. Six Patients Underwent Pelvic Exenteration, 3 Colpohysterctomy With Pelvic Lymphade nectomy, 2 Inguinal Lymph Nodes Dissection And One Partial Vaginectomy With Pelvic Lymphadenectomy. The Median Follow-Up Was 28.3 Months. Two Patients Died In Post Operatory, 5 Were Free Of Disease During The Follow Up, And Five Experienced Recurrence And They Had A Palliative Care.
Conclusion: Further Investigations Seem To Be Justified To Identify The Right Patient For Surgical Salvage Treatment For PVC_

UTERINE LEIOMYOSARCOMAS: ABOUT 11 CASES, EXPERIENCE OF THE MEDICAL ONCOLOGY SERVICE OF FES HASSAN II HOSPITAL UNIVERSITY

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Introduction: Uterine leiomyosarcomas are rare malignant tumors of a conjunctive nature, developed at the expense of the

mesenchymal elements of the myometrium. Their diagnosis is usually made postoperatively. They are characterized by a great heterogeneity on the anatomopathological plan. The aim of our work was to clarify the therapeutic and evolutionary epidemiological characteristics of patients with uterine leiomyosarcoma.
Methods: This i s a retrospective study conducted in the medical oncology department of the HASSAN II hospital university in Fez, including patients presenting an uterine leiomyosarcoma over a period stretching from January 2012 to December 2017.
Results: 11 cases were recorded, the average age of our patients was 50 years. The tumor stage was localized in 3 cases and metastatic in 8 cases. All our patients were treated surgically. Radiotherapy was performed in 4 patients including 3 cases in adjuvant and 1 case in palliative. Chemotherapy was administered in 10 patients including 2 cases in adjuvant situation and 8 cases in palliative situation. The protocols used were gemcitabine docetaxel in 6 patients in metastatic situation in 1st line and 2 patients in 2nd line, the doxorubicin protocol was administered in 2 patients in 1st line and 3 patients in 2nd line, the protocol MAI has administered to 2 patients in adjuvant setting. The evolution was marked by a clinical and radiological stability in 3 patients, a response in 2 patients, a progression in 5 patients and a death in 1 patient The most common adverse effects were: asthenia in 8 patients, hematologic in 5 patients (febrile neutropenia, pancytopenia), digestive in 10 patients (diarrhea, nausea, anorexia, abdominal pain, vomiting).
Conclusion: Uterine leiomyosarcomas have an unfavorable prognosis. The diagnosis is often late, mainly on the operative part. The stage of the disease remains the main prognostic factor.

STRUMA OVARII: REPORT OF 8 CASES

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Introduction: Struma ovarii is a rare form of mature teratoma of the ovary and represents about 1.0% of all ovarian neoplasms. This tumor is composed entirely or in part of thyroid tissue and is generally benign. Due to non-specific clinical and imaging presentation, struma ovarii could mimics ovarian malignancy.
Methods: Between 1985 and 2015, eight patients with struma ovarii treated at Salah Azaiez Institute were reviewed retro spectively.
Results: The median age of patients was 50 years ranged from 29 to 74 years. MRI and ultrasound imaging showed suspected unilateral ovarian tumor in all cases and ascitis in 2 cases. The largest tumour was 15 cms in great dimension. There was no elevation of CA-125 level in all cases. All patients underwent surgical removal of ovarian cyst or mass by laparotomies (1 cystectomy and 9 total hysterectomy and bilateral salpingo-oopherectomy) including intraoperative frozen section sampling in 6 cases. Histology revealed benign struma ovarii in all cases. The median follow-up period was 40 months (range 2–144 months). No recurrence was noted. One patient developed thyroid disease (multinodular thyroid goiter) immediately after surgical treatment.
Conclusion: Struma ovarii is characterized by is its rarety and the difficulty of preoperatory diagnosis. Simple surgery is recommended for patients with this neoplasm, especially if they have fertility potential. Occurrence of thyroid nodules following gynecologic surgery was described in literature.

ON AND OFF MAINTENANCE CHEMOTHERAPY IN OVARIAN CANCER

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Introduction:the role of maintenance chemotherapy in patients with epithelial ovarian cancer who have achieved remission after initial surgery and induction chemotherapy,is controversial.Different schedules was tested with out major survival impact Inthis trial we test on and off schedule of maintenance aiming at a better treatment tolerance with a lesser side effects 30 cases of epithelial ovarian cancer patients was scheduled for an on and off secedule of maintenance chemotherapy after finishing there adjuvant post surgery full 6 cycles of carboplatin paclitaxel,in the form of one cycle of paclitaxel 85mg/m2 per week for 3 weeks,this cycle was taken asa one 3weekly secedule every 3 months for 1 year,Thosepatients was tested against observational patients without maintenance,the trail was conducted in the period between 2013 and 2015 Primary objectives was testing this unique maintenance schedules for Progression free survival PFS,and the possible toxicities
Results:proof of effectiveness was found; the pooled probability of progression-free survival (PFS) for maintenance chemotherapy vs. observation alone was .84 ,(95% confidence interval [CI]: 0.72 to0.91.There were no grade 3 or 4 hematological and non-hematological toxicities in the study group.
Conclusion: Hence, this meta-analysis concluded that maintenance chemotherapy was superior to observation alone, and the sceduleof on and off maintenance is a valied option for further bigger group study

MANAGEMENT FOR PRIMARY CERVICAL CANCER: EXPERIENCE OF NATIONAL INSTITUTE OF ONCOLOGYIN RABAT MOROCCO

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Objective: To evaluate the efficacy of concurrent chemoradiation and brachytherapy in primary cancer of uterine cervix.

Study Design:retrospective analysis of Case series
Place and Duration of Study: Department of radiotherapy oncology, National Institute of Oncology Mohammed Ben Abdellah, Rabat, from January 2012 to December 2012.
Methods: Medical records were collected of 273 patients with cervical cancer who had been treated with radiotherapy from January 2012 to December 2012.
Results:273 patients were referred to our institute, 224 patients with a workable record.The median age was 52 with extreme ages of 24 and 83 years old. The main signs were metrorrhagia in 84% of cases, leucorrhoea 74.5% and pelvic pain in 47.5% of patients. Histological confirmation was obtained by a biopsy of the cervix. Squamous cell carcinoma was the most common histologic type (91.6% of cases). The majority(91.5%) of patients had locally advanced tumours (stage: **Ib2, IIa2, IIb, III, Iva of**

Figo) ; 33% had pelvic and / or lumbar-aortic lymphadenopathy and 4 patients were metastatic.60% of the patients had an initial haemoglobin ≥12g / dl, 24.3% had a rate between 10-11.9 g / dl and in 15.7% this rate was <10g / dl All patients received treatment with three-dimensional conformal radiotherapy according to the following modalities: exclusive radiotherapy in 38.4% of cases, radiotherapy + brachytherapy in 44.2% of cases, radiotherapy + adjuvant surgery + / - brachytherapy in 7.6% of patients, postoperative radiotherapy / brachytherapy in 5.8% of patients and 4% has a palliative radiotherapy. Concomitant chemotherapy wasadministered in 86.1% ofpatientsThe mean overall treatment time was 64.3 days (+/- 15.2):<56 days: 28.2% and ≥56 days: 71.8%. In the group RTH + brachytherapy; the average overall treatment time was 70.5 days [38 to 126] and the average delay between radiotherapy and brachytherapy is 17 days [3-4 days]. In the exclusive RTH group, the mean overall treatment was 60.9 days [48-97 d].
During treatment, About, 44.2% patients developed vomiting, 29.5% patients had diarrhea, 44.8% had anhaematological toxicity,40.3% had anemia and 9.2% patients had neutropenia With a mean follow-up of 28 months (± 15.2); 189 patients (84.4%) wereregulary followed and 35 (15.6%) were lost to follow-up. At 3 years, Overall survival (OS) was61% and Disease-free survival (DFS)was 63%.
As shown by multivariate analysis and after adjustment for different prognostic factors; whowere significantly related to overall survival in the univariate analysis; Only initial Hb<12 g / dl, number of concomitant CMT courses administered and the occurrence of recurrence were significantly correlated with the survival time
Conclusion: the concurrent chemoradiationfollowed by uterovaginal brachytherapy is the standard treatment of locally advanced cervical cancer with good results in OS and DFS .

THE MRNA E6/E7 OF HPV IN SCREENING OF CERVICAL CANCER

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Introduction: In the world, cervical cancer is the second gynecological cancer with approximately 500000 new cases and 270000 deaths each year. Its impact is remarkably higher in the developing countries, where it is the leading cause of cancer death in women. While in developed countries the incidence and mortality have declined significantly, thanks to a better knowledge of epidemiology and especially through screening practices.
Methods and Results: Human papillomavirus (HPV); sexually transmitted; is the main pathogen in carcinogenesis by inducing precancerous lesions that evolve towards cancerous lesions.However their pathogenicity is different according to the genotype of virus. 15 of them are characterized with high oncogenic potential for cervix of which 8 types (16.18.31.33.35.45.52 et 58) were involved in 95% of cervical cancers uterine.HPV16 is the most common genotype, it is involved in 70-90% of cancer cases.HPV18, the second, is involved in 10-12% of cases. The prevention against cervical cancer consists in detecting and therefore in treating precancerous lesions or cancers at an early stage. It is currently based on two complementary strategies: cervical uterine smear screening and vaccination against HPV . The cytology screening has certainly enabled a 50% reduction in mortality ,but this policy now shown its limits, since 30% of cancers diagnosed are in women who practiced smear at a regular pace . Several trials comparing cytology screening and viral load have been published whose aim is the comparison of the results in terms of sensitivity, specificity, and value of predictive tests used.The improvement of the sensitivity passes by virological testing HPV as first-line increases by 25% on average . the counterparty of this higher sensitivity is a decrease in the specificity of the fact that infections are transient,with viral clearance spontaneous. The alternative is to direct the research of the viral mRNA E6/E7 ,which has an equivalent sensitivity to DNA testing but is not positive as in the case of viral infection –active and persistent . the interest of this test has been demonstrated both in the primary screening of the lesions precancereuses high-grade than in the sort of women with lesiosof type ASCUS or LSIL.
Conclusion: Cervical cancer is an important issue in women's reproductive health, especially in developing countries. It is the major cause of death due to cancer in women. However; this cancer has the particularity of being largely preventable by screening programs. The latter require a high level of organization and management .We must actively invite women who are exposed to the disease to be screened, guarantee the quality of the examinations and treatments.

LEUCOCYTOSIS AS A PROGNOSTIC FACTOR IN PATIENTS WITH METASTATIC CERVICAL CANCER

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Introduction: The prognostic factors of cervical cancer are well established. They are mainly based on the FIGO classification stage and hemoglobin levels. Despite the fact that paraneoplastic leukocytosis is relatively common in many solid tumors, only isolated cases of cervical cancer with this abnormality have been published. The purpose of this study was to establish the correlation between leukocytosis and survival in patients with metastatic cervical cancer.
Methods: We retrospectively reviewed 130 cases of metastatic cervical cancer diagnosed between January 2010 and December 2017 at the department of medical oncology, Hassan II University Hospital, Fez, Morocco. Complete blood counts were performed at the time of diagnosis and prior to treatment. Leucocytosis was defined as an absolute white blood cell count >10.000/mm3; with no evidence of infection. We used the Kaplan-Meier method and Cox model to estimate overall survival (OS) and progression free survival (PFS).
Results: Median age was 53.8 years (+/- 11.351). 56,9% (74) of patients had leucocytosis at diagnosis with a mean of 15820/mm3;. Leucocytosis was more frequently associated with poor performance status (2/4 on the ECOG scale) (p = 0.0004) and anemia (p = 0.04). However, it was not correlated to age (p= 0,35) , number of metastatic sites (p= 0,06) , lymph node metastasis, liver metastasis (p= 0,57), and hypoalbuminemia (p= 0,33). 64.7% () of patients were treated with platinum based chemotherapy. The median duration of follow-up was 12,4months (range: 1 - 29 months). On univariate analysis, Leucocytosis was significantly associated with shorter OS (mean: 6,7vs 9.5 months, p = 0,007). The PFS was not significantly different (mean: 5 vs 5,3 months, p = 0.9). On multivariate analysis, leucocytosis was independent negative

prognostic factor for OS.
Conclusion: Our results suggest that leucocytosis is probably an indicator for poorer outcome in metastatic cervical cancer. Prospective clinical trials are needed to confirm or deny the prognostic role of leucocytosis in this cancer.

RESULTS OF RADIOTHERAPY IN THE TREATMENT OF CERVICAL PARAGANGLIOMAS

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Introduction: Paraganglioms (PGs) are rare neuroendocrine tumors. Their richly vascularized nature can make surgery difficult or even impossible.
The main objective of this study was to evaluate the results of radiotherapy proposed as an alternative to surgery or as a salvage treatment option.
Methods:This is a retrospective study of 10 cases of PG in 7 patients (1 patient with 2 lesions and 1 with 3 lesions) diagnosed in 5 women and 2 men (2 brothers). The median age was 42 years (34-61 years). The average size of tumors was 30.8 mm (20- 40mm). The diagnosis was made on the characteristic radiological features in 8 cases and on the histological data in two cases. Six patients had an exclusive conformal Radiotherapy. One patient had salvage radiotherapy for a postoperative recurrence. A lesion was not treated (asymptomatic contralateral localization of small size). The average dose of RT was 51.5Gy (45-54Gy)
Results: After a median follow-up of 44 months, no clinical or radiological progression was observed in the followed patients (five cases of radiological stabilization and 3 cases of regression tumor volume were observed on the successive control images). The tolerance was good (dysphagia and dermatitis grade 1 in one patient and another patient showed localized alopecia).
Conclusion: Radiation therapy may be proposed for the treatment of inoperable or recurrent cervical paragangliomas with excellent tumor control and good tolerance. Whether to treat with 3DCRT, IMRT or SRT depends on the available equipment but tumor control is almost equivalent.

INTERFRACTION VARIATION OF DOSE TO CLINICAL TARGET VOLUME (CTV) AND ORGANS AT RISK (OAR) IN CT-BASED INTRACAVITARY HIGH DOSE RATE BRACHYTHERAPY FOR CERVICAL CANCER

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Introduction: Cervical Carcinoma Is The Second Most Common Cancer In The Developing World And The Third Most Common Cause Of Death. Radiotherapy Plays A Major Role In Management Of These Cancers. The Use Of Brachytherapy (BT) After External Beam Radiotherapy (EBRT) Improves Overall Survival And Local Control. We Study The Dose Variations To CTV And OAR(rectum, bladder and Each Fraction In 30 Patients Treated For Cervical Cancer.
Methods: Dosimetric Study Of 30 Patients Treated With Intracavitary Brachytherapy For Cervical Cancer Between December 2017 And January 2018 Analysis Made With SPSS, Dose Comparison With Friedman Test. The difference was considered statistically significant when the P value was smaller than 0.05.
Results: A Total of 120 Fractions from 30 Patients (Median: 61 Years Age; Range: 37–82 Years) For All Of The Patients, Squamous Cell Carcinoma Was Found. The Tumor Stages Were Determined According To The International Federation Of Gynecology And Obstetrics (FIGO) Classification As Stage IIB For Twenty Patients, Stage IIA For Five Patients, And Stage IIIB Five Patients. Al l patients were received EBRT. The Total Prescribed Dose of BT For Each Patient Was 28 Gy (7Gy/Fraction). The variation of dose in each fraction was not significant for CTV, bladder and rectum. Median of linear–quadratic equivalent dose for 2 Gy fractions (LQED2) EBRT and BT was for CTV 93,1 Gy (Range: 85,4–87,4 Gy), for bladder 82,5 Gy (Range: 66,8–96 Gy) and rectum 66,5 Gy (Range: (59–78,4 Gy).
Conclusion: CT guided brachytherapy may allow further dose escalation and decreased normal tissue toxicities

RADIOTHERAPY IN CERVICAL CANCER:DOSIMETRIC COMPARISON OFOBLIQUES BEAMS TECHNIQUE AND THE CLASSIC «BOX TECHNIQUE» IN THREE-DIMENSIONAL CONFORMAL RADIATION THERAPY

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Backrgound and purpose: The treatment of locally advanced cervical cancer is external beam radiotherapy to the pelvis alone or in combination with chemotherapy, followed by intracavitarybrachytherapy.The objective of this study was to evaluate the role of a new Three-Dimensional Conformal Radiation Therapy (3DCRT) technique in reducing the dose to organs at risk (OARs) as compared with the classic 3DCRT plan which is the box technique with respect to target volume coverage.
Methods: We conducted a comparative planning study of forty one patients with cervical cancer treated with radiation therapy, between April 2017 and November 2017 at the National Institute of Oncology in Rabat .Two plans in 3DCRT were done for every patient; one using 6 beams and the second one using the conventional box technique (4 beams). Then, the two plans were compared adopting dose volume histograms (DVH) analysis for theplanning target volume(PTV), bladder, rectumand both femoral heads.
Results: Comparing different plans of treatment, it was shown that the planning target volume was sufficiently covered in both plans, although, it was demonstrated that the 6 beams conformal radiation therapy technique decreased doses reaching all OARs.
Conclusion: From the present study, it is concluded that 6 beams CRT technique spared more adequately OARs than box technique. Hence, it might be a good solution in centres don't yet have intensity- modulated radiation therapy (IMRT).

PROGNOSTIC FACTORS OF PRIMARY ADENOCARCINOMA OF THE UTERINE CERVIX

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Introduction: Cervical adenocarcinoma is known for its unfavorable outcome, and it remains controversial whether this is due to a late detection by the cervical Papanicolaou test or poorer response to radiotherapy when compared with squamous cell carcinoma. The purpose of this study was to evaluate the outcome of patients with cervical adenocarcinoma and to determine the characteristics and the prognostic factors of this entity
Methods: A retrospective study was done in the Department of Surgical Oncology of the Salah Azaiz Institute of Tunis with 31 cases of invasive adenocarcinoma of the uterine cervix that were collected from 2000 to 2015.
Results: Mean age was 53 years, and metrorrhagia was mostly revealing in 82% of the cases. Mean size of the tumor was 4 cm. FIGO stage IIb was found in 47% of cases. Treatment consisted of a radiosurgical combination in 23 cases; exclusive radiotherapy was practiced with 9 patients. The 5 year-overall and disease-free survival percentages were, respectively, 54,6% and 58,8%. Prognostic factors were age, FIGO stage, response to radiotherapy and lymph nodes involvement. With the use of multivariate analysis, only response to radiotherapy and lymph node metastases re mained significant prognostic factors.
Conclusion: This report shows survival and prognostic factors that are similar to those found in previous studies.

CERVICAL CANCER IN YOUNG WOMEN: A POORER DIAGNOSIS?

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Introduction: Young patients with uterine cervix cancer have been reported to have poorer survival and to relapse more frequently. The purpose of this work is to determinate the underlining causes of this poor prognosis by comparing the clinicopathologic and treatement charecteristics of young women to older ones.
Methods: We retrospectivly reviewed 329 cases of cervical cancer treated at Salah Azaiez Institute from 2000 to 2015. Chi-squared test and fisher's test were employed to compare the clinico-pathologic characterestics. Kaplan-Meier survival curves were generated for each stage and stratified for age. The log-rank test was used to compare the survival of younger and older patients at each stage.
Results: Eleven patients were aged under 30 years old. Initial presentation were comparable between the younger and the older patients in tumoral size (p=0,27), FIGO stage (p=0,83), histological subtype (p=0,25) and differentiation (p=0,87). A radio-surgical treatement was performed in 63% of cases in the young group and in 67% in the control group (p=0,575). A complete pathological response was seen respectively in 57% and 47% of cases (p=0,7). The 5 year overall survival showed a tendency to a worse prognosis in y ounger patients (28,3% vs 49,6% ; p=0,09), Nevetheless, 5 years overall survival in FIGO stages up to IIB was lower for the younger patients (14,3% vs 46,8% ; p=0,007).
Conclusion: Despite young cervical cancer patients showed similar clinopathological and therapeutic characterestics to the general population, prognosis was worse especially in the more advanced stages.

RADIO-SURGICAL MORBIDITY IN ADVANCED CERVICAL CANCER

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Introduction: Standard treatment in locally advanced cervical cancer is definitive radio-chemotherapy followed by brachytherapy. Completion surgery in this setting is known to have a high morbidity rate. Nevertheless, this surgery when performed by expert's centers could enhance the local control rate with low morbidity. The aim of this study is report the morbidity of this approach.
Methods: We reviewed 216 advanced cervical cancer patients (FIGO IB2-IVA) who had a radio-surgical treatment in Salah Azaiez Institute from 2000 to 2015.
Results: Mean age was 51 years old. FIGO stage IIB was the most represented (60%). One hundred eighty one patients (83,79%) had definitive radiotherapy delivering 45 GY from whom 145 patients (80,11%) had completion brachytherapy. Thirty-five patients (16,2%) had definitive brachytherapy delivering 60 GY. Two hundred and one patients had a radical hysterectomy (93,01%), 10 patients had simple hysterectomy (4,6%) and 12 patients had pelvic exenteration (5,6%). Eighteen patients were unresectable (8,3%) and two operative reports were missing (0,9%). Intra-operative complications were represented by the major bleeding incidents (1,38%), one ureteral wound (0,46%) and one rectal wound (0,4 6%). Early post-operative complications were represented by eight urinay tract infections (3,7%), six deep vein thrombosis (2,7%), four wound infections (1,85%) and one pneumonitis (0,46%). After a mean delay of 6 days, patients were discharged. Late compliactions were represented by 30 lymphedemas (13,88%), one vesico-vaginal fistula (0,46%) and one recto-vaginal fistula (0,46%).
Conclusion: Radio-surgical approach of advanced cervical cancer is safe when performed in an expert's center

CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES OF TUNISIAN PATIENTS WITH STAGE I MALIGNANT OVARIAN GERM CELL TUMOR (MOGCT):

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Introduction: MOGCTs are rare (2-5% of all ovarian malignancies) and often diagnosed At an early stage of the disease. This study aimed to determine the clinical features and the treatment outcomes of patients with stage I MOGCT.
Methods: We retrospectively selected 73 patients with stage I MOGCT treated between 1984-2012. The Overall survival (OS) and the evaluation of possible prognostic factors were calculated using respectively the Kaplan-Meier and the log-rank methods (p<0, 05).
Results: The median patient age was 23 years (range 8–76). The histological type was dysgerminoma in 21, immature teratoma in 32((15 grade I, 5 grade II, and 12 grade III), yolk sac tumor in 8, and mixed MOGCT in 5 cases. Fifty patients were stage IA, 4 was IB, and 19 were IC. Sixty six percent of patients underwent fertility-sparing surgery and pelvic and para-aortic lymphadenectomy were performed in 30 % of cases. After a median follow-up of 74 months (range 7 –182), recurrence of disease occurred in 8 .The 10-year overall survival rate was 83%. The histological type, the stage IC, the type of surgery, the pelvic and para-aortic lymphadenectomy and the administration of adjuvant chemotherapy did not correlate with patients outcomes.
Conclusion: This study shows that surveillance seems not to affect survival in stage I MOGCT. The Chemotherapy should be reserved for relapse.

FERTILITY AFTER GESTATIONAL TROPHOBLASTIC NEOPLASIA: SALAH AZAIEZ INSTITUTE EXPERIENCE

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Introduction: Gestational trophoblastic disease (GTD) is uncommon. Its frequency in Tunisia is one per 918 deliveries. The aim of this study is to evaluate subsequent pregnancy experience in patients following chemotherapy for malignant form of gestational trophoblastic at Salah Azaiez Institute (ISA).
Methods: During the period of 31 years (1981 to 2012), 109 patients with gestational trophoblastic neoplasia (GTN) were treated in Salah Azaiez institute. Am ong them 42 patients were included in this study.Patients who underwent hysterectomy, lost from seen,with incomplete response and aged more than 40 years old were excluded. Data about fertility were collected from clinical records of patients and statistical analyses were done using SPSS 20.0 software.
Results: The median age was 29 years old, ranged between 18 and 39 years. Most of them were G3 P1. Estrogen/progestin contraception was the most used contraceptive method. After achieving treatment, thirteen conceptions were reported resulting in no molar pregnancy: 3 miscarriage and 10 full-term pregnancies. The mean time to pregnancy after achieving treatment was 37 months (range 8-123 months). Nine patients had full-term healthy births and a still birth in one case. One patient had repeated artificial insemination failure.
Conclusion: After Successful Treatement of gestational trophoblastic neoplasia, our patients had a normal healthy pregnancies, prospective study are needed to well evaluate the reproductive outcome.

BORDERLINE TUMORS OF THE OVAIRE: WHAT FEATURES?

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Introduction: Borderline ovarian tumors (BOT) are defined as atypical cell proliferation without invasion of the stroma. They represent 10 to 20% of malignant epithelial tumors of the ovary.
The average age of onset is 10 years younger than that of carcinomas, so in young patients who theoretically want to benefit from a treatment to preserve their subsequent fertility, which makes us think of a compromise between a radical or conservative treatment which would preserve this fertility.
Methods: In order to analyze our behavior in front of a BOT and to propose, through our experience and a recent review of the literature, the most adapted case management, we carried out a retrospective study about 15 cases of BOT, in the service Obstetrics and Gynecology Center at the Maternity and Neonatology Center from January 2007 to December 2014.
Results: The average age of the patients was 38.6 years old. The abdomino pelvic pains and the increase of the abdominal volume were noted respectively in 53.3% and 33.3% of the cases.
The abdominopelvic ultrasound was performed in all our patients. The average tumor size was 120 mm. There is no specific serum marker for ovarian tumors and in particular BOT. the extemporaneous examination was performed in 12 cases.
The initial surgical approach in our study was a medial umbilical laparotomy in 12 cases and laparoscopic surgery in the other 3 cases. In one case, median laparo-conversion was used in view of the suspect appearance of the tumor. We performed conservative treatment in 11 cases and radical treatment in 4 cases. Staging was performed in 11 cases. No lymph node dissection was performed. We did not notice any major complications. Serous tumors represented 43% and mucinous 57%. These tumors were classified stage I in all cases. No recurrence was found during our study. Survival is 100% with a mean follow-up of 42 months. Three patients who received conservative treatment had spontaneous pregnancies.
Conclusion:BOT affect young women. Infertility is a significant risk factor in the occurrence of BOT.
No paraclinical examination can confirm the borderline nature of the ovarian tumor. Conservative treatment is often recommended especially for young women. Staging is required for the extemporaneous examination. Ganglion dissection does not improve survival. Adjuvant treatment seems ineffective except in the case of invasive implants.

MANAGEMENT OF UTERINE SARCOMAS AND THERAPEUTIC EVALUATION

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Introduction: Uterine sarcoma (US) is a rare and aggressive tumor with significant histological and clinical diversity. Generally the diagnosis is made late. Stage, tumor grade and age are the main prognostic factors. The treatment is based on surgery. Adjuvant radiotherapy improves local control. Chemotherapy is used in metastatic disease. The overall prognosis is really bad.
Objectives: To evaluate the epidemiological, clinical, histological, therapeutic and prognostic characteristics of uterine sarcomas.
Methods:A retrospective, descriptive and analytical study, spread over 10 years (January 2007-December 2016) and involving 33 cases of uterine sarcoma treated at the Obstetrics and Gynecology Maternity Center in Monastir.
Results: The median age was 50 years old. The most common histological subtype was leiomyosarcoma in almost half of the cases. 30% of the patients were operated with a strong suspicion of US.
According to the FIGO classification: 50% were stage I, 5.9% stage II, 8.8% stage III and 27.5% stage IV. 27 patients were operated on. Total hysterectomy with bilateral salpingo-oophorectomy was performed in 80% of cases. Adjuvant therapy consisted of radiotherapy in 20 cases and chemotherapy in 4 cases. The average follow-up was 41 months. Local recurrences were noted in 41.2% of patients. Fatal failure occurred in 26.5% of patients. Overall survival, survival without local recurrence and survival without metastases were 33.7%, 49.4% and 63.3% at 5 years, respectively. At age 10, they were respectively 32.3%, 45.1% and 56%.
Histologic grade was an independent factor influencing overall survival, survival without local or distant recurrence.
Conclusion: Complete surgical resection without tumor residues was correlated with better local control and improved globe survival. survival without local recurrence was also significantly influenced by the FIGO stage and the presence of vascular invasion

THERAPEUTIC RESULT OF THE LARYNGEAL PRESERVATION PROTOCOL

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Introduction: The treatment of advanced laryngeal cancer has always consisted of radical surgery. The combination of radiotherapy and chemotherapy tends to preserve the larynx. We report our experience of the laryngeal preservation strategy.
Methods: We retrospectively collected 15 cases of advanced laryngeal cancer treated according to the laryngeal preservation protocol over an 8-year period from 01/01/2008 to 31/12/2015.
Results: The median age was 61.26 years (37-76 years). The most frequent site of the tumor was glottic with supra-glottal extension in 46.67%. The tumor was classified T3N0M0 in 13 cases, and T2N0M0 in 2 cases, according to the TNM 2010 classification. First Docetaxel-Cisplatin-5Fluouracil based chemotherapy was given in 5 cases (33.33%). Radiotherapy was exclusive in 4 cases, and associated with concomitant chemotherapy in 10 cases. Computed tomography showed complete disappearance of tumor lesion in 35.71% of cases, partial regression in 28.57%, and locoregional tumor progression in 7.14%. Laryngoscopy was normal in 40%. The mean survival (MS) was 82.37 months. The 1-year and 5-year overall survival (OS) rates were 86% and 78%, respectively. The MS with a functional larynx was 74.3 months. Laryngeal preservation rates at 1 year and 3 years were 79% and 70%, respectively. Relapse-free survival (RFS) was 74.47 months.
Conclusion: In our series, the MS was 82.37 months, and the estimated OS rates at 1 year and 5 years were 86%, 78%. These rates are higher than those reported in the literature. In the Veterans trial the 2-year and 3-year OS were 68% and 53%, respectively. In the EORTC trial the 3-year and 5-year OS were 53% and 38%, respectively. Also, OS was 73% at 2 years and 60% at 3 years in the GORTEC 2000-01. This difference between the results could be explained by the stages of the tumors included in our series (only T2 / T3 N0) compared to those included in the other series (T2-T4 N0-N2).

RADIOTHERAPY FOR EXTERNAL AUDITORY CANAL TUMORS

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Introduction: External auditory canal cancers (EAC) are rare with an incidence of one per million inhabitants per year. Surgery is the gold standard of these cancers treatment and the place of radiotherapy is still controversial. The aim of our study is to present the therapeutic and prognostic features of EAC tumors treated with radiotherapy.
Methods: We report a series of 4 cases of EAC cancers treated in the department of radiotherapy, Sfax-Tunisia between 1997 and 2015. The mean age was 44 years (30-56 years). They were three men and one woman. The h istological type was a squamous cell carcinoma and the tumor was classified T4N0M0 according to the TNM classification in the four cases.
Results: Two patients received adjuvant radiotherapy (with concurrent chemotherapy in one case) after surgery with involved margins (R1 or R2 resection). Pulmonary metastasis was diagnosed in one patient after 18 months of follow-up. The other patient was in complete remission after 12 months. The third patient had an inoperable tumor and he was treated by radiotherapy at the dose of 66 Gy. After 12 months follow up, he died with loco regional progression of his disease. The fourth patient had a neo adjuvant chemotherapy followed by radiotherapy (65 Gy) with an incomplete response which was operated. The patient died after 26 months with cervical lymph node progression.
Conclusion: Despite therapeutic advances, squamous cell carcinoma of the EAC had a poor prognosis. Postoperative radiotherapy reduces the risk of local recurrence but does not improve survival. The chemo radiotherapy association is controversial and appears to improve the therapeutic results in case of positive surgical margins according to retrospective studies

ROLE OF NEOADJUVANT CHEMOTHERAPY IN THE TREATMENT OF UNDIFFERENTIATED LOCALLY ADVANCED NASOPHARYNGEAL CANCER

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Introduction: Nasopharyngeal carcinoma, particularly undifferentiated type (UCNT), is a rare disease characterized by the contribution of the Ebstein Barr virus (EBV) in its oncogenesis. The aim of our work was to define the role of neoadjuvant chemotherapy in locally advanced nasopharyngeal cancers.
Methods: We conducted a retrospective study included 30 patients with locallyadvanced UCNT from 2012 to 2017.
Results: There was 20 men and 10 women. The average age was 46 years old. Ganglionic syndrome is the most frequent reason for consultation (73%), followed by rhinological signs (56%), otological signs (30%) and neurological signs (10%). Paraneoplastic syndrome was found in one patient (dermatomyositis). According to TNM staging, we had 56% stage III, 27% IVa and 17% IVb. Twenty-three patients received neoadjuvant chemotherapy followed by concomitant chemoradiotherapy. Six patients received concomitant radiochemotherapy alone. At the end of the treatment, the response was complete in 22 patients, partial in four, and progression in four patients. five patients had relapsed. The 3-year and 5-year overall survival rates were 87% and 78%, respectively. For patients who received neoadjuvant chemotherapy followed by concomitant radiochemotherapy, overall survival at 3 years was 93% and at 5 years 83%. The average survival time without recurrence for these patients was 33 months.
Conclusion: The RT-CTpreceded or not by neoadjuvant chemotherapy, represents the best current therapeutic means for locally advanced nasopharyngeal cancer, allowing better locoregional control as well as a reduction of distant metastases. Innovative therapeutic should be tested, such as targeted therapies and immunotherapy

PROGNOSTIC FACTORS AND OUTCOMES FOR NASOPHARYNGEAL CARCINOMA IN TUNISIA: SALAH AZAIEZ INSTITUTE EXPERIENCE

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Introduction: Radiotherapy with concurrent chemotherapy (CCRT) is the standard of care for patients with locally advanced nasopharyngeal carcinoma (LANPC). The aim of this study was to evaluate the results of this standardized treatment over a period of 11 years and to identify pertinent factors for clinical outcome.
Methods: The records of 60 patients with histologically proven LANPC treated with CCRT in the SALAH AZAIZ Institut e of oncology from 2004 to 2014 were reviewed. Patients were staged according to the American Joint Committee on Cancer TNM 2009 (7th edition). The treatment regimen consisted of weekly cisplatin (40 mg/m²) and conventional 2D radiotherapy. Demographics, stages at presentation and treatment responses were determined and correlated with overall survival (OS).
Results: Median age was 51 years. Most patients (63.4%) had T3-T4 stage and only 5% presented with N3 stage. 46.6% had stage-IV disease. Median duration of radiotherapy was 62 days (28-136). The vast majority of patients (82.8%) received more than 4 cycles of chemotherapy. After a median follow-up of 48 months (13-155), complete clinical response was achieved in 35 patients (58.3%), partial clinical response in 23 patients (38.3%) and 2 progressed. The 5-year OS rate was 76.5 %.On multivariate analysis, N3 stage (p=0.0 14), number of chemotherapy's cycles (p=0.045) and residual disease (p=0.028) were independent factors for OS. Otherwise, comparisons did not reveal statistically significant differences between patients with T0-1, T2-3 and T4 disease (p=0.48).
Conclusion: Identifying prognostic factors in LANPC is very valuable for clinicians to discuss the role of neoadjuvant or adjuvant chemotherapy in improving survival rates.

PREDICTIVE FACTORS FOR RELAPSE IN PATIENTS WITH LOCALLY ADVANCED NASOPHARYNGEAL CARCINOMA TREATED WITH CONCOMITANT CHEMOTHERAPY AND RADIOTHERAPY

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Introduction: Although combination of chemotherapy to radiotherapy (CCRT) has improved mortality and disease free survival (DFS) in the management of locally advanced nasopharyngeal carcinoma (LANPC), the rate of relapse remains unacceptably high and more personalized approaches should be employed. The aim of our study was to evaluate the different factors that might be associated with the occurrence of relapse in LANPC undergoing CCRT.
Methods: We identified 60 patients diagnosed with LANPC and treated with CCRT in our institution from 2004 to 2014. Disease relapse was detected on follow-up imaging, histological workup or both. Cox regression analysis was performed to identify significant prognostic factors involved in tumor relapse. DFS was defined as the time from diagnosis until date of local, loco-regional or systemic recurrence or death.
Results: After a median follow-up of 48 months (13-155), DFS rate was 72.4%. Among the 58 patients achieving complete or partial response, 42 patients remained free from recurrence (72.4%), 4 patients (6.9%) experienced local recurrence, 1 patient (1.7%) loco-regional recurrence and 11 patients (19%) distant failure. Bone was the most frequently involved site (33%). Median time to relapse was 11 months (8- 40 months). Mu ltivariate analysis showed that the risk of relapse was increased in patients who did not achieve a complete response after CCRT (p=0.021) and those receiving less than 4 cycles of chemotherapy (p=0.008).
Conclusion: A better knowledge of predictive factors for relapse helps us select high-risk patients who can benefit from adjuvant chemotherapy in order to optimize survival and reduce disease recurrence.

LOCALLY ADVANCED NASOPHARYNGEAL CARCINOMA OF ADULTS

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Introduction: Nasopharyngeal carcinoma is an exception of head and neck cancers to different factors.Its topography and slow evolution explain the clinical latency and its frequently delayed diagnosis. It is a cancer that is radio-curable and chemo-sensitive. The current validated treatment of locally advanced forms is a concomitant radiochemotherapy, however the addition of neoadjuvant chemotherapy is a recommended approach for these forms.
Methods: Descriptive prospective study eval uating the efficacy of survival without recurrence and tolerance of the combination Cisplatin-Docetaxel-Capecitabine (PTX) induction (3 cycles) followed by concomitant radiochemotherapy in patients with locally advanced nasopharyngeal carcinoma recruited in Medical Oncology Department EHU ORAN between 2015 and 2017.
Results:56 patients were collected. The average age was 46.5 years [23-70]. The sex ratio was 3.66. The tumor was on the right side in 55% of cases. The most recovered histological type is UCNT (82%). 31% of all tumors were classified as stage III, 41% as stage IVA and 28% as stage IVB. After the end of the protocol and until the current time, 41 patients were evaluable (the rest is still during treatment). 44% complete response, 39% partial response and 17% stability were noted with toxicity that is generally acceptable. No relapse has been noted at this time.
Conclusion: Nasopharyngeal carcinoma remains a good prognosis if management is started early. However, induction chemotherapy followed by chemo-radiotherapy represents one of the most promising recent approaches.

THE USE OF CETUXIMAB IN LOCALLY ADVANCED AND METASTATIC UNDIFFERENTIATED NASOPHARYNGEAL CARCINOMA , THE EXPERIENCE OF A SINGLE CANCER CARE CENTER

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Introduction: Nasopharyngeal carcinoma (NPC) is a specific entity different from head and neck carcinoma. Incidence is higher in South-East Asia and in the Maghreb
Cetuximab is an epidermal growth factor receptor (EGFR) inhibitor, used for the treatment of head and neck cancer , but its efficacy in nasopharyngeal carcinoma is not yet established
The objective of our work is to show the efficacy of cetuximab in nasopharyngeal carcinoma.
Methods: Retrospective study including all patients with an undifferentiated carcinoma of nasopharyngeal tumors (UCNT, who have been treated by cetuximab from January 2012 to December 2017, in cancer car center Batna.
Result: We had 10 patients, median age was 44 years (28-61), sexe-ratio was 8/2 ,
10% stage III, 50% stage IVA, 10% stage IVB and 30% stage IVC (bone metastasis),
70% treated initially by chemotherapy (40% by doxorubicin +cisplatin , 10% by docetaxel+cisplatin+5 fluorouraci, 10% by docetaxel+cisplatin+capecitabine+cetuximab, 10% by cetuximab only) 30% treated by chemotherapy 1st metastatic line (20% by capecitabine+cetuximab+zoledrnic acid, 10% by doxorubicine +cisplatin+zoledrnic acid)
60% have treated by radio-chemotherapy;20% have a resistant disease , 10% local recurrences , 50% distant recurrence , 10% stable, 10% lost view, Than we administrated cetuximab as a 1st line in 40%, 2nd line in 30%, 30% in 3rd line
Patients tolerated treatment well, we had 80% GII of skin rash, 20% GI of diarrhea , 10% low magnesium level median time to progression with cetuximab was 20% in 3 months , 10% in 5 months , 10 % in 6 months , 10% in 10 months , 10% in 18 months , 20% remain stable , 20% lost view.
Conclusion: We had a weak rate of response to cetuximab in advanced and metastatic UCNT and a good profile of tolerance ,however our results need more investigations on a larger number of patients

PRIMARY NON-HODGKIN TONSILLAR LYMPHOMA: CLINICAL FEATURES AND THERAPEUTIC RESULTS.

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Introduction: Primary tonsillar Non-Hodgkin lymphoma (NHL) is a rare malignancy. Tounsil is the most frequently involved primary site for NHL in head and neck. We review the cases of primary tonsillar NHL treated in our department to analyze clinical features and therapeutic results.
Methods: We retrospectively reviewed nine cases of primary tonsillar NHL treated in the department of medical oncology of Gabes hospital. We focused on clinic-pathological features and therapeutic results.
Results: We enrolled nine cases from January 2012 to December 2016. There were three men and six women. Median age was 62 years (range 37-87 years). Five patients are aged upper to 65 years. The most common manifestations are dysphagia, unilateral tonsillar hypertrophy and ipsilateral lymphadenopathy. Two patients underwent tonsillectomy. In other cases several biopsy specimens were performed. Pathological study revealed a diffuse large B-cell lymphoma positive to CD20 in all cases. We observed more localized disease: stage I (2 cases), stage II (5 cases). Two patients aged 76 and 87 years old had stage IV disease with respectively medullary and lung involvement. Three patients had a high IPI score. Patients were treated according to the tunisian national protocol by a combination of immune-chemotherapy (Rituximab associated to CHOP or miniCEOP). One patient 87 years old with stage IV disease w as treated by oral cyclophosphamide and corticoids. Complete response was obtained in seven cases (77,7%). Disease progression occurs in two cases. Two patients relapsed six months later. One of them presented rectal adenocarcinoma. Three patients received COP regimen as salvage therapy. At time of the last follow up (31th December 2017) five patients (55,5%) were alive with a median survival of 63 months (range 49-71months).
Conclusion: Primary non Hodgkin tonsillar lymphoma had good prognosis. Combined immune-chemotherapy remain the standard of treatment. However chemoresistant cases, early relapse and advanced age were associated with poor prognosis and poor survival.

HEAD AND NECK SARCOMAS : ANALYSIS OF 9 CASES

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Introduction: Head and neck soft tissue sarcomas are rare and aggressive malignant tumors that account for 5-15% of all sarcomas. They display a variety ofhistological types and clinical characteristics.
There is a little consensus about the strategy of their treatment due to the lack of prospective trials and the few literature data.
Surgical resection remains the optimal treatment. Postoperative radiationtherapy can improve prognosis.
Methods: Nine patients were treated for head and neck sarcomas between 1995 to 2014 in radiation therapy department of Farhat Hached hospital,Sousse ,Tunisia.
Results: The median age of our patients was 62 years (27-77 years). The male: female sex ratio was 1.4.
The duration of symptoms at presentation ranged from 3 to 48 months with a median of 6 months. One patient consulted for recurrence of her tumor.
The predominant clinical symptom was a mass in 7 cases. The most common anatomical location affected was the maxillary sinus region constituting 44% of all tumors. The mean tumor size was 5.44cm.There were no cervical metastasis. Staging were complete for seven patients including CT scan, abdominal ultrasound and bone scintigraphy.
Surgical excision was performed for seven patients. However complete primary tumor resection with free margins were achieved only in five cases. Neck dissection was done for one patient for whom the biopsy revealed synovialosarcoma of the hypopharynx.
There were eight histopathologic variants of head and neck sarcomas found in this study and the most common type was synovialosarcoma found in two cases.
Adjuvant curative radiation therapy was indicated for six patients. It was done only for three of them. The mean dose was 58.8Gy (54-61.2Gy). The target volume included the bed tumor and the scar site.
Chemotherapy was neoadjuvant for a patient diagnosed with lymphosarcoma and was adjuvant for another who was diagnosed with rhabdomyosarcoma GIII completely resected.
After a median follow up of 11 months (3-72months), three patients developed local recurrences which were treated by surgery, palliative radiotherapy or chemotherapy. One patient presented bone metastasis after five years and six months of follow up, which was treated by palliative radiation therapy and chemotherapy and another patient presented pulmonary metastasis after four months then was lost of view.
Conclusion: Sarcomas of the head and neck are rare and represent a heterogeneous group of tumors with different histologic varieties. The advances in immunohistochimy and molecular biology have improved the classification of sarcomas.
Due to their anatomical location, they are characterized by a higher local recurrence rate, worse disease-specific survival and poor overall survival compared to other sites.
The modality of treatment depends on histological grade, tumor size and depth of invasion of the tumor as well as the presence of loco regional or distant metastases.
Their treatment is primary surgical including complete resection with free margins. Radiation therapy is indicated for high grade sarcomas, large tumors and close or positive margins.

SALIVARY GLAND CANCERS

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Introduction: Salivary gland cancers are uncommon cancers. They account for approximately 5% of head and neck tumors.
The therapeutic strategy depends on the pathology that distinguishes low grade tumors, high grade tumors and the level of extension appreciated according to the TNM classification.
Methods: We report a retrospective analysis of 39 patients treated in the department of medical oncology center Pierre and Marie Curie during the period January 2010 and May 2017 with analysis of anatomo-clinical characteristics and therapeutic modalities.
Results: There are 39 patients including 25 men and 14 women.
The average age is 55 [22-82] years
09 patients were smoking.
The localization of these tumors: 26 parotid, 07 under maxillary, 05 velopalatine (accessory salivary glands), 01catalyst.
The histological types are: adenocarcinomas, 04 acinar carcinomas, 01 carcinoma of the parotid carcinoma, 06 moco-epidermoid carcinomas, 10 epidermoid carcinomas, 06 cystic adenoid carcinomas, 01 cystadenolymphoma, 01 cystadenocarcinoma, 01 myoepithelial carcinoma sarcomatoid, 01 myoepithelial carcinoma , 02 poorly differentiated carcinoma, 01 mixed myoepithelial and mesenchymal tumor.
The average time to reccurent is 27 months
The sites of recurrence are: 12 local recurrence, 07 lymph node metastases, 08 pleuropulmonary, 01 cutaneous; 03 bone metastases.
23 patients were treated by surgery, 19 radiotherapy, 22 chemotherapy, 07 by targeted therapy (sorafenib, sunitunib, nimotuzumab)
The average survival is 86 months.
Conclusion: The low incidence, the pathological heterogeneity and the sometimes slow natural evolution of malignant tumors of the salivary glands make them complex. A multidisciplinary discussion is necessary for a better therapeutic planning.
Key-words :
Salivary gland, surgery, radiotherapy, chemotherapy, targeted therapy

PROGNOSTIC FACTORS AND SURVIVAL IN 41 PATIENTS WITH FOLLICULAR THYROID CARCINOMA

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Introduction: Follicular thyroid carcinoma (FTC) is a rare tumor. PTC and FTC are distinct and should be analyzed and reported separately. The aim of this study was to analyze the clincopathological and prognostic features in FTC.
Methods: This retrospective study was carried out in a group of 41 patients with FTC treated at carcinological institute Salah Azaiez of Tunisia between 2005–2015.
Results: The patients were 35 women and 6 men with a mean age of 51. The sex ratio was 0.17. At presentation, 9 patients presented with distant metastases. Median primary tumor size was 3 cm. The tumor was multicentric in 12 patients. Mean overall survival was 104 months and mean event-free survival

was 81 months. Two patients relapsed after 25 and 48 months. Eight patients progressed when they were treated with radio-iodine therapy. Clinical factors influencing overall survival included age>50 an, tumor size≥ 4cm, lymph node involvement, widely invasive subtype, distant metastases at presentation, mu lticentricity and advanced tumor stage (p<0.05). Vascular invasion, extensive capsular involvement and widely invasive subtype were associated with a poor event-free survival.
Conclusion: The prognosis of FTC depends on several factors. It is important to identify patients with low-risk and high-risk to manage the adequate treatment.

SOFT TISSUES SYNOVIALOSARCOMA: ABOUT 19 CASES

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sarcoma

Introduction: Synovial sarcoma is a rare soft tissue tumor that affects mostly young adults and adolescents. The origin of the tumor remains unknown but is characterized by a specific translocation t (X; 18) (p11; q11). Its diagnosis is based on histological examination. It is facilitated by immunohistochemistry but only the Molecular analysis allows the definitive diagnosis.
Methods: A descriptive retrospective study including 19 patients with soft tissue synovial sarcoma collected at Habib Bourguiba Hospital in Sfax during a period of 18 years was conducted. We collected the epidemiological, clinical, radiological, pathological, therapeutic and evolutionary data of these patients.
Results: The average age of our patients was 28 years old with a sex-ratio of 1.7. The main location of the tumor was the lower limb (12 cases) then the head and neck region (4 cases) and the upper limb (3 cases). The extension assessment showed pulmonary metastases in 2 cases. Histologically, our series included 11 cases of spindle-shaped monophasic synovial sarcoma (58%), 7 cases of biphasic synovial sarcoma (37%), and one case of poorly differentiated round-cell synovial sarcoma (5%). The tumors were classified, according to the FNCLCC system, grade II in 13 cases (68.4%) and grade III in 6 cases (31.6%). All our patients were operated. This surgery was associated with adjuvant chemotherapy in 4 cases and radiotherapy in 6 cases. The evolution was marked by the occurrence of local and / or metastatic relapses. The average follow up was 42 months. The 5-year and 10-year survival rates were 66.3% and 24.9%, respectively.
Conclusion: Synovial sarcoma is an aggressive high grade sarcoma with poor prognosis. The evolution in our study was marked by the occurrence of local and / or metastatic relapses, similar to data of literature. The 5-year survival rate varies between series from 25.2% to 76% while that of 10-year survival rate ranges from 11.2% to 63%. In our study, the 5-year and 10-year survival rates were 66.3% and 24.9%, respectively.

GASTROINTESTINAL STROMAL TUMOR: RETROSPECTIVE ANALYSIS

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Introduction: Gastrointestinal stromal tumors (GISTs) are unusual neoplasms arising from the interstitial cells of Cajal. GISTs are the most common mesenchymal tumors of the gastrointestinal tract. Diagnosis always requires immunohistochemical staining for the expression of c-KIT protein. This study was aimed to assess the main clinical, pathological and therapeutic characteristics of these tumors.
Methods: We conducted a retrospective study of all cases of GIST (confirmed by the positivity of CD 117 or DO G1) in Salah Azaiez Institute during a period of 7 years (2011-2018).
Results: Twenty seven cases were collected. The median age was 57 years. The most common presenting symptom was abdominal pain. The tumors were located in the stomach in 12 cases and in the small intestine in 8 cases. Seventeen patients underwent surgical resection with R0 in 14 cases. The main sites of metastases were liver. Five patients were treated with neoadjuvant Imatinib for an average of 43 months and 12 patients had adjuvant treatment. Two patients had surgery after neoadjuvant treatment. Twelve patients had received Imatinib in palliative. After a follow up of 12 Months, 3 patients developed recurrence or metastasis during or after adjuvant treatment. Eight patients treated in second line with Imatinib 800 mg qDay, 1 patient with sunitinib.
Conclusion: There is a large clinical variability among GIST cases. The mainstay treatment is surgery. The prognosis varies depending on the size and proliferation index, thus close follow-up should be performed. New molecular biology studies are needed in order to find therapeutic targets.

ANORECTAL MALIGNANT MELANOMA. REPORT OF TWO CASES

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Introduction: We report tow cases of primary anorectal malignant melanoma in order to discuss the various diagnostic problems, therapeutic modalities and to remind of the prognostic factors of this rare and unknown affliction. The diagnosis is unfortunately realized in the advanced stage.
Presentation of cases: Mr B.B, 74 years old, presented rectal hemorrhages and rectal syndrom since a year, the clinical examination showed rectal tumor that bleeds with touch. The mass has been biopsed during the rectoscopy and the diagnosis of the malignant melamoma has been confirmed. Abdominoperitoneal amputation had been realized.six months after,the patient presented local relapse and lymphatic gonglion.the desease is stable under chemotherapy.Mrs H.S, 67 years old, presented rectal hemorrhages that evolve since 3 months . The rectal touch emphasizes a budy rectal polypoid tumor about 8 cm that the biopsies confirmed the diagnosis of invasive malignant melanoma . Extension staging showed hepatic metastases. Abdominoperitoneal amputation and metastasectomy had been realized. a progression in the liver after sugery .the chemotherapy is started.

Conclusion: The inclusion of the primary anorectal malignant melanoma in the diagnosis of the afflictins of the anorectal region would permit an improvement of this affliction prognosis; this is still unfortunate when the diagnosis is late. Its treatment is still surgical; the role of the other therapies still needs to be defined.

EWING SARCOMA: EPIDEMIOLOGY AND PROGNOSTIC FACTORS

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Introduction: Ewing's sarcoma is an aggressive bone cancer that mostly affects young patients. The aim of this study was to describe the population affected by Ewing's sarcoma and identify prognostic factors for survival.
Methods: Our retrospective study was about 74 patients treated for a Ewing's sarcoma in Institut Salah Azaiz between January 1994 and December 2012.
Results: Median age was 18 years [4–54]. The sex-ratio was 1.38. The most frequent initial symptoms were bone pain in 38 patients (51.4%) and swelling in 26 patients (35.1%). Seventeen patients (23%) presented a specific fever at the initial diagnosis. The tumor was located in the bone in 66 patients (89.2%) and was extraosseous in 8 patients (10.8%). The median tumor's greater length was 100 mm [25–250]. Fifty-four patients (75%) had a localized disease at the initial work-up. We evaluated 47 patients with serum Lactate dehydrogenase (LDH) and found that 25 patients (53.2%) had elevated LDH. With a median follow-up of 14.6 months, 2 years-overall survival was 40.8% and 5 year-overall survival was 15.7%. In an univariate analysis, the presence of a specific fever, elevated LDH, progression under induction chemotherapy and metastatic Ewing sarcoma were associated with a significantly worse overall survival.
Conclusion: The treatment of Ewing's sarcoma is a challenge due to its poor prognosis and its onset in a young population. This study underlines the need for novel therapeutic strategies guided by the evaluation of individual risk factors and possible adverse effects.

SOFT TISSUE LEIOMYOSARCOMA: DIAGNOSTICS, MANAGEMENT AND PROGNOSIS: DATA OF THE REGISTRY CANCER OF THE CENTER OF TUNISIA.

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Introduction: Soft tissue leiomyosarcomas are rare, accounting for almost 1% of all sarcomas. They are aggressive tumors. Their management requires a multidisciplinary approach. Since there are few series published, we here analyze epidemiological pattern, clinical and pathologic featur es of Soft tissue leiomyosarcomas.
Methods: We conducted a retrospective study of 29 consecutive cases of histologically proven soft tissue leiomyosarcoma extracted from the database of the Cancer Registry of the Center of Tunisia and the department of pathology of Farhat Hached hospital of Sousse of Tunisia, during a 10-year period (January 1996 -December 2005). Epidemiologic details, clinico-pathological features and treatment modalities were assessed with focus on patient 5-year overall survival, tumor relapse and metastases.
Results: Soft tissue leiomyosarcoma accounted for 12,5 % of all sarcomas diagnosed at our pathology department. Most of patients were of advanced age (median: 52 years). There was a slight male predominance (sex-ratio=1,07).Tumors were located mostly in the lower limbs (45%).Deep sites as retroperitoneum was found only in 2 cases. Tumor measured more than 5 cm in 83% of cases. For 24 patients the disease was locally limited at moment of diagnosis. Surgical management was performed in 69% of cases. Follow up was marked by occurrence of metastasis in 6 cases. Overall 5-year-survival was about 24%.
Conclusion: Our study results highlight the scarcity of soft tissue leiomyosarcoma. Unfortunately, affection of the elderly, unusual sites, advanced stages of disease and economic margins of resection make prognosis poorer. Clinical course of soft tissue leiomyosarcoma is marked by local recurrence and metastasis.

MANAGEMENT OF SOFT TISSUE SARCOMAS : About 79 cases EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENT HASSAN II hospital university FES

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Introduction: Soft tissue sarcomas include a wide variety of malignant tumors of mesenchymal origin, occurring at all ages and in multiple locations. Their management requires multimodal treatment in a multidisciplinary approach. The objective of this study is to report the epidemiological, clinical, histological, therapeutic and evolutionary characteristics of soft tissue sarcomas.
Methods: This is a retrospective study conducted in the medical oncology department of the HASSAN II hospital university in Fez, including patients with soft tissue sarcoma during the period from January 2010 to December 2017.
Results:79 cases were listed, 38 men and 41 women. The average age was 45 (18-84 years old). The tumor was located at the extremities in 35 cases (44%), in the trunk in 32 cases (40%), 6 cases (9.23%) in retroperitoneal and 6 cases (7%) in the head and neck. The predominant histological types were synovial sarcoma in 22 cases (27%), leiomyosarcoma in 21 cases (26%) liposarcoma in 15 cases (18%), the other histological types accounted for 21 cases (26%) (Rhabdomyosarcoma 8 cases (10%), 4 Dermato fibrosarcomas (6%), angiosarcoma 3 cases (4%), 3 pleomorphic sarcomas (4%), 1 fibrosarcoma (1%), and 2 undifferentiated sarcomas (5%). The tumor stage was localized in 61% of cases and metastatic in 42% of cases. Thirty-four tumors (43%) were treated surgically, including 24 cases (30%) of conservative surgery and 10 cases (12%) of radical surgery. Radiotherapy was performed in 28 patients (35%) including 23 cases postoperatively and 5 cases palliative. Chemotherapy was administered in 55 patients (69%), of which 17 (21%) in adjuvant cases 9 cases in neoadjuvant situation and 29 cases in palliative situation. The chemotherapy protocols used were MAI in 30 patients (37%), Ifosfamide in 6 patients (9.23%), Gemcitabine Docetaxel in 8 patients (10%), Imatinib in 4 patients (6.15%), 6 patients (9.23%), VAC in 5 patients (6%), doxorubicin in 13

patients (16%). The most common adverse reactions were: Asthenia in 26 patients (32%), hematologic in 19 patients 24% (febrile neutropenia, pancytopenia), digestive in 18 patients (22%) (diarrhea, nausea, anorexia, abdominal pain, vomiting) .
Conclusion: Soft tissue sarcomas are rare and heterogeneous tumors. Their management requires a multidisciplinary approach from the initial stage of diagnosis.

BLADDER TUMORS: EPIDEMIOLOGICAL ASPECTS IN AN ALGERIAN MEDICAL ONCOLOGY DEPARTMENT

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Introduction: Bladder cancers are becoming more common and pose a real problem of diagnosis and adequate management in developing countries. The purpose of this work is to study the epidemiological and histological aspects of this disease in a medical oncology department.
Methods: This is a retrospective study of the 28 cases of bladder cancer observed in the medical oncology department EH Didouche Mourad over a period of 02 years (2016-2017). We proceeded to the exploitation of the files of patients in such a way as to specify the epidemiological, clinical, paraclinical and anatomopathological data.
Results: We collected a total of 28 cases of bladder cancer between 2016 and 2017.
Epidemiologically, the age of patients ranged from 35 to 78 years with an average age of 60.5 years.
Most of our patients were male with 26 cases (92.8%). The urban origin was noted with a slight predominance.
Relative to the medical history, hypertension was found in 07 patients (25%), diabetes in 05 patients (17.8%) and smoking into 19 patients (67.8%).
The clinical signs at the time of diagnosis were dominated by hematuria with 81.5% and pelvic pain with 18.5%.
Bladder ultrasound performed in 10 patients (35.7%), allowed the tumor to be visualized as tumor formation or bladder thickening. Renal ultrasound in 08 patients (28.5%) revealed uretero-hydronephrosis. Only 05 patients (17.8%) benefited from urography and visualized the tumor as an invasive tumor process with lymphadenopathy. Thoraco-abdomino-pelvic computed tomography performed in 14 patients (50%), found infiltrative tumor process and distant invasion in 10 patients(35.7%) and lymphadenopathy in 05 patients (17.8%).
The histological type was specified in all our patients and urothelial carcinoma was the most frequent histological type in 20 cases (71.4%), followed by papillary carcinoma in 06 cases (21.4%), squamous cell carcinoma with 01 case (3.5%) and transitional carcinoma with 01 case (3.5%).
The stage of parietal invasion was specified in the reports with 25 cases (89.3%). The results were: Cis with one case (4%), T1 with 04 cases (16%), T2 with 10 cases (40%), T3 with 03 cases (12%) and T4 with 07 cases (28%).
Conclusion: Bladder cancer is a common pathology. Smoking is the leading cause of carcinogens, which justifies anational policy of anti-smoking. A thorough epidemiological study is recommended to target at-riskpopulations in order to adopt preventive measures and to allow early diagnosis of bladder tumors

RETROSPECTIVE STUDY OF ASKIN TUMORS IN SOUTHERN TUNISIA: ABOUT 18 CASES

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Introduction: Askin's tumor is a primary neuroectodermal tumor of the thoraco-pulmonary region, belonging to the family of Ewing's sarcoma. It is very rare, occurring in the child and the young people. These tumors are characterized by an unequivocal clinical and radiological picture. The aim of our work was to describe the epidemiological, evolutionary and therapeutic characteristics of Askin's tumors through a serie of 18 cases.
Methods: This is a retrospective study of Askin's tumors diagnosed and treated in the carcinology department of the Habib Bourguiba Hospital in Sfax, Tunisia, over a period of 23 years (1993-2017). We collected epidemiological, clinical, therapeutic and evolutionary data. The diagnosis of the disease was histological in all cases. The extension of the disease included thoracoabdominopelvic CT and bone scan.
Results: We have collected 18 cases. The average age of patients at diagnosis was 26.7 years (5 years to 53 years). The sex ratio was 2.6. The most common reason for consultation was chest pain (100% of cases) followed by dyspnea (53% of cases). The disease was revealed by spinal compression in one case and febrile cytopenia with splenomegaly in another case. The average consultation time was 3 months. The diagnosis was made by CT biopsy of the primary tumor in 17 cases. The study of the osteomedullary biopsy carried the diagnosis in one case. Treatment included first-line chemotherapy followed by locoregional treatment with surgery and / or radiotherapy and consolidation chemotherapy. The evolution was marked by the death of 12 patients. A patient was lost sight after 7 years of complete remission. Two patients are still alive in complete remission with a respective decline of 6 and 6.7 years.
Conclusion: Askin's tumor occurs preferentially in children, adolescents and young adults; with a predominance of women unlike the sex ratio in our study was 2.6. Despite multidisciplinary therapeutic management based often on chemotherapy, surgery and radiotherapy, the prognosis of these tumors remains very unfavorable because of their metastatic potential and the risk of local recurrence. However, we report three cases of long survivors at 6, 6.7 and 7 years of age. The optimal management of these tumors remains to be defined by randomized and larger series studies.

EWING BONE SARCOMAS: EXPERIENCE OF THE MEDICAL ONCOLOGY DEPARTMENT OF THE HASSAN II CHU IN FEZ: ABOUT 15 CASES

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Introduction: Ewing's sarcoma is a rare malignant tumor that mainly affects the bone, more rarely the soft tissue belonging to the group of small round-cell tumors. This tumor occurs in

children and adolescents and requires rapid and multidisciplinary management. The aim of this study is to report the epidemiological, clinical, histological and therapeutic peculiarities of Ewing bone sarcomas.
Methods: This is a retrospective study conducted from January 2010 to December 2016 at the medical oncology department of the HASSAN II CHU in Fez, including patients diagnosed with Ewing bone sarcoma.
Results:15 cases were recorded with an average age of 27.26 years (Extremes: 16-47 years) and a male predominance (sex ratio: 4/1). We proceeded to an anatomopathological revision of the slides with additional immunohistochemical study for all the cases with CD99 expression and t (11,22) translocation. The tumor was located at the level of the long bones in 6 cases, followed by flat bones in 5 cases, then short bones in 4 cases. An extension assessment was performed in all our patients with a TAP CT scan with an osteomedullary biopsy in 8 cases. The tumor stage was localized in 8 cases and metastatic in 7 cases. Five patients were treated surgically including 3 cases of a conservative surgery and 2 cases of radical surgery. Radiotherapy was performed in 5 patients including 2 cases in postoperative situation and in 3 cases in palliative situation for non resectability of the tumor. Chemotherapy was administered to 14 of our patients, including 2 cases in adjuvant situation 5 cases in neoadjuvant situation and 7 cases in palliative situation. The protocols used were the VIDE in 10 patients including 5 in metastatic situation in first line 3 cases in neo adjuvant and 2 cases in adjuvant, the VAC-IE protocol was administered in 3 patients in metastatic situation in 1st line, the protocol docetaxel gemcitabine in 3 patients in 2nd metastatic line, and the SAINT JUDE protocol in 1 metastatic patient. The evolution was marked by clinical and radiological stability in 8 patients, clinical and radiological response in 2 patients, and progression in 3 patients and death in 2 patients
Conclusion: Ewing bone sarcoma is a rare tumor with a high metastatic potential that requires both a locally satisfactory treatment and a general treatment adapted to the clinical and histological response.

EPIDEMIOLOGY AND TREATMENT OF SOFT TISSUE SARCOMA: EXPERIENCE OF A SINGLE ONCOLOGY DEPARTMENT AT ABDERRAHMEN MAMI HOSPITAL
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sarcoma

Introduction: We aimed to present management of soft tissue sarcoma in a country with limited resources and no reference center.
Methods: We retrospectively collected information about 20 patients treated for soft tissue sarcoma at our department between 2012 and 2016.
Median age was 39. Sexe ratio was 1. Presentation was a painful mass in 11 patients, pain in 8 and bleeding in 1. Tumor site was legs in 10, chest wall in 3 and retroperitoneum in 2. Median tumor size was 10cm. Histologic type was liposarcoma in 7 patients, synovialosarcoma in 6, leiomyosarcoma in 3, undifferentiated sarcoma in 2, neurosarcoma in 1 and clear cell sarcoma in 1. Chemotherapy was neoadjuvant in 3 patients, adjuvant in 4 and palliative in 4. Seven patients received adriamycin-ifosfamide (AI). Eight patients progressed after chemotherapy, 2 had stable disease (SD), 1 partial response and 1 complete response. Fourteen patients had complete tumor resection and 2 had macroscopic residue. Five patients relapsed locally and 2 developed distant metastasis. First line chemotherapy regimen was gemcitabine-docetaxel (GD) for 4 patients, ifosfamide for 2 and AI for 2. Six patients progressed and 2 had SD. Three patients underwent surgery after relapse. Second line chemotherapy was GD for 2 patients and gemcitabine-dacarbazine for 2. Radiotherapy was adj uvant in 7 cases and palliative in 3. Metastasis occurred in lung in 4 patients, lung and bone in 2 and lung, bone and liver in 2.
Conclusion: Soft tissue sarcoma relapse frequently, Chemotherapy is not always effective and surgery should be considered whenever possible.

BONE SARCOMA RETROSPECTIVE STUDY DURING 04 YEARS
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Introduction: Osteosarcoma is a rare primary bone tumor; it primarily affects children and teenagers.
Feedback biphasic effect: the first peak in adolescence, and the second in older adults.
Genetic predisposition: retinoblastoma family. Lifraumni Syndrome...
Diagnosis is based on: - Clinical: pain, swelling, pathological fracture ...
- Radiology: radiographs lytic form, condensing, mixed grass fire, in the central spinal canal
• MRI: analysis of soft tissue invasion
- Biopsy confirms the diagnosis
Treatment:
1. poly chemotherapy: backbone of treatment
2. conservative surgery or amputation
3. radiotherapy: additional resection imperfect or exclusive treatment if surgery impossible or challenged
Prognosis: improved survival to 5 years with modern chemotherapy
Methods: retrospective study on the management of patients with osteosarcoma histologically proven in the medical oncology department of Tizi-Ouzou University Hospital during 4 years.
Results: 68 patients were identified, 52 men and 16 women, median age 20 years (16-71), 35 pts non-metastatic and 33 pts immediately metastatic (13 cases lung, 19 cases bone, 03 cases lymph nodes). Headquarters: 10 Member inf. (03 sup.07 inf.) 07 leg, 03 shoulder, 02 ilium, scapula 02 and 01 arms. Histological type: 26 osteosarcomas, 21chondrosarcomas and 21 Ewing's sarcomas. 14 pts received conservative surgery, 17 pts underwent amputation and 27 a simple biopsy diagnosis. 35 pts received chemotherapy with doxorubicin, ifosfamide and platinum in neo adjuvant followed by surgery and adjuvant chemotherapy + / - radiation therapy, 19 palliative chemotherapy and 13 palliative care.
Side effects: hematologic: anemia 51%, rank III and IV, neutropenia 95% rank III and IV thrombocytopenia 67% rank III and IV, non-hematologic: vomiting: 100% rank IV mucite 34% rank IV, 11 cases of thrombophlebitis, 02 cases of encephalopathy.
Assessment: 09 RC, 16 progressions, 12récidives, 18 stabilization and 14 deaths.
Conclusion: Osteosarcoma is a rare primary bone tumor, it

primarily affects children and adolescents.
• Improving outcomes through:
Earlier diagnosis
Staging more accurate and faster
• The rational use of effective chemotherapy
• Good surgical technique for the initial biopsy • Good surgical technique for the recovery curative

SOFT TISSUE SARCOMA OF THE EXTREMITY: EPIDEMIOLOGICAL AND CLINICALFEATURES

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Introduction: Soft tissue sarcoma (STS) are rare tumors.The limbs represent the most frequent location (60%).The aimof our study was to analyze the epidemiological and clinical features of STS of the extremities.
Methods: We retrospectively evaluate the files of 40 patients during the period of 1995 to 2014 in our departments.
Results: The median age was 46 years (20-86).Thesex-ratio was 0.66. Five patients have a family history of cancers. There were 4 cases of trauma, 2 cases of old lipoma and 1 case of Von RecklingHausendesease. The median delay for consultation was 12 months (3-240).The most common finding at presentation was a mass in 36 patients (90%). The median tumor size was 9cm (2-24). The most common locations were the thigh in 62%of cases and the forearm in 12% of cases. Only one case of nodal involvement was noticed. Only 1 patient was metastatic at diagnosis.Pathologytypes were MHF (32.5%), Liposarcoma (22.5%), Synovialosarcoma (15%),Leiomyosarcoma (7.5%),RMS (5%),Fibrosarcoma (5%),Clear cell sarcoma, Neurosarcoma, Neurofibrosarcoma,Indifferenciated sarcoma and malignant schwannoma each one in 2.5%. These findings were obtained through biopsy in 36 cases and on surgical specimen in 38 cases.
Conclusion: The clinical symptoms accompanying the diagnosis of STS arenonspecific resulting indelayed diagnosis. Therefore, patients with unexplained soft tissue mass >5cm should be referred to a specialized center.

LOW-DOSE MAINTENANCE GEMCITABINE-CARBOPLATIN CHEMOTHERAPY FOR PATIENTS WITH METASTATIC UROTHELIAL CARCINOMA

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Introduction: Approximately 10–15% of patients with urothelial carcinoma (UC) already have metastatic disease at the time of diagnosis, and the median survival of patients with metastatic UC rarely exceeded 3–6 months before the development of effective chemotherapy. Cisplatin-containing chemotherapy regimens, such Gemcitabine- Cisplatine, prolonged the median survival up to 13.8 months.
Methodes: This is the first case of metastatic urothelial carcinoma with maintaned complete response with maintenance chemotherapy with Gemcitabine 1000 mg / m2 - Carboplatin AUC 4 every 6 weeks.
Result: A smoker 62 years old man with a history of non-infiltrating urothelial carcinoma treated with BCG therapy, consulted in December 2015 for right flank pain. Clinical exam showed a right lower limb edema with inguinal lymph nodes. Thoraco-abdominopelvic computed tomography in February 2016 showed bilateral secondary pulmonary nodules reaching 11 mm and a mass of the right psoas measuring 6 centimeters with interaorticocave lymph nodes. Bone scan was normal. Pathological examination of bladder endoscopic resection concluded to congestive cystitis with squamous metaplasia. The histopathological study of the psoas mass biopsy concluded to an undifferentiated infiltrative urothelial carcinoma. The patient had 6 cycles of Gemcitabine 1250 mg/m2 day 1-8 with Cisplatin 70 mg/m2 day 1, every 21 days, from 22/02/2016 to 01/07/2016 with total regression of pulmonary nodules and the interaorticocave lymph nodes with regression of the mass of the psoas. The patient had 3 other cycles from 29/08/ 2016 to 03/11/2016 with stability of the mass of the right iliac psoas. Then he had psoas radiotherapy completed in February 2017. The patient received maintenance chemotherapy with Gemcitabine 1000 mg / m2 - Carboplatin AUC 4 every 6 weeks. He had 6 cycles from 13/04/2017 to 04/12/2017 with a complete remission.
Conclusion: Our patient with pulmonary, lymph nodes and muscle metastases from UC had presented an excellent response after 9 cycles of chemotherapy type Gemcitabine-Cisplatine. It persisted only a mass of the psoas. He is currently in complete remission after psoas radiotherapy and maintenance with low-dose maintenance gemcitabine-carboplatin. We believe that lower dose and longer interval low-dose maintenance chemotherapy would be beneficial in terms of reducing severe adverse events and maintaining quality of life. However, we could not conclude that this low-dose maintenance therapy would provide a significant benefit including quality of life or overall survival just from a case report.

IMPACT OF CYTOREDUCTIVE NEPHRECTOMY ON SURVIVAL IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA TREATED BY TARGETED THERAPY.

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Introduction: The metastatic renal cell carcinoma (mRCC) patients treated with upfront cytoreductive nephrectomy combined with target therapy yields additional overall survival (OS) benefits. It is unclear whether mRCC patients treated with vascular endothelial growth factor receptor-tyrosine kinase inhibitor (VEGFR-TKI) will benefit from such cytoreductive nephrectomy either. The aim of the study was to identify variables for selection of patients who would benefit from upfront cytore ductive nephrectomy for mRCC treated with VEGFR-TKI.
Methods: Clinical data on 80 patients enrolled in from January 2013 to January 2018 were reviewed retrospectively. The survival analysis was performed by the Kaplan-Meier method. Comparisons between patient groups were performed by Chi-square test. A Cox regression model was adopted for analysis of multiple factors affecting survival, with a significance level of $\alpha = 0.05$.
Results: 65% of patients (52) underwent cytoreductive nephrectomy followed by targeted therapy (cytoreductive nephrectomy group) and 28 patients were treated with targeted therapy alone (non cytoreductive nephrectomy group). The median OS was 32.2 months and 20.8 months in cytoreductive nephrectomy and non cytoreductive nephrectomy groups, res pectively ($P = 0.041$). Age ≤45 years ($P = 0.002$), a low or high body mass index (BMI <19 or >30 kg/m2) ($P = 0.008$), a serum

lactate dehydrogenase (LDH) concentration >1.5 × upper limit of normal (P = 0.025), a serum calcium concentration >10 mg/ml (P = 0.034), and 3 or more metastatic sites (P = 0.023) were independent preoperative risk factors for survival. The patients only with 0-2 risk factors benefited from upfront cytoreductive nephrectomy in terms of OS when compared with the patients treated with targeted therapy alone (40.0 months vs. 23.2 months, P = 0.042), while those with more than 2 risk factors did not.
Conclusion: Five risk factors (age, BMI, LDH, serum calcium, and number of metastatic sites) seemed to be helpful for selecting patients who would benefit from undergoing upfront cytoreductive nephrectomy.

PROGNOSTIC FACTORS AND SURVIVAL IN UPPER URINARY TRACT UROTHELIAL CANCER

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Introduction: The upper urinary tract urothelial cancer (UTUC) correspond to tumors Which are developed from the urothelium covering the pyelocaliceal cavities and or the ureter. These are rare (5-10% of all urothelial tumors). The aim of this study was to determine Clinicopathological characteristics of patients with and to examine their prognostic factors.
Methods: This study included all patients with UTUC with or without synchronous /metachronous urothelial cancer in urinary bladder. We analyzed archival data bases from all patients with UTUC who were admitted and operated in Department of urology, Charles Nicolle Hospital in the time period between 2008 and 2014.
Results: In our study, the mean age of 42 cases was 64 years old with a male ascendancy (31 men and 11 women). 92.89 % of the patients were chronic smokers with an average consumption of 27 packs a year. In 21,4 % of cases a previous history of either bladder tumor was associated. The dominant clinical sign was total macroscopic haematuria (79%). On the abdominal and pelvic ultrasonography result, right side invasion (66.66%) and the dilation of the pyelocaliceal cavities (45%) were dominant. On the CT scan result, ureteral tumor invasion (61.9%), especially the lumbar one was dominant. The treatment of choice was the total opened nephroureterectomy with removal of the bladder ruff (85.7%). Histology result showed that papillary urothelial high grade carcinoma (54%) dominated. The tumors were pTa, pT1, pT2, pT3 and pT4, respectively, in 12%, 18%, 18%, 34% and 18% of cases. The median follow-up was 32 months (range 1–184 months), with overall 2- and 5-year cancer-specific survival (CSS) of 76% and 37, respectively. The prognosis depends mainly on the perineural invasion (p=0,01), concomitant bladder tumour(p<0,001) and lymphovascular invasion(p=0,02).
Conclusion: With the new medical imaging technologies, the molecular biology and the anatomopathology, the treatment of TUUT would be better.

ACUTE TOXICITIES IN CONFORMAL RADIOTHERAPY FOR PROSTATE CANCER EXPERIENCE OF ONCOLOGY RADIOTHERAPY DEPARTMENT OF HABIB BOURGUIBA HOSPITAL

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Introduction: The benefit of dose escalation in prostate cancer has been proven by meta-analyses, and this regardless of the prognosis group. This dose escalation is possible with new conformal radiotherapy techniques at best associated with intensity modulation (IMRT) without increasing the risk of toxicities. The aim of our study was to report the results of acute toxicity during conformal radiotherapy of the prostate with or without intensity modulation.
Methods: From 2011 to 2017, 107 patients were consequently treated with curative intent for localized prostate cancer with 3D conformal radiotherapy in 46 cases (group 1) and intensity modulated radiotherapy in 61 cases (group 2).
Results: The median age was 69.3 years (50-83). According to D'Amico classification, 25 patients (54.3%) and 38 patients (62.3%) were at High risk in group 1 and 2 respectively. The dose of radiation was greater or equal to 74 Gy in 19 patients (41.3%) of the first group and 49 patients (80.3%) of the second group. One patient (2.2%) in the first group had prophylactic lymph node radiotherapy against 20 patients (32.8%) of the 2nd group (where the risk of nodal involvement was greater or equal to 15% calculated according to Roch formula). Patients were followed weekly during treatment to determine the acute toxicities which were graded according to the Common Terminology Criteria for Adverse Events (CTCAE) v.4.
During radiotherapy 42 patients (91.3%) in group 1 had developed urinary toxicity, including three patients with Grade 3 toxicity. In addition, 18 patients (39.1%) had gastrointestinal toxicity, mainly grade 1 (17 patients). Eighteen patients (39.1%) had developed skin toxicity: grade 1 (15 cases) and grade 2 (3 cases). For the second group, 54 patients (88.5%) had developed urinary toxicity grade 1 in the majority of cases (79.6%). Gastrointestinal toxicity was found in 26 patients (42.6%), mainly from grade 1 (21 patients). Nineteen patients (31.1%) developed skin toxicity grade 1. No grade ≥ 3 toxicity was noted. The difference was not significant between the 2 groups.
Conclusion: The results of our study show that intensity modulated radiotherapy allows dose escalation beyond 74 Gy and lymph nodes inclusion without increasing incidence and grade of acute toxicities.

DOES A STAGE PT0 CYSTECTOMY SPECIMEN CONFER A SURVIVAL ADVAN TAGE IN PATIENTS WITH INVASIVE BLADDER CANCER?

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Introduction: We describe the cancer related outcome in patients with pT0 bladder urothelial carcinoma at radical

cystectomy who did not receive preoperative chemotherapy. We also compared outcomes in patients with pT0 bladder carcinoma to those in patients with other stages and assessed the effect of clinical stage on outcome.
Methods: We reviewed the records of 578 patients treated with radical cystectomy (RC) for bladder carcinoma without neoadjuvant chemotherapy at the same center from 1989 to 2016.
Results: Of 578 RC, 28 had pT0 disease at radical cystectomy. Clinical st age was cTa in 8.3% and cT1 in 25% of these patients, and disease was muscle invasive (cT2-4a) in 66.7%. Metastasis developed to regional lymph nodes in 1 case and lung metastasis were found in 2 cases. At a median of 43.6-month followup 3 patients (10.7%) had died of bladder cancer. Five-year recurrence-free and survival estimates were 89%. Disease-free and cancer specific survival in pT0 cases was similar to that in pTa/pTis cases but significantly better than in pT1 or pT2 cases. On multivariate analysis increased disease recurrence and cancer specific mortality risks were significantly associated with lymph node metastasis and female gender.
Conclusion: Although stage pT0 at radical cystectomy confers a benefit in survival, some patients experience disease recurrence and eventual death. Identifying these patients may help tailor postoperative decision making in patients with pT0.

POSTOPERATIVE RADIOTHERAPY FOR LOCALIZED PROSTATE CANCER

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Introduction: The aim of our study was to evaluate the outcomes of patients treated with adjuvant radiotherapy for localized prostate cancer.
Methods: Among the 107 patients treated by radiotherapy for localized prostate cancer in our department, seven (6.5%) had post-operative radiotherapy. Mean age was 64 years [53-75]. All patients had radical prostatectomy associated with a lymph node dissection in 6 cases. Five patients had involved resection margins and only one patient had lymph node involvement.
Results: Three patients had adjuvant radiotherapy and four patients had salvage radiotherapy. All patients had intensity modulated radiotherapy at a dose of 66 Gy in 6 cases and 64 Gy in one case. Six patients received an short term androgen deprivation (6 months). Three patients developed G1-2 acute urinary toxicities and four patients developed G1-2 acute gastro-intestinal toxicities. No grade 3 acute toxicities was noted. Mean PSA level after radiotherapy was 0.18 ng/ml [0.07-0.5]. With a mean follow up of 17.5 months, all patients are alive without biochemical relapse.
Conclusion: The results of our study show that intensity modulated radiotherapy are associated with good outcomes with acceptable toxicities profile. The determination of optimal timing for posto perative radiotherapy is controversial and must take into account pathological findings and postoperative PSA rates.

GASTRIC STUMP CARCINOMA: AN EXTREMELY AGGRESSIVE CANCER

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Introduction: Cancer of the gastric stump (GSC) is defined by various criteria, including a minimal delay of 5 years since the initial gastrectomy and the benignity of the initial lesion. Early diagnosis is difficult since suggestive clinical signs are usually associated with advanced tumors. The aim is to give an overview, resectability rates, extended lymph node and metastases of GSC based on a retrospective study performed in the cancer registry of the center of Tunisia from 1995 to 2015.
Methods: A Retrospective Study of 876 Gastric Carcinoma Performed In The Cancer Registry Of The Center Of Tunisia From 1995 To 2015.
Results: 876 cases of gastric carcinoma was included in this series, 21 patients have undergone partial gastrectomy for gastric or duodenal ulcer disease. The frequency of gastric stump cancer was 2, 3 % of all gastric cancer patients in the period 1995-2015. Eighteen patients (85%) in this series were men. The male to female ratio was 6.The mean age at the time of diagnosis was 62.7 years (range 48–81 years). The mean interval between the first operation and the development of cancer was 14.5 years (range 7–18 years). The gastric stump was associated with chronic gastritis and atrophy of the gastric mucosa in 6, 6%.Helicobacter Pylori infection rate was 5, 8%. Lymph node extension was high to 68, 25%.Metastases and infiltration of adjacent organs were 71%.Resectability rate was low (19%).
Conclusion: GSC is often described as a tumor with a poor prognosis, with low respectability rates because of extended lymph node metastases and infiltration of adjacent organs. Prognosis is globally bad and theoretically justifies routine endoscopic screening.

EPIDEMIOLOGY OF GALLBLADDER DISEASE

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Introduction: Gallbladder carcinoma is characterized by a poor prognosis owing to the paucity of early signs and symptoms.diseases of the gallbladder are common and costly ; the best epidemiological screening method to gallastone disease is ultrasonography .
Understanding the epidemiology of gallbladder cancer has to provide valuable insights into determining causes and risk factors for gallbladder cancer. The aim of the present study is to analyze the different factors associatedwith gallbladder carcinomas.
Methods: This is a retrospective studydescription extending over a periodof three years, from January2015 to December2017, and on all cases of confirmed Gallbladder cancer within the departmentof medical oncologyof Medea public hospital in Algeria.
Results: Twenty two (22) patients (3% of all patients) was analysed and we found the following results: The average age of patient was 65 years old (range : 46 to 72 years),woman are more frequently affected by the disease, sex ratio : 1/2

85 % of malignant tumors of gallbladder was Adenocarcinomas, and 55 % was poorly to moderately differentiated.
33 % of patient have had a cholecectectomy with a bisegmentectomy.
The chemotherapy first line regimens used were : 75 % Gemcitabine/ Carboplatin15 % Xelox10 % Gemcitabine combined with oxaliplatin.
Conclusion: Gallbladder cancer is a rare disease that can be fortuity diagnosed after cholecystectomy often with advanced disease.
The prognosis of this malignant tumors is poor due to the aggressive tumor nature, complicated anatomical position, and advanced stage at diagnosis. Locally advanced and metastatic disease is treated with palliative chemotherapy. In the contrary, early stage is potentially curative with surgical resection followed by adjuvant therapy.

UPPER URINARY TRACT TUMOR IN A DUPLICATED COLLECTING SYSTEM: A CASE REPORT

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Introduction: Duplicated renal pelvis and ureter is one of the most common congenital anomalies of the urinary tract .Cancers arising in duplicated urinary systems are rarely reported. we report one case of a ureter tumor which coexisted with a completely duplicated collecting system
Methods: 48-year-old men presented with right lower back pain and gross hematuria. Urinary cytology showed atypical cells. Computed tomography and uréteroscopy revealed a right completely duplicated renal pelvis and ureter and a mass in the right distal ureter and retrograde pyelography supported these findings.
Results: Neither hydronephrosis nor renal stones were found. On cystoscopy there were no abnormal findings in the urinary bladder. A clinical diagnosis of right distal ureter cancer was made and the patient underwent total nephroureterectomy.Gross examination of the nephroureterectomy specimen revealed a solid whitish lesion measuring3.5 × 4.0 cm in the distal ureter. The tumor was invading periureteric fat. Microscopic examinations revealed transitional cell carcinoma. No lymph node metastasis was found. Thus, the pathological stage was pT3 N0. The surgical margins were negative for cancer cell. The patient received 4 cycles of adjuvant chemotherapy (Cisplatin –Gemzar). There was no evide nce of recurrence of the tumor on computed tomography, urinary cytology or cystoscopy after 9 months of follow-up.
Case Report:
Conclusion: Cancers arising in duplicated urinary systems are rarely reported. the contribution of the imagery is fundamental for the diagnosis. Treatment is essentially based on surgery

ABIRATERONE ACETATE IN THE TREATMENT OF METASTATIC PROSTATE CANCER

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Introduction: the prostate canccer is the second of mal cancer death . Its incidence is constantly increasing.more than half of these cancer are diagnosed before 75 years rare before 50 years,in the world an estimated 161360 new cases will be diagnosed in 2017 ; in Algeria is the 4th cancer
Methods: It is a retrospective study from Jun 2013 until January 2018, we identified 14 patients (pts) with metastatic prostate cancer , athe median age was 76 years (57-82 years),patient (pts) stage were n M1b = 8 (57%), n M1c = 6 (43%) ,ADT n=14 (100%) PSA level was ≤ 100 ng/ml n=1pts (07%);≥ 100 and ≤500 n=10 pts (72%);≥ 500 n= 3pts (21%).
Results:zolidronic acide or denozumab are used with docetaxel/prednisone in the first line n=10pts (71 %) , aberaterone acetate in the first line n=4(29%) and in the second line n=10 pts (71%) . The sides effects were;peripheral edema(40%),nausea and constipation (30%);hypokalemia (40%,) and muscle discomfort (28%) the response are 71 % objective response (n=10), 71%complete response (n=7), 21% partial response(n=3), 39% progression disease (n=4) The global survival to 24 month is 40 %.
Conclusion: The prostate cancer is a complex disease with many controversial aspects of management, The abiraterone acetate is good alternative for elderly patients with symptomatic disease

MANAGEMENT OF METASTATIC RENAL CELL CARCINOM IN TUNISIA: EXPERIENCE OF SALAH AZAIEZ CANCER INSTITUTE

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Introduction: Renal cell carcinoma (RCC) is the most common form of kidney cancer. Approximately 30% of patients present with de-novo metastatic disease, and one-third of patients with localized RCC have a relapse in distant sites.
Methods: We studied retrospectively data from 74 patients with mRCC , in whom the diagnosis of metastasis was made between November 2007 and October 2016.
Results: Median age at diagnosis was 55 years. Sex ratio was 2.08. For initially non-metastatic patients, the median time to metastasize was 12 mois. Clear RCC was the most commun histological type (70.3%). For accurate staging , chest-abdomio-pelvic CT was performed in 95.9% while bone scan in 32.4%. Metastases were synchronous in 52.7%. They were pulmonary, bone and lymph node in respectively 62.2 %, 36.5% and 27%. Only 17.6% of patients had a single metastasis. Primary tumor surgery was performed in 68.9 % and metastasis surgery in 12.2%. First-line systemic therapy was administered in 75.7% of patients from whom 55.4% received sunitinib. Median overall survival (OS) was 14 months. Three-year OS, 5-year OS and 10-year OS were 28%, 14.5% and 4,5%, respectively. Survival was significantly correlated with initial TNM staging (T: p=0.001, N: p<0.0001, M: p<0.0001), histological subtype (p=0.002) and MSKCC-score (p<0.0001). It was significantly improved by the metastasis surgery (p=0.01) and by the treatement with targeted therapies (p=0.048).
Conclusion: Although therapeutic advances in Tunisia, the overall prognosis of mRCC is still poor given the lack of access to innovative systemic therapies.

PRIMARY RENAL SARCOMA: A REPORT OF FIVE CASES

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Introduction: Renal Sarcoma (RS) is a rare entity among kidney cancers (1%). Its infrequency makes it difficult to understand its clinical characteristics and to define the optimal treatment modalities for this malignancy

Methods: We report our experience with five cases of adult RS.

Results: Mean age at diagnosis was 46 years. Symptom s where low back pain in three cases, while dyspnea (lung metastasis) revealed the disease in two cases. Average time to consultation was three months. All patients had abdominal CT and three of them had chest-CT for staging. Tumor radiological size varied from 9 to 27cm with an average of 18.7cm. Three patients were metastatic at diagnosis (lung in two cases, liver, bone, and subcutaneous metastasis in one case). The histological type was leiomyosarcoma in four and undifferentiated in one case. Radical nephrectomy was performed in four patients: two of them were initially metastatic (lung and bone). The two others didn't receive any adjuvant treatment. They presented distant relapse in a mean delay of eight months. Four patients received first line adriamycin-ifosfamid chemotherapy. All of them progressed in a mean delay of two months. Three patients had a second line chemotherapy (Gemzar-Dacarbazine, Gemzare-Docetaxel, Dacarbazine alone) all of them progressed in a median of three weeks. Median overall survival was 12 months. Median progression-free survival after Radical Nephrectomy was eight months.

Conclusion: Renal sarcoma has a poor prognosis with high relapse and mortality rates despite aggressive treatment. Radical Nephrectomy offers a better prognosis when performed at an early stage.

DIAGNOSIS AND MANAGEMENT OF DE-NOVO METASTATIC RENAL CELL CARCINOMA : A CLINICAL AND THERAPEUTIC STUDY OF 39 CASES

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Introduction: Renal cell carcinoma (RCC) is the most common tumor of the kidneys, accounting for 2%-3% of all adult malignancies. Thirty per cent of patients are metastatic at diagnosis.

Methods: We analysed retrospectively data of 39 patients diagnosed with de-novo mRCC between November 2007 and July 2016.

Results: Median age was 55 ans. Symptoms related to metastases were inaugural in 38.5%. Chest-abdominopelvic CT was performed for all patients and bone-scan for 51.3%. Metastases affected the lung, bone, lynph nodes, adrenal gland, liver and brain in respectively 74.4%, 53.8%, 20.5%,12.8, 12.8% and 5.1%. Only 15.4% of patients had a single metastasis. Pathology examination was performed for 94.9%. (Metastasis biopsy : 43.2%, operative specimen: 37.9% and primary tumor biopsy :18.9%). Clear-RCC accounted for 71.8%. Patients were startified according to MSKCC-score as follows: favorable risk: 5.1%, intermediate: 41% and unfavorable: 53.8%. Radical nephrectomy was performed in 41% .Only 10.3% of patients had surgery of their metastasis. First line sytemic therapy was received by 74.4% with sunitinib in 41%. Second line therapy was administered in only 12.9%. Palliative radiation therapy was performed in 33.3%. Median OS was 9 months. One-year survival and 3-year survival were 38.5% and 5%, respectively. Liver metastases ($p = 0.012$) and high MSKCC-scores (<0.0001) were poor prognosis factors. A better survival was associated to radical nephrectomy ($p = 0.001$) , mestastasis surgery ($p = 0.01$) and targeted therapies ($p <0.0001$).

Conclusion: Our results show that the treatment of de-novo mRCC remains a big challenge due to limited resources in Tunisia

PREDICTIVE FACTORS OF ANDROGEN DEPRIVATION THERAPY FOR PATIENTS WITH METASTATIC PROSTATE CANCER: A RETROSPECTIVE STUDY OF 100 PATIENTS

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Introduction: Prostate cancer is the second most common cancer among men in Morocco. Pharmacologic androgen deprivation therapy (ADT) is the most commonly used treatment for metastatic prostate cancer. The purpose of this study was to identify the predictive factors for the efficacy of androgen deprivation therapy (ADT) in men with metastatic hormone-sensitive prostate cancer. It is a retrospective study conducted in department of medical Oncology, Hassan II University Hospital, from January 2013 to December 2017. We enrolled 100 patients with metastatic prostate cancer under hormonal palliative treatment in first line. Prostate cancer patients treated with ADT were evaluated of prognostic characteristics: age, clinical symptomatology, Gleason score, baseline prostate-specific antigen (PSA) level, presence of bone metastases.

Metods: Predictive factors of androgen deprivation therapy for patients with metastatic prostate cancer: a retrospective study of 100 patients

Results: The median age was 72 years and 62,5% of patients over 70 years old. The most common sites of metastasis were bone in 77,2% followed by lung in 17.4%. The median response duration to first-line ADT was 18 months. Median overall survival was 23± 1.46 months (95% CI: [20.6-26.35]). The factors associated with a significant decrease in overall survival were: performance status ≥ 2 ($p= 0.046$), bone pain ($p= 0.039$), Gleason score> 5 ($p= 0.001$) and PSA level greater than 100 ng / ml ($p= 0.002$).

Conclusion: In this study of metastatic prostate cancer treated with ADT in first line, the initial PSA level, the Gleason score, the presence of bone pain and the performance status were predicting factors of this treatment.

ABIRATERONE ACETATE IN CHEMO- NAIVE METASTATIC PROSTATE CANCER RESISTANT TO CASTRATION, THE EXPERIENCE OF A SINGLE CANCER CARE CENTER

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Introduction: Prostate cancer is the first urologic cancer in elder men in Algeria, with an incidence of 17.8/100000 inhabitants (1) Abiraterone acetate (AA) is indicated in the metastatic castration resistant prostate cancer (MCRPC) as a new generation of androgen deprivation therapy.
Methods: We did a descriptive retrospective study including all patients with MCRPC chemo-naive who have been treated by AA in CCC batna from January 2015 to decembre 2017.
We aimed to assess the patients of efficacy and safety of it in this population.
Results: 14 patients with MCRPC who have been treated by AA with an LHRH analogs, median age was 70 years, 80% had a Gleason score at 8,
90% of patients have been previously treated by a complete androgen blockade, 10% by a central andogen blockade, 30% of patients had bone metastases, for whom we added denosumab, 70% of patients had a locally advanced disease,
25%of patients needed a dose reduction because of anemia (grade III),asthenia (grade III)
The AA as a second line of endocrine therapy in all cases, the median PFS was 10 months.
The overall survival was 5.5 years.
Conclusion: The AA is an effective and well tolerated molecule as a first line treatement after resistance to castration (MCRPC)

DOES A STAGE PT0 IN CYSTECTOMY CONFER A BETTER SURVIVAL TO A PATIENT WITH INVASIVE BLADDER CARCINOMA ?

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Introduction: We describe the cancer related outcome in patients with pT0 bladder urothelial carcinoma at radical cystectomy who did not receive preoperative chemotherapy. We also compared outcomes in patients with pT0 bladder carcinoma to those in patients with other stages and assessed the effect of clinical stage on outcome.
Methods: We analyzed the records of 300 patients who underwent radical cystectomy (RC) for bladder carcinoma without neoadjuvant chemotherapy at the same center from January 2000 to December2016. The quantit ative and qualitative variables were analyzed using standard statistics. The chi-square test was used to analyze associations between cate¬gorical variables.
Results: Of 300 RC, 20 cases had pT0 disease at radical cystectomy. Clinical stage was cTa in 3 cases, cTis in 2 cases and cT1 in 7% of these patients, and disease was muscle invasive (cT2-4a) in 82.8%.Among those pT0 patients and after a median follow -up of 32 months ,we found 3 patients that presented metastasis to regional lymph nodes in 1 case, lung and bone metastasis were found in one case each. Only one patient died from bladder cancer. Five-year recurrence-free and survival estimates were 89%. Disease-free and cancer specific survival in pT0 cases was better than other stages but not statistically significant.
Conclusion: Although the prognosis of stage pT0 carcinoma in the cystectomy specimen is excellent, some patients experience progression. Clearly not all patients who have pT0 findings are cured of bladder cancer after cystectomy. Novel prognostic markers are needed in this subset of individuals to identify patients at greatest risk for cancer specific recurrence and mortality.

WHAT ARE THE PREDICITIVE FACTORS OF METASTASIS AFTER RADICAL CYSTECTOMY FOR MUSCLE INVASIVE BLADDER ?

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Introduction: We aim to identify the risk factors for progression in patients with invasive bladder carcinoma after cystectomy.
Methods: We analyzed the clinical records of 300 post-cystectomy patients who underwent cystectomy for invasive bladder carcinoma in a single center betwenn January 2000 and December 2016 for the following variables: stage ,grade, carcinoma in situ (CIS),history of non-muscular invasive disease, residual tumor in the specimen and lymphatic invasion (pN). The quantitative and qualitative variables w ere analyzed using standard statistics. The chi-square test was used to analyze associations between categorical variables.
Results: The study sample included300 patients operated for invasive bladder carcinoma between January 2000 and December 2016 among whom 88 developed recurrence after a follow-up of 32 months . After cystectomy, the specimen was staged as pT0 in 3 cases and pT1/Ta in 5 cases. Lymph node metastasis were detected in 40% of patients (pN+) . Univariate analysis showed a relationship between tu¬mor progression and the presence of sarcoma ($p<0.001$), lymph nodes invasion ($p=0.049$), and stage pT3/T4 ($p<0.001$).
Conclusion: The prognosis of stage pT3/pT4carcinoma in the cystectomy specimen is poor ,lymph node invasion and association with sarcoma found in the specimen worsen this prognosis , most of those patients experience progression. . Identifying these elements sooner may help tailor postoperative decision .

OUTCOMES OF PATIENTS WITH ADVANCED OR METASTATIC CLEAR RENAL CELL CARCINOMA TREATED BY SUNITINIB: A PROSPECTIVE STUDY IN THE REAL WORLD PRACTICE OF THE ACADEMIC HOSPITAL OF ORAN- ALGERIA

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Introduction: The introduction of targeted therapies has change the outcomes of advanced clear renal cell carcinoma (cRCC). There is a lack of published data for Algerian population in the real world practice. We conducted a prospective study for advanced or metastatic RCC treated by sunitinib in first line treatment in routine practice to assess the outcomes.
Methods: A prospective study was conducted at the Medical Oncology Department of the Academic Hospital of Oran between January 2012 and May 2015. The demographic, treatment, and survival data were collected.
Results : Forty-three patients with advanced and / or metastatic clear renal cell carcinoma were included in the study. The sex ratio was 1.8 with a mean age of 58.4 ± 3.5 years. The index

Performance of Kakanofsky (IPK) was 11% for IPK 100%, 77% for IPK 80-90% and 12% for IPK 60-70%. stage IV accounted for 69% of cases and 83% of more than 2 metastatic sites. Patients with IMDC Poor prognostic group were 34.5% of the cases. A total of 339 cycles have been administered with an average of 11.6 ± 2.8 cycles (1-42). The median progression-free survival by intention to treat was 10.5 months (95% CI: 6.1-14.9) months with a rate of progression-free survival at 12 months of 34.8%. The objective response rate by intention to treat was 45% (95% CI: 30-60)%. The median overall survival was 21.3 months (95% CI: 11.5-31.07) months with an overall survival rate at 2 years of 30.2%. The main severe toxicities of grades 3-4 were represented by asthenia (56%), anorexia (32%), hand-foot syndrome (33%), stomatitis (28%), diarrhea (23%) and hypertension blood (21%).

Conclusion: Our data suggest that patients from our study did match the first-line PFS and OS were of published data Considering that more than 80% of patients had multiples metastatic sites.

PSA LEVELS AND BONE METASTASES IN PROSTATE CANCER

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Introduction: Prostate cancer is the most common cancer in men. Its symptoms are nonspecific but it is currently revealed by bone pain related to bone metastases. The following study will be a review of the frequency of bone metastases according to PSA levels (PROSTATE SPECIFIC ANTIGEN) .

Methods: It was a retrospective study of 100 patients with prostatic adenocarcinoma. All our patients had a bone scan after the injection of 555 MBq (15mCi) of HMDP-Tc 99m as part of an extension assessment. After data collection, we carried out a study determining the frequency of bone metastases compared to serum PSA levels.

Results: Our study is carried out on 100 patients. The median age was 70 years old [50 -91]. For a PSA level> 100 ng / ml (39%), bone scintigraphy was positive in 87% of cases. For values of PSA between 40 and 100 ng / ml (31%), 58% of patients had bone metastases and for a rate of PSA <40 ng / ml (30%), 87% of cases bone scintigraphy was negative. The bone involvement was multifocal in 81% of cases; of which 28% had a metastatic superscan indicates advanced stage of the disease. Pelvis and ribs were the most affected by metastases (48%) followed by vertebrae (40%).

Conclusion: Prostate cancer mostly metastases in bone. Bone involvement is strongly correlated with PSA levels. The higher the PSA levels, the higher the risk of bone metastases.

MANAGEMENT OF SIDE EFFECTS OF TARGETED THERAPIES IN RENAL CANCER : NEPHROLOGICAL SIDE EFFECTS

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Several types of nephrologicalside-effects can occur during treatment with targeted therapy: high blood pressure, proteinuria, thrombotic microangiopathy, kidney failure, etc. Screening and treatment for high blood pressure, proteinuria and kidney failure are recommended during treatment with molecular targeted therapy (mainly for anti-VEGF). If BP is greater than 140/90 mmHg on two measurements, it must be treated before the start of treatment. Self-measurement or ambulatory measurement of blood pressure is recommend. pressure is recommended. All antihypertensive drugs may be used apart from those, which interfere with cytochrome P450 (verapamil and diltiazem). Specialist advice (cardiology or nephrology) is recommended in the event of uncontroled hypertension. It is essential to monitor proteinuria with a urine strip test: if proteinuria is less than 2+ (grade 1), maintain treatment with molecular targeted therapy; if proteinuria is greater or equal to 2+ (grade 2 or 3, confirmed by weight assay), specialist advice is required. Persisting proteinuria of grade 2 or 3 requires nephrological monitoring. Thrombotic microangiopathymust be investigated in the event of hypertension greater than grade 2 and/or proteinuria greater than 2+.

Key words
Hyertension (high blood pressure), proteinuria, thromboticmicroangiopathy, kidney ailure.

PROGNOSTIC FACTORS OF PROSTATE CANCER TREATED WITH FIRST-LINE HORMONE THERAPY: A RETROSPECTIVE STUDY OF 90 PATIENTS

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Introduction: Hormonal treatment of prostate cancer is intended to suppress the action of androgens to prevent the growth of hormone-sensitive neoplastic cells. The duration and quality of the response to this treatment vary from one patient to another. The aim of our study was to evaluate the prognostic factors of patients treated with first-line hormone therapy for prostate cancer.

Methods: We conducted a retrospective study of 120 patients with prostate cancer treated in thedepartment of Medical oncology of Hassan II University Hospital of Fez by first-line hormone therapy From January 2013 until December 2017.

Clinical, biological, scintigraphic and anatomo-pathological data have been collected. Overall survival was studied in univariate and multivariate analysis according to pre-treatment criteria using Kaplan-Meier and COX survival curves (for multivariate analysis).

Results: The average age was 72.72 ± 8.18 years old, 62.5% were over 70 years old. Hormonal treatment was only LH-RH analogues in 71.3% of cases, complete androgenic blockade in 22.7% of cases, and anti-androgens alone in 6% of cases.

The mean survival of the population was 23 ± 1.46 months (95% CI: [20.6-26.35]).

The following parameters were associated with a significant decrease in overall survival: patients over 70 (p = 0.0001), high ECOG score (p 0.04), presence of bone pain (p = 0.039), presence of bone metastases, Gleason score> 5 (p = 0.001), PSA level> 100 ng / ml, poor response to treatment assessed by PSA greater than 4 ng / ml at 3, 6 and 12 months.

In multivariate analysis, we found a link between the decrease in overall survival and the revelation of cancer by altering the general state and the presence of bone metastases, a Gleason score> 5, a low testosterone (p = 0.001).

Conclusion: The knowledge of these prognostic factors allows predicting the response to hormonal treatment and the survival of patients. In our study we consolidate some results of the literature, even though they are often conflicting, which makes it very difficult to synthesize and list prognostic factors independent of metastatic prostate cancer.

IMPACT OF INTRAOPERATIVEBLOOD TRANSFUSIONS ON SURVIVALAFTERSURGERY FOR RENALCELL CARCINOMA

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Introduction : Manyprevious reports have shown an increasedrisk of cancer recurrence in oncological patients receivingblood transfusions atsurgery. In renalcellcarcinoma (RCC), it has been postulatedthatblood transfusion might impact the immunosuppressive responsewith a subsequentdecreased host-tumor surveillance.Weaimed to evaluate if intraoperativeblood transfusion (IBT) maybeassociatedwithoverallmortality (OM) in RCC candidates to surgicaltreatment.
Methods: Weevaluated 120 consecutive patient's diagnosedwithlocalized RCC and treatedwith partial or radical nephrectomybetween 2002 and 2016. IBT wasdefined as transfusion of allogenicredbloodcellsduringsurgery. Univariable and multivariable Cox proportionalhazardsregressionanalyses wereused to predict CSM and OM. Covariatesincludedageatsurgery, gender, pathological Tstage, pathological N stage, pathological grade, lymphvascular invasion, tumor size, CharlsonComorbidity Index (CCI), symptomsat the presentation and tumornecrosis.Preoperativehemoglobin and bleedingwerealsoincluded in a second model to test the independenteffect of IBT on the outcomes of interest.
Results: Overall, 65 patients out of 120 (55%) received IBT. In those patients, the mediannumber of unitstransfusedwas 2 (range 1-7). Patients receiving IBT weresignificantlyolder (medianage 58 vs. 67, p<0.001), withhigher CCI (median CCI 4% vs. 10%, p<0.001), more symptomatic (40% vs 62%, p<0.001) and with more advancedpathologicalcharacteristics, such as high grade (Fuhrman 3-4: 20% vs. 40%, p<0.001), and tumor stage (pT3-4 25% vs. 65%, p<0.001). Medianfollow-up was60months (IQR 20-100). Receipt of IBT wasassociatedwith OM (HR 2.40 95%CI: 2.07-2.78, p<0.001). Atmultivariate analyses, IBT wasassociatedwithhigherrisk of OM (Hazard ratio [HR] 1.09; [CI] 1.006-1.192; p<0.05). Among patients whoreceived IBT, an increasingnumber of unitstransfusedwasindependentlyassociatedwithincreased OM (HR 2.25, p< 0.05).
Conclusion: Whenobserving long-termfollow-up, IBT isassociatedwith a significantlyincreasedrisk of OM afternephrectomy. Further investigations are needed to fullyunderstand the impact of blood transfusions on RCC and the pathologicalmechanismswhichcanbemodified by adequateintraoperative and post-operative patient management

RENALFUNCTIONOUTCOMESAFTER PARTIAL NEPHRECTOMY AND RADICAL NEPHRECTOMY FOR SMALLRENAL CANCER: A COMPARATIVE STUDY.

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Introduction: Some reports suggestedthat partial nephrectomy (PN) mayprotect from renalfunctionimpairment (RFI)comparing with radical nephrectomy (RN) inpatients withlocalizedrenal masses. Our study aimed to evaluate the effect of surgicaltreatment (PN vs. RN) on the prevalence of renalfunctionimpairment, basing on clinical, histologicalcharacteristics and comorbidities.
Methods: Between 2002 and 2016, 122 patients diagnosed with localizedrenal cancer wereidentified in our institution. Preoperativeestimatedglomerular filtration (eGFR) wascalculatedusing the Modification of DietinRenalDisease (MDRD) formula. Patients underwent RN (n=72, 59.01%) or PN (n=50, 40.98%) and all of them had normal eGFR rates beforesurgery (defined as a preoperativeeGFR≥ 60 ml/min/1.73m²).Renalfunction was evaluated six months after surgery.Univariable and multivariable Cox regression analyses predicting RFI wereperformed. To adjust for inherentbaselinedifferencesamong patients, weincluded as covriates: age, clinicaltumor size, gender, presence of hypertension or diabetesand ASA comorbidity score.
Results: After a meanfollow up periode of 50 months, 85% vs. 60% patient's showednormal renalfunction respectively after PR vs. RN. PostoperativeeGFR washigher in patients who underwent PN(66.3±27.5Vs. 55.3±21.4). The differencebetweenpreoperative and postoperativeeGFRwasstatistically significant between the two groups (p=0.001).Advanced age (p=0.02), large tumors (p=0.038), hypertension (p=0.006) and diabetes (p=0.05) were independentpredictive factors of renal function impairment.
Conclusion: Basing on clinicalcharacteristics and comorbidities, PN significantlydecreases the risk of renal function impairmentcompared to RN.

ROLE OF NEPHROMETRIC SCORES IN THE PREDICTION OF WARM ISCHEMIA TIME AND THE RENALFUNCTIONOUTCOMES IN PATIENT'S WHOUNDERWENTNEPHRONSPARINGSURGERY FOR RENAL CANCER

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Introduction: Partial nephrectomy (PN) is the standard of care for smallrenal masses. Weaimed to evaluatecorrelationsbetweennephrometric scores (PADUA and RENAL scores), warm ischemia time (WIT) and the renalfunctionoutcomesaftersurgery.
Methods: Between 2002 et 2016, 50 patients underwent PN for renal mass lessthan 4 cm. Risks groups categorieswereidentifiedaccording to nephrometric scores. Preoperativeestimatedglomerular filtration (eGFR) wascalculatedusing the Modification of Diet in RenalDisease (MDRD) formula. All patients showed normal eGFR rates beforesurgery (defined as a preoperativeeGFR ≥ 60 ml/min/1.73m²) and hadrenalfunction data availablebeyond the sixthpostoperativemonth.
Results: The sex ratio was1.2:1. Medianagewas 62 years (IQR 25-84 years). The meantumor size was 3cm. Mean ischemia time was 18 minutes (IQR 11 – 30 minutes). The mean PADUA and RENAL scores were 7.5 and 6 respectively. 31(62%), 14 (28%) and 5 (10%) patients were classified into low, intermediate and high risk categories according to the PADUA classification, respectively; conversely, 26(52%), 20(40%) and 4(8%) patients were classified into low, intermediate and high risk categories according to the RENAL score classification, respectively. The WIT increased with the tumors' complexity. PADUA and RENAL. Risk

group categories were found to be significant predictors of WIT > 20 minutes (p=0.03). The mean postoperative eGFR was When WIT > 20 minutes, preoperative and postoperative eGFR were lower than WIT > 20 minutes (77.25 ± 21.15 Vs. 73.2 ± 32.04; 68.2 ± 26.01Vs. 63.7 ± 30.1). The difference between preoperative and postoperative eGFR was statistically different between the two groups (p=0.043).
Conclusion: The classification of patients into risk group categories allow urologists to predict the surgical outcomes after PN for RCC. More complex cases, included into high risk groups, reflect a more challenging procedure with a longer expected WIT and higher risk of renal failure after surgery.

INTEREST OF THE REPORT PSA LIBRE / PSA TOTAL IN THE EARLY DIAGNOSIS OF PROSTATE CANCER

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Introduction: Prostate cancer (CaP) is the most common cancer in humans, and the second leading cause of cancer death after lung cancer.
An individual screening for CaP, which is aimed at early and asymptomatic cancer detection, is performed by assaying Prostate Specific Antigen (PSA) in combination with rectal examination (TR).
It is recommended in men over 50 years, but in the presence of risk factors such as family history it is recommended from the age of 40 years. PSA exists in serum with various forms: free PSA (PSA-L) and total PSA (PSA-T) which represents the sum of PSA-L and PSA complexed to alpha 1 antichymotrypsin.
The use of PSA-T remains the reference for the indication of prostate biopsies allowing the histological diagnosis of CaP. The PSA-L is assayed when the level of PSA-T is between 4 and 20ng / ml.
Objectives: The aims of our work is to evaluate the optimal PSA-L / PSA-T ratio for a biopsy indication in a reflex zone of PSA-T between 2 and 20 ng / ml.
Methods
Our study concerns 114 men of average age 65 ± 10 years.
The following conditions: no ejaculation, TR, urethral manipulation or urinary tract infection are observed before any PSA assay.
The assay of PSA-T and PSA-L is carried out by immunoenzymatic method with fluorescent detection on the Tosoh AIA300.
The PSA-L assay is effectueted whenever the PSA-T level is between 2 and 20 ng / ml.
Results and Discussions: We divided our patients into 4 groups according to the value of PSA-T found:
1st group = 14 patients: 10< PSA-T ≤ 20; Second group = 58 patients: 4< PSA-T ≤ 10
The PSA-T values of these two groups correspond to the reflex zone where it is recommended to assay
the PSA-L.
3rd group = 19 patients: 3< PSA-T ≤4; 4th Group = 23 patients: 2<PSA-T ≤ 3
The PSA-T values of these two groups correspond to the cut-off where it is not recommended to perform the PSA-L assay. The measurement of the PSA-L / PSA-T ratio, which improves discrimination between patients with adenocarcinoma or benign prostatic hyperplasia (BPH), has been performed in all patients.
In the patient with CaP, the PSA-L / PSA-T ratio is close to 0.15 (15% of free serum PSA expressed as a percentage of total PSA) whereas in patients with HPB this ratio is 25 % with an uncertainty range between 0.15 and 0.25.
The results of our patients show that in the 1st and 2nd groups an abnormal ratio (≤ 0.15) is found in 35.7% and 17.2% of cases respectively and a suspect ratio (0.25> PSA-L / PSA-T> 0.15) in 42.8% and 51.7% of the cases.
15.8% of cases in the 3rd group and 4.3% in the 4th group had an abnormal PSA-L / PSA-T ratio (<0.15), the suspicious reports were 36.8% and 26% respectively case.
These results indicate the value of PSA-L dosing from a PSA-T value of 3 ng / ml.
Conclusion: The goal of screening for prostate cancer is to detect CaP at an early stage. Our results indicate that 15.8% of patients with PSA-T values between 3 and 4 ng / ml have an abnormal PSA-L / PSA-T ratio (<0.15) ,so they escape biological and clinical monitoring , and the indication of biopsy, if the threshold value of 4 ng / ml PSA-T recommended for the PSA-L assay is observed.
Key words: Prostate cancer, PSA, Free PSA / total PSA, Screening.

PERIPHERAL NEUROPATHY IN CANCER PATIENTS EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENT OF CHU HASSAN II FEZ ABOUT 50 CASES

darif khadija
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Introduction: Peripheral neuropathy (PN) is a common complication in cancer patients; it can be the result of many different factors, the most common of which is chemotherapy. It can also affect the long-term function and quality of life of cancer survivors. The aim of this work is to report the prevalence of peripheral neuropathy and its impact on adherence to treatments in cancer patients
Methods: It is a cross-sectional study including all patients admitted in the daily hospital of the Medical Oncology Department of Hassan II University Hospital . Only patients presenting PN were selected based on WHO grading, DN4 questionnaire for assessment of neuropathic pain and MRC testing for the evaluation of motor symptoms.
Results: Fifty patients were collected, the mean age was 54 years, with a slight female predominance (sex ratio: 1.3). The most common cancer was breast cancer (32%) followed by colorectal cancer (30%). Among the risk factors assessed, diabetes was present in 10% of patients. The predominant cause of peripheral neuropathy in our patients was chemotherapy. Forty percent of patients received platinum salts: 32% oxaliplatin and 8% cisplatin whereas 30% of patients received taxanes. According to WHO grading, 46% of patients had grade 1 neuropathy, 40% had grade 2 and 14% had grade 3. PN was a limiting toxicity in 20% of patients with 12% of treatment postponing and 8% of discontinuation to another regimen. Regarding neuropathic pain, patients presented a score varying between 0/10 and 9/10, with an average of 4.48, and 68% had a score superior or equal to 4/10. The MRC scale for motor symptomatology was varying between 2 and 5 with an average of 4.2. Peripheral neuropathy was confirmed in 4 patients by EMG that has shown a sensory-motor polyneuropathy and led to treatment by anti-depressors and anti-epileptics with good evolution. Fifty percent of patients received vitamino-therapy (vitamin E, calcium and magnesium) with morphinic treatment in 30% of patients and 22% of patients received pregabalin.

Conclusion: This study confirmed that peripheral neuropathy in cancer patients is mostly related to neurotoxic chemotherapy that may impact the quality of life of patients. A better understanding of risk factors and pathophysiological mechanisms remains a major challenge in prevention of neuropathy and improvement of patients care.

SEXUAL DISORDERS IN PROSTATE CANCER

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Introduction: Prostate cancer is the most cancer in men over 50 years of age. Its incidence is clearly increasing. The treatment is multimodal. there are responsible for the deterioration of the quality of life, thus generating the sexual disorders responsible for these symptoms which generate necessity of care and health costs for men.
Methods: We have carried a prospective study on the period from May 2017 until July 2017 on patients with prostate cancer, to detect sexual disorders based to The Danish Prostatic Symptom Score, Erection Hardness Score and The International Index of Erectile Function Questionnaire-15
Results: A total of 25 patients were included. The age of patients at diagnosis varied from 52 to 89 years old with an average of 73.16 years old. Eighty percent (N=20) of the patients were in metastatic stage. The majority (52%; N= 13) of the patients were under castration whereas only 8% (N=2) had underwent radical prostatectomy for localized disease and 12% (N=3) received radiotherapy for a locally advanced disease.
Conclusion: Maintaining satisfying sexuality is an important concern for the majority of men treated for prostate cancer. It is essential to assess the couple's sexuality before prostate cancer treatment in order to provide complete information and consider early therapeutic solutions adapted to the wish of the couple.

METASTASIS OF RENAL CELL CARCINOMA TO THE PANCREAS 11 YEARS POSTNEPHRECTOMY

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Introduction: The pancreas is an unusual site for tumor metastasis, accounting for only 2 to 5% of all malignancies affecting the pancreas.
Methods: We report a new case of metastatic renal cell carcinoma to the pancreas that was recently diagnosed in our department.
Results: A 67-year-old woman with a past medical history of right renal nephrectomy for renal cell carcinoma, eleven years ago, presented with nausea, diarrhea and vertigo. On admission, the patient was pale. Laboratory tests showed a low hemoglobin level (6,4 grams per deciliter). Abdominal ultrasonography revealed a well-defined, hypoechoic, homogeneous, vascular, lobulated mass in the tail of the pancreas. Computed tomography scan demonstrated a hypervascularized tumor of the pancreatic tail. The patient subsequently underwent a distal pancreatectomy with splenectomy. Grossly, the pancreatic mass was well-delineated and encapsulated mea suring 9,5 x 6,5 cm and showed extensive hemorrhage. Histological examination of the surgical specimen revealed that the pattern of the tumour growth was predominantly solid, with formation of large nests and acini of tumor cells separated by a stroma that was endowed with prominent sinusoid-like vessels. The tumour cells were large ranging from optically clear, with sharply outlined boundaries, to eosinophilic tumour cells. The final pathological diagnosis was metastatic clear-cell renal carcinoma to the pancreas. Four peripancreatic lymph nodes were free of the tumor but the pancreatic resection margins were invaded by the tumour. Postoperative course was uneventful.
Conclusion: Renal cell carcinoma metastasis should be considered in patients with a pancreatic mass as it gives the past history of renal cell carcinoma. Awareness of this entity and a high index of suspicio n would help in proper diagnosis and treatment.

CASTRATION-RESISTANT PROSTATE CANCER (CRPC): A RETROSPECTIVE STUDY ABOUT 52 PATIENTS.

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Introduction: Castration-resistance is a challenge for the clinician treating patients with prostate cancer. The aim of our study is to describe the outcome of castration resistant patients (CRPC).
Methods: Between 2010 and 2015, 52 patients treated in Salah Azaiez Institute for CRPC were included. This retrospective study aimed to analyze the clinical outcome for patients treated for CRPC. Statistical analyses were done using SPSS 20.0 software.
Results: The average age was 68 years, 41% of them had comor bidities. 41 patients had distant metastases and 11 had a locally advanced disease. The average time to castration resistance was 28 months. 33 patients had Docetaxel chemotherapy, two rechallenged it after first line treatement for homone-naive and one patient had Etposide-Carboplatin regimen for a neuroendocrine tumor. 16 patients were unfit for the chemotherapy treatment and had Zoledronic acid and BSC. Docetaxel regimen was well tolerated, 6 patients only had Grade3 toxicity (3 neutropenia, 1 Anemia, 2 diarrhea) and a dose reduction was necessary in one patient while another patient had to stop the treatment. 23 patients received a third line therapy, most of them received Estramustine(7) and Cabazitaxel (5). Only 2 patients had Abiraterone. Median survival was 56 months and the 5-year-survival was 45%. Median survival from diagnosis of CRPC was 31 months, which was consistent with the data of the literature.
Conclusion: CRPC patients in our study mostly had a Docetaxel chemotherapy, characterized by a good tolerance, and half of our patients could access to a third line therapy.

RETROSPECTIVE ANALYSIS OF CLINICAL AND PATHOLOGICAL PROGNOSTIC FACTORS IN NODE-NEGATIVE ADVANCED GASTRIC CANCER

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Introduction: Although patients with adequately staged pN0 cancer have a good prognosis, a subset of them has a recurrence. Therefore, the identification of other prognostic factor is important for the detection of the small proportion of higher risk of relapses.

Methods: A total of 25 patients treated with curative gastrectomy for pT2-T4N0 gastric adenocarcinoma have been included in this study. We retrospectively selected this group from the collected database of 145 patients who undergo curative gastric surgery between 2005 and 2015.
Results: the median age of patients was 59 (range; 26 to 84). Eleven patients have undergone total gastrectomy (44%) and 14 subtotal gastrectomy (56%). We performed D2 lymphadenectomy in 80% of cases with a median total retrieved lymph node of 17 (range; 0 to 50). Patients were stratified into 3 groups according to the number of examined lymph nodes: group 1, ≤15 (28%); group 2, 16-25 (36%); group 3, >25 (36%).The 5-year overall survival was 72.4% and the 5-year progression free survival was 63.9%. The rate of recurrence was significantly associated with peri neural invasion PNI, lympho-vascular invasion LVI, higher grade of differentiation and the pathological subtype according the Lauren classification. Extensive lymphadenectomy doesn't affect the recurrence, however the percentage of relapse was higher in those with <25 examined lymph nodes than in those with more Than 25 examined lymph nodes (p=0.032).
Conclusion: The number of retrieved lymph node, LVI, PNI, higher grade of differentiation, and the diffuse histological subtype are associated with recurrence in N0 patients.

BILIARY TRACT CANCERS : CLINICAL CHARACTERISTICS AND THERAPEUTIC OUTCOMES

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Introduction: Cholangiocarcinoma is an uncommon malignancy arising from the epithelial cells of the biliary tract. The reported incidence is 1.5/100,000 patients in Tunisia.
Methods: We conducted a retrospective study including 30 patients diagnosed with a cholangiocarcinoma between January 2012 to December 2017.
Results: The mean age was 63.4 years (SR : 1.14). Thirteen patients had history of cholecystectomy for gallstone disease. Average consultation period was 5.5 months. Hepatic colic was observed in76.7%, weight loss in 43.3% and jaundice in 60 % of patients. Abdominal-CT was performed in 86.7%, Bili-MRI in 60% and ERCP in 36.7%. Cholestasis syndrome presented in 63.3% of patients and cytolysis in 20%. CA19-9 and CEA were high in 60% and 40% of cases, respectively. Histological diagnosis was confirmed in 26 patients. Well differentiated adenocarcinoma was predominant (61.5%). Nine patients (30%) underwent surgery with clear margins in 44%. First line chemotherapy was performed in 70% of patients (gemcitabin+platinumin: 76.2% of them). Complete response was obtained in 4.8%, partial in 28.5% and progression in 66.7% of cases. The mean OS was 27 months. The 12-month and 20-month OS were 70% and 55%, respectively. Extrahepatic cholangiocarcinoma had better OS (p=0,043). The prognosis of patients was significantly worst with raised serum ALP (p=0,024), vascular invasion (p=0,013) and stages III – IV (p=0,001).
Conclusion: The cure rates of cholangiocarcinoma are low even with aggressive therapy . A better understanding of its molecular pathology may help identify suitable targets for therapy.

PROGNOSTIC FACTORS OF GASTRIC CANCER IN CENTRAL REGION OF TUNISIA: ANALYSIS OF 115 PATIENTS OF A SINGLE INSTITUTION

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Introduction The aim of this retrospective study was to evalua te the influence of clinicopathological factors and treatment modalities on overall survival (OS) and progression free survival (PFS) of patients treated for gastric cancer.
Methods: A single-center series of 115 patients treated between 2010 and 2017 in a department of Medical Oncology in Tunisia was retrospectively investigated.
Results:A male predominance was noted (56.5%). Median age was 55 years old [26-89]. CA19-9 and ACE rates were increased in 34.8% of cases. Majority of patients were metastatic (43.9%) and 27% developed metachronous metastases. 62% of the metastases occurred in the peritoneum. 62.6% of the patients had surgery with a curative intent in 70.4%. 73.9% of patients received chemotherapy. Only 13.2% received radiotherapy. The median OS was 8 months. In univariate analysis, poor initial performance status, weight loss, elevated tumor markers, stages III and IV and a lymph node ratio of 0.5 were significantly (p<0.0001) associated with a poor prognosis (OS and PFS). OS and PFS were significantly better in patients undergoing curative surgery, receiving chemotherapy and radiotherapy (p<0.001). In multivariate analysis, only pN3 stage was an independent prognostic factor for OS (p=0.02).
Conclusion: Gastric carcinoma is still diagnosed in an advanced stage in relatively young patients. Many factors are correlated with survival. Lymph node metastasis (pN3 stage) is the most important indicator to determine the prognosis of patients with resected gastric cancer. More aggressive treatments should be considered in patients with poor prognostic factors.

GASTRIC MUCOSA-ASSOCIATED LYMPHOID TISSUE (MALT) LYMPHOMA : CLINICAL CHARACTERISTICS AND PROGNOSTIC FACTORS

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Introduction: Gastric MALT lymphoma accounts for nearly 50% of primary gastric lymphomas.It is often associated with Helicobacter pylori(HP) infection.This study was undertaken to evaluate the clinical features and prognostic factors of patients with gastric MALT lymphoma.
Methods:A retrospective study covering all patients with MALT gastric lymphoma observed over a period of 15 years (August 2001 –September 2016) at Salah Azaiez Institute.
Results: Thirty-two patients were included with a mean age of 52 years and a sex ratio of 0, 88.Three patients had a family history

of gastric cancer.The most common mode of presentation was epigastric pain (81, 3%).Gastrointestinal bleeding (N=1), gastric stenosis (N=2), gastric perforation (N=1)were observed.The average delay in consultation was 6 months.The performance status was unimpaired in the large majority of patients (78, 2% with PS 0-1).Systemic B-symptoms were present in only one case. The diagnosis was based on endoscopic biopsy (N=31).The disease was most often localized in the antrum (59, 4%). The histologic appearance was characterized by lymphoepithelial lesions (78, 1%) and centrocyte-like cells (75%).A large cell component (N=5) and atypical small cells with lymphoplasmacytic differentiation (N=1) were found.HP was detected in 28 patients.According to the Ann Arbor classification, 22 patients had stage IE-IIE, and 10 patients had stage IIIE-IVE. The 5-years overall survival was 67,9 %. 3 patients have died at a median follow up time of 57, 8 months.Histologic transformation to large-cell lymphoma was noted in 5 patients.Good performance status and stage IE-IIE was significantly associated with prolonged survival after treatment(p=0,005 and 0,033,respectively).A large cell component was associated with a worse survival(p=0,049).
Conclusion: In our study,most patients had early- stage disease (68,7%).The main prognostic factors were stage ,performance status and large cell component.

TREATMENT OUTCOME OF GASTRIC MUCOSA-ASSOCIATED LYMPHOID TISSUE (MALT) LYMPHOMA

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Introduction: Helicobacter pylori (HP) infection is the primary pathologic cause of development of gastric MALT lymphoma.Bacterial eradication induces a complete response in most patients. The aim of this study was to assess treatment outcome.
Methods:A retrospective study covering all patients with gastric MALT lymphoma (August 2001 –September 2016) treated at Salah Azaiez Institute.
Results: Thirty-two patients with gastric MALT lymphoma were enrolled in the study.The mean age was 52 years.The diagnosis was established on endoscopic biopsies (96, 8%).87, 5% of patients had HP infection.According to the Ann Arbor classification,22 patients had stage IE-IIE, and 10 patients had stage IIIE -IVE.One patient died before any treatment.21 patients with early stage disease (IE-IIE) received HP eradication as a first line treatment.Complete remission was achieved in 13 patients.The other 8 patients who failed to respond after 2 lines of eradication therapy underwent chemotherapy.Five patients were treated with single agent(4 with chlorambucil and 1 with Cyclophosphamide)in combination with Rituximab (N=4) and 3 with combinatio n chemotherapy(2 with CHOP and one with RCHOP).Complete remission was observed in 75% of patients.No significant difference was observed in comparing patients between HP negative and HP positive MALT groups who received medical treatment as a first line (p=0,097).In advanced stage(IIIE-IVE),1 patient died before any treatment,8 patients underwent chemotherapy,one patient with gastric perforation underwent gastric resection and additional adjuvant chemotherapy.5 patients achieved complete remission,one patient died and 3patients relapsed with a mean delay of 21,3months.
Conclusion: The eradication of HP induces remissions in most patients with early stage disease. Chemotherapy remains the treatment of choice in patients with advanced stage disease and for those who failed to HP eradication therapy.

ADENOSQUAMOUS CARCINOMA OF THE STOMACH: ABOUT 6 CASES

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Introduction: Adenosquamous carcinoma (ASC) of the stomach is a very rare tumor comprising less than 0.5% of all stomach mal ignancies. This study aims to investigate their clinicopathological caracteristics and prognosis.
Methods: A single-center series of 115 patients with gastric cancer treated between 2010 and 2017 in a department of Medical Oncology in Tunisia was retrospectively investigated. Six of them were adenosquamous carcinomas.
Results: There were 3 men and 3 women, with a median age of 51 years old [46-85]. Most of tumors were localized in the antrum (n=4) and endoscopy found ulcerative lesions in half of the cases. Two patients had a perioperative chemotherapy. The first one had 16 positive lymph nodes (PLN) and a local and distant occured within 5 months. The second patient had 12 PLN and was lost of follow up after 1 cycle of adjuvant chemotherapy. One patient had a total gastrectomy without prior or adjuvant chemotherapy. She had a peritoneal and ovarian recurrence after 36 months. Three patients had a stage IV disease. Two of them received only 1 cycle of palliative chemotherapy and the other patient had only best supportive care. Stage IV (p=0.05), lymphatic invasion (p=0.03), and high number of positive lymph nodes (p=0.02) were significantly more common in ASC than in adenocarcinomas. Median OS and PFS were 8.5 months and 6 months respectively.
Conclusion: ASC of the stomach is a rare disease and is associated with a poor prognosis and poor prognostic factors.

GASTRIC ADENOCARCINOMA'S SEAT AND HISTOTYPE EVOLUTION IN RELATION TO HELICOBACTER PYLORI INFECTION IN CENTRAL TUNISIA

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Introduction: In western countries, variations over time of gastric

adenocarcinomas' seat and histological type were described. They are explained by the changes in the incidence of infection to HP. We wanted to check if such changes are also occurring in Tunisia. A retrospective observational and descriptive study based on the of The National Central Tunisian Register of Cancers was performed.
Methods:A retrospective observational and descriptive study based on the of The National Central Tunisian Register of Cancers was performed on a period of 21 years and including 876 cases.
Results:on a period of 21 years including 876 cases. Two groups were formed: group A of 337 patients (from 1995 to 2005) and group B of 539 patients (from 2006 to 2015), then were compared Proximal cancers were 19% in the group A vs 22% in the group B (p =0.3). Independent cells adenocarcinomas were 14% in the group A vs 36% in the group B (P<0.05). The rate of total gastrectomy was 10.4% in the group A vs 23% in group B p<0.05. The H. pylori infection was 32.6% in the group A vs 11.2% in Group B, P<0.05.
Conclusion: The study shows that in Tunisia, the proximal diffuse adenocarcinomas and independent cells adenocarcinomas have increased in parallel to a decrease of the H. pylori infection.

PERIOPERATIVE CHEMOTHERAPY IN GASTRIC CANCER: EXPERIENCE OF TUNISIAN SINGLE CENTER. ABOUT 24 CASES.

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Introduction: Stomach cancer remains a serious pathology with a reserved prognosis. It occupies the 2nd rank of digestive cancers. Despite the development and standardization of surgical techniques in the treatment of localized forms, the rate of regional and metastatic loco recurrence remains high.
Methods: To evaluate the role of perioperative CT in the management of gastric adenocarcinoma (ADK) and to identify the risk factors for morbidity and mortality related to this intervention as well as the prognostic factors of SG and of SSR, we carried out a retrospective study in the department of general surgery and medical oncology of Habib Bourguiba hospital in Sfax between 2009 and 2015.
Results: There were 17 men and 7 women. The median age was 51 years old. Three patients had gastric linitis (12.5%) and tubular ADK histology was observed in 16 patients (66.6% of cases). The tumor was classified as stage IB in one patient, stage IIA in 10 patients (41.7%), stage IIB in 9 patients (37.5%) and stage IIIA in 4 patients (16.7%). Twenty-three patients had FP type CT and one patient had ECX CT. The toxicity of CT was dominated by vomiting in 13 cases and mucositis in 4 cases. Peroperatively, locoregional extension was noted in 6 patients (25%). The surgery consisted of curative gastrectomy in 18 patients (75% of cases), gastrectomy of cleanliness in one patient, feeding jejunostomy in 4 patients (16.7%) and no gesture was performed for one patient. Total gastrectomy was done in 9 patients, subtotal gastrectomy in 6 patients, and expanded total gastrectomy in 3 patients. The average SG was 20.6 months. The 3-year and 5-year survival rates were 31.5% and 11.8%. The average SSR was 1 9 months. It was 22% at 3 years and 11.1% at 5 years.
Conclusion: Although recommended for the management of gastric ADK, 13% of our patients had progressed under perioperative chemotherapy according to the RECIST criteria and 66% according to the TNM stage comparison. The rate of SG and SSP at 5 years was in the range of 11.8% and 11.1%.

CLINICAL OUTCOME OF PATIENTS WITH GASTRIC CANCER AFTER SURGICAL RESECTION IN NORTH OF TUNISIA

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Introduction: Gastric cancer in Tunisia is the second digestive cancer. Surgical resection is the treatment of choice. By identifying prognostic factors, it is possible to assess the prognosis of the patient and to decide the appropriate treatment. The aim of our retrospective study was to evaluate the clinical features and to analyze the prognostic factors influencing survival and relapse in pat ients with gastric cancer who underwent surgery.
Methods: We retrospectively analysed data on 60 consecutive patients with gastric cancer operated in the surgical department of the universitary hospital of Bizerte (North of Tunisia) from 2006 to 2016. Statistical significance of prognostic factors was assessed by the univariate and multivariate Cox proportional hazards regression models.
Results: The mean age was 58 years [31-82] and there was a male predominance (sex ratio: 2.52). 56 patients underwent curative surgery, 7 among them had positive resection margin. Median size of the tumor was 4 cm [1-8]. Median Survival was 22.46 months. Three years OS was 58.48 %. One and 3-years PFS rates were respectively 88,6 % and 73.3 % with a median relapse-free survival of 20 months [3-62]. The multivariate analysis revealed that only reccurence was found to be independent prognosis factor for survival ; and that lymph node involvement and the signet ring cell histotype were significant independant factors for relapse.
Conclusion: Despite modern treatments, less than a quarter of gastric cancer patients survive longer than 5 years after surgery. Therefore, further clinical studies are needed to identify the specific patterns of the tumor in order to have a personalized treatment approach and to improve the outcome of gastric cancer patients

RETROSPECTIVE ANALYSIS OF CLINICAL AND PATHOLOGICAL PROGNOSTIC FACTORS IN NODE-NEGATIVE ADVANCED GASTRIC CANCER

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Introduction: Although patients with adequately staged pN0 cancer have a good prognosis, a subset of them has a recurrence. Therefore, the identification of other prognostic factor

is important for the detection of the small proportion of higher risk of relapses.
Methods: A total of 25 patients treated with curativ e gastrectomy for pT2-T4N0 gastric adenocarcinoma have been included in this study. We retrospectively selected this group from the collected database of 145 patients who undergo curative gastric surgery between 2005 and 2015.
Results: The median age of patients was 59 (range; 26 to 84). Eleven patients have undergone total gastrectomy (44%) and 14 subtotal gastrectomy (56%). We performed D2 lymphadenectomy in 80% of cases with a median total retrieved lymph node of 17 (range; 0 to 50). Patients were stratified into 3 groups according to the number of examined lymph nodes: group 1, ≤15 (28%); group 2, 16-25 (36%); group 3, >25 (36%).The 5-year overall survival was 72.4% and the 5-year progression free survival was 63.9%. The rate of recurrence was significantly associated with peri neural invasion PNI, lympho-vascular invasion LVI, higher grade of differentiation and the pathological subtype according the Lauren classification. Extensive lymphadenectomy doesn't affect the recurrence, however the percentage of relapse was higher in those with <25 examined lymph nodes than in those with more Th an 25 examined lymph nodes (p=0.032).
Conclusion: The number of retrieved lymph node, LVI, PNI, higher grade of differentiation, and the diffuse histological subtype are associated with recurrence in N0 patients.

CLINICO-PATHOLOGICAL PROFILE AND THERAPEUTIC MANAGEMENT OF GASTRIC ADENOCARCINOMA IN THE SOUTH OF TUNISIA. A SINGLE CENTER EXPERIENCE.

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Introduction: Gastric cancer remains one of the leading causes of cancer-related death. Surgical resection associated to perioperative chemotherapy is the standard of care for operable disease. Unresectable locally advanced and metastatic disease have poor prognosis. Recent improvements were registered on chemotherapy regimens and targeted therapy. The aim of this study was to report our experience in the management of gastric adenocarcinoma.
Methods: We reviewed retrospectively the files of 34 patients treated for gastric adenocarcinoma in the department of medical oncology of Gabes hospital from January 2014 to December 2017. We analyzed clinicopathological features and therapeutic results.
Results: The median age was 55 years (range 35-85 years). There were 18 men (52,9%) and 16 women (47,1%). The median time to diagnosis was 3,8 months. The tumor was mostly antral (53,6%). The most frequent subtype was signet ring cell adenocarcinoma (64,7%). The tumor was metastatic in 64,7% of cases. Other patients had tumor classified stage I (17,6%), stage II (5,9%) and stage III (11,8%). Eighteen patients (52,9%) underwent surgical resection. Nodal involvement was found in 76,2% of cases. Twenty four patients (70,6%) was treated by chemotherapy. The most frequently regimens used were Fluorouracil cisplatin and DCF (Docetaxel Fluorouracil Cisplatin). The Mac Donald protocol who associated fluorouracil based chemotherapy and radiotherapy was prescribed in 25% of cases. The last two patients received neoadjuvant FLOT regimen (Fluorouracil Docetaxel Oxaliplatin Leucovorin). Evaluation showed complete response (25%), partial response (25%) and stabilization (41,7%). Tumor recurrence was observed in 23% of cases. Median time to recurrence was 9,8 months. At the time of last follow up 64,7% of patients have died. Median duration of survival was 15 months.
Conclusion: Radical surgery with perioperative chemotherapy offers a potential chance of cure for patients with localized disease. Despite progress in chemotherapy and targeted therapy prognosis of advanced disease remains poor.

SURVIVAL AND PROGNOSTIC FACTORS OF LOCALIZED GASTRIC CARCINOMAS (ABOUT 50 CASES) EXPÉRIENCE OF MEDICAL ONCOLOGY DEPARTMENT OF HASSAN UNIVERSITY HOSPITAL II FEZ

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Introduction: Gastric cancer is the second leading cause of cancer deaths in developed countries. The only cure is Surgical Resection which only affects 30-40% of patients. Stomach cancer is characterized by a poor prognosis even in localized stages for which survival does not exceed 30 to 40% at 5 years.
Methods: This is a monocentric retrospective study conducted between January 2013 and January 2018 (5 years). Inclusion concerned gastric carcinoma confirmed by biopsies and definitive histological examination of the surgical specimen and treated in the medical oncology department Hassan II CHU of Fez. Different prognostic factors were identified in univariate analysis after analysis. of Kaplan-Meier survival and comparison of survival rates by Log-rank test, ie age, sex, location, histological type, differentiation, TNM stage, degree of locoregional extension and remotely.
Results: During this period, 210 cases of gastric carcinoma were recorded in our department of which only 59 cases benefited from a curative gesture. 150 patients included were aged on average 59 years with a sex ratio (men / women) 1.8. In all cases, the carcinoma was confirmed by biopsies and definitive histologi cal examination of the specimen. Histologically, it was moderately differentiated in 28 cases (56%), poorly differentiated in 14 cases (28%) and well in 8 cases (16%), and adenocarcinoma was the most common histological type 56% of cases The carcinoma was antropyloric seat in 56% of cases and cardiac in 26%. According to the TNM classification 56% of the cases were stage I and II, 44% were stage III. Perioperative chemotherapy was initiated in 36% of cases of gastric carcinoma (for locally advanced stages). Adjuvant systemic chemotherapy was performed in 56% of patients with gastric carcinoma, postoperative RCC performed in only 6 sick. The overall median survival is 18 months with a 95% confidence interval (CI 95%) ranging from 17.04 to 21.9 months. In multivariate analysis according to the Cox model and after stratification according to stages, the overall median survival according to the histological type was 12.3 months for Signet ring cell carcinoma versus 19 months for gastric adenocarcinoma with a very significant difference (p <0.03). Stages I and II had better survival (23 months) compared to stages III and IV (11 months) with p <0.001. The analysis of other prognostic factors was not statistically significant in our study.
Conclusion: In this series, the multivariate study of the different

prognostic factors conditioning the survival of gastric carcinomas using the Cox model, allowed to retain only two factors influencing survival in a direct way, namely the histological type and stage.

EPIDEMIOLOGICAL PROFILE OF LOCALLY ADVANCED GASTRIC CANCERS:Experience of the medical oncology department HMRUO

N. Merair.

Introduction: The use of antimitotics in gastric cancer is a possible complementary weapon to surgery, in contrast in a perioperative way it becomes an undeniable therapeutic remedy for the locally advanced stages identified in 30 to 40% of cases, all are considered initially inoperable.

Despite all the range of drugs and schemas proposed, it should be noted that this is a therapeutic and prognostic problem: chemotherapy restriction according to the general condition, PS, often poor nutritional status, chemo-resistance expressed by a high failure rate

Methods: A Retrospective Study of the Records of Locally Advanced Gastric Cancer Patients Treated in the Medical Oncology Department of the Oran Regional Military Hospital during the Period of January 2016 – 2017

Results: A total of 16 cases including 37% Women 63% Men with an average age estimated at 40 +/- 02 years, extremes ranging from 22 years to 80 years, The antro-pyloric seat is the most common is 70% of cases, adenocarcinoma is the entity mostly found approximately: 90%, the other types: 10%, note that the HER2 status is expressed in 25%, T4: 20% N +: 40%. Nutritional status in general average, The protocol (s) used is (are): 60% CF, 40% TPF, In average the number of cycles given / patient is 3 to 4 cycles

The evaluation showed a metastatic progression in 18%, locoregional progression 50%, stability 12%, regression 20%, gastrectomy of 4/5 made in 03 patients, a major intolerance in 3 cases, essentially described side effects: vomiting G3, abdominal pain.

Conclusion: Gastric ADK is the most common histological type. The antro-pyloric localization represents more than half of the cases. The neo-adjuvant chemotherapy can allow an adequate therapeutic PEC, where the patient can benefit later from a surgical procedure curator.

THERAPEUTIC MANAGEMENT OF LIVER CANCER

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Introduction: Liver cancer is one of the most common cancers in the world, almost always occurs in cirrhotic liver disease in 75-80%. The diagnosis is often late; Pervasive prognosis and therapy are marked by the prescriptive of new-targeted therapy .

Methods: This is a retrospective study based on patient records, followed in the Medical Oncology department for hepatocellular carcinoma from January 2016 to July 2017. The studied parameters were: age, sex, personal history, CHILD classification, protocol type, side effects and number of cures, evolution and mean survival.

Results: Out of 11 patients studied, the mean age was 72 years [45 - 85 years] with male predominance found in 90.9% of cases (n = 10). 9 patients (81.81%) had antecedents: cirrhosis in 36.36% of cases (n = 4), HCV: 27.27% of cases (n = 3)), Hypertension: 27.27% of cases (n = 3) and one patient was diabetic. 9 patients (81.81%) had CHILD A and 18.18% of cases (n = 2) had CHILD C. In 81.81% of cases (n = 8), SORAFENIB was prescribed. An average of 6 cures has been found [1 - 11], 3 patients (33.33%) had thrombocytopenia and 2 cases (22.22%) had anemia, 2 others (22.22%) developed hepatic toxicity. Hand foot syndrome was noted in only one patient. 45.45% of cases (n = 5) are alive and 36.36% of cases (n = 4) have died and two cases (18.18%) are lost to follow-up. Mean survival was 6,6 months [1month -12 years].

Discussion: The reduced number we report does not reflect the prevalence of liver cancer in the general population, but these results provide insight into the descriptive epidemiological profile of locally advanced and metastatic liver cancer and the quality of their management.

Conclusion: Liver cancer is a serious pathology, its prognosis is pejorative and responsible for high mortality; his only curative treatment is surgery

DIAGNOSTIC AND MANAGEMENT OF GASTROINTESTINAL STROMAL TUMOR

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Introduction: GIST is a very rare digestive cancer belonging to a family of malignant tumors called mesenchymatous tumors. The management of these tumors resistant to radiotherapy chemotherapy has been burned by Imatinib to alter the prognosis of these cases.

Methods: This is a retrospective study based on patient records, followed in the medical oncology department for GIST from March 2016 to December 2017. The parameters studied were: age, sex, antecedents, reason for consultation, the time of diagnosis, the site of the tumor, TNM, stage, the metastatic site, the risk of recurrence, the treatment received and the follw-up.

Results: Of the 6 cases studied, the average age was 51 years [32 - 71 years].66.66% (n = 4) of the patients were female. 66.66% (n = 4) of the cases were from Constantine. 33.33% (n = 2) of cases had a family history of cancer .The reason for consultation was: abdominal pain: 66.66% of cases (n = 4), upper gastrointestinal bleeding: 16.66% of cases (n = 2) and a case discovered incidentally.

The time to diagnosis was 5 months [2 - 12 months].The site of the tumor was: small intestine in 4 patients (66.66%), left colon: 16.66% (n = 1), stomach: 16.66% (n = 1).

Theckit mutation (CD 117) was positive in 5 patients (83.33%), PS 100 negative in 66.66% of cases (n = 4), not made in one patient and CD 34 positive in 66.66% (n = 4). The Mitotic index is greater than 5% in 50% (n = 3).The average tumor size was 7.21 cm [1,8-10,5 cm]. 33.33% of cases (n = 2) were metastatic after 6 years and 7 months. Metastatic sites were: lung: 16.66% of cases (n = 1), peritoneal carcinomatosis: 16.66% of cases (n = 1). Recurrence was: very low 16.66% (n = 1), intermediate 50% (n = 3), high: 33.33% (n = 2).

100% had undergone surgery and 83.33% (n = 3) received treatment with Imatinib. Side effects were oedema (n = 1), one case of vomiting, one case of nausea and one case of diarrhea (n = 1). A median number of cycles were 11 cures [3 - 16 courses]. 100% of the cases (n = 6) are alive: 5 patients under Imatinib (83.33%) of which one patient became metastatic

(16.66%) after 6 years of control and one case of progression from where the increase of the dose was done (to 800 mg).
Discussion: In our study, the frequency of GIST is 15% of sarcomas. This result does not agree with the incidence rates reported in the literature. The average age of patients was 51 years, which is consistent with data from the literature. A family history of cancer was observed in almost ¼ of the cases. Abdominal pain was the major symptom. 1/4 of the patients were metastatic at the time of diagnosis.
Conclusion: The efficiency of Imatinib in locally advanced or metastatic GIST is well established as well as in surgical situation

THE MANAGEMENT OF METASTATIC GASTRO INTESTINAL STROMAL TUMORS: ABOUT 15 CASES ,EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENT HASSAN II HOSPITAL UNIVERSITY OF FES

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Introduction: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumors of the gastrointestinal tract. They have recently made a lot of progress both diagnostically and therapeutically. Imatinib is the standard first-line treatment for metastatic gastrointestinal stromal tumors. Sunitinib is the second-highest tyrosine kinase inhibitor used in the second line The objective of this study is to determine the epidemiological, diagnostic, therapeutic and evolutionary characteristics collected from the clinical records of patients with metastatic GIST.
This is a ret**Methods:** spective study conducted in the medical oncology department of the CHU HASSAN II in Fez, including patients presenting a metastatic gastrointestinal stromal tumor over the period stretching between January 2014 and August 2017
Results:15 cases were reported, 11 men and 4 women, the average age was 67. The GIST headquarters involved the stomach in 10 cases, the small intestine in 2 cases, the esophagus in 1 case, the anal seat in 1 case, the mesentery in 1 case. An immunohistochemical study was carried out in all cases: immunostaining with CD34, CD117, PS 100 was positive in all cases, and smooth muscle actin was positive in 2 cases. At the time of diagnosis, hepatic metastases were demonstrated in 8 patients, pulmonary secondary locations in 5 patients and peritoneal carcinomatosis in 6 patients. All our patients were put on Imatinib at a dose of 400mg / day in the first line, 3 patients under Imatinib 400mgx2 / day in the second line and 2 patients under sunitinib at the dose of 50mg (diagram 4/2) After an average of 15 months, 5 patients progressed, 3 patients died, 7 patients presented stability. Regarding tolerance to imatinib, 2 patients presented with a hand-grade I syndrome, 1 patient with thrombocytopenia, 1 patient with severe neutropenia, which required stopping treatment temporarily with reintroduction after resolution of neutropenia, 2 patients presented with arthralgia and 5 patients with diarrhea with grade II vomiting.
Conclusion: The diagnosis of stromal tumor has been improved by the progress of immunohistochemistry. Their malignant potential remains difficult to assess. Selective inhibitors of tyrosine kinases (imatinib and sunitinib) remain the standard treatment in metastatic malignancies

RESPONSE TO NEOADJUVANT CHEMOTHERAPY AFTER RESECTION OF GASTRIC CANCER.

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Introduction: Gastric cancer currently ranks second in global cancer mortality. Most patients are diagnosed at an advanced stage when systemic chemotherapy is the only available treatment option, which may improve its prognosis. This study was conducted to evaluate the response to neoadjuvant chemotherapy in patients with advanced gastric cancer, based on the surgical resectability rate.
Methods: We carried a retrospective study from January 2015 to decembre 2017 on patients treated at the medical oncology department of the university hospital Frantz Fanon of Blida – Algeria, and received neoadjuvant chemotherapy for their locally advanced gastric cancer (T3-4 / N1-3M0). The objectives of the study are the evaluation of the resectability rate and the R0 resection rate.
Results: During this study period, 40 patients were included for neoadjuvant chemotherapy of a locally advanced gastric tumor. The average age of these patients is 64 years [44 years-90 years]. There is a clear male predominance, 13 women (31%) and 27 men (69%). The result of fibroscopy showed: the least frequent localization of gastric tumor was cardia with 13% followed by practically the same rate 45% of antrum and pylore, the macroscopical aspect was dominated by the ulcerative-vegetative form in 57%. In 73% the adenocarcinoma was the most frequent histological type of the gastric tumor. 17 patients (43 %) underwent surgery, with 14 of them had R0 resection (82.3 %).
Conclusion: The neoadjuvant chemotherapy has improved the surgical resecability rate in patients with locally advanced gastric cancer as well as the quality of surgery

LAPAROSCOPIC COLECTOMY FOR COLONIC ADENOCARCINOMA IN SOUTHERN TUNISIA. ABOUT 18 CASES

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Introduction: Laparoscopic colectomy for cancer has been practiced for more than two decades. Through a retrospective study of 18 cases of colonic adenocarcinoma operated laparoscopically over a 10-year period, we propose to study the feasibility of laparoscopic colectomy and its immediate postoperative results in southern Tunisia.
Methods: Through a ret rospective study of 18 cases of colonic adenocarcinoma operated laparoscopically over a 10-year period, we propose to study the feasibility of laparoscopic colectomy and its immediate postoperative results in southern Tunisia.
Results: The median age was 60 years and a sex ratio of 0.8. The type of colectomy performed consisted of a low left segmental colectomy in 10 cases; a true left hemicolectomy in 5 cases and a right hemicolectomy in 3 cases. Intraoperative exploration revealed no locally advanced tumor, liver metastases, or peritoneal carcinomatosis lesions. Extraction of the operative specimen was provided by a mini incision with an average size of 5.2 cm. A Pfannestiel incision was the most common in 10 cases (55.5%). Two conversions were performed

There were no intraoperative incidents or immediate postoperative deaths. An early postoperative complication occurred in 4 patients including an anastomotic fistula in one case. The average size of colonic tumors was 4.2 cm. The oncological limits were healthy in all cases. The most frequently found stage was T3, noted in 9 patients (50%). The study of ganglions removed (from 8 to 18 lymph nodes) had objectified ganglionic invasion in 8 patients.
Conclusion: Laparoscopic colectomy for cancer is feasible and secure, in southern Tunisia, with comparable results to those by conventional means.

PERCUTANEOUS THERAPY FOR LIVER METASTASIS FOR CRC
Selim Hamissa
Introduction: percutaneous approach to liver metastasis from colorectal cancer is a complementary therapy to chemotherapy and often an alternative to surgery
Methods: experience of thermoablation of liver tumors over 82 patients 33 patients were treated by thermoablation of liver metastasis form cRC with combination of multiples sessions and other therapies like intra arterial chemotherapy.
Results: over all response to thermoablation was 98% after one or multiple sessions however no statistical review was done because of loss of follow of patients
Conclusion: Percutaneous therapy especially by thermoablation is a lower morbidity and a higher efficency to treat liver metastasis from CRC

COLORECTAL CANCER : HISTOLOGICAL AND MOLECULAR STUDY. ABOUT 75 CASES.
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Introduction: Colorectal cancer is the third most common cancer worldwide, the second largest cause of death related to cancer. We aim to describe molecular and anatomopathologic characteristics of colorectal cancers.
Methods: A retrospective study including patients gathered from medical oncology department in the military hospital of Tunis between April 2012 and December 2017.
Results:775 patients were enro lled in the study. Sex ratio was 1.5. The medium age was 53 years (24-85). The anathomopathologic study was executed on surgical pieces primarily from hemi colectomy in order to identify the histological type. Immunohistochemical characteristics were completed with the assessment of the microsatellite instability (MSI) status and the search of KRAS gene mutations. Sigmoid cancer represented the most frequent location (51.5%) and adenocarcinoma was the most frequent histological type in 90% of patients from whom 70% were moderately well differentiated. Microsatellite instability (MSI) testing was practiced on 16 patients (21.3%) from whom 6 patients was diagnosed with instable microstallite status. Assessment of KRAS gene mutation was found among 23 patients (30.6%).
Conclusion: The recent development of molecular biology enabled a more precise analysis of these tumours perm itting the establishment of new classifications and opening up new horizons for targeting cancer therapies (personalized treatment or on card treatment).

RESULTS OF RADIATION THERAPY OF THE ANAL CANAL CANCER
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Introduction:
Anal canal cancer is rare. His treatment is currently based on concomitant radio-chemotherapy.
Materials:
We retrospectively evaluate the files of 28 patients treated in our department between 1995 and 2012.
Results:
The median age was 63 years (41-76). Th0e sex ratio was 2.1.The median delay for consultation was 4months (1-24). The main symptoms were anal pain and anal bleeding in 64% of the cases. The biopsy revealed squamous cell carcinoma in 23 patients (82%), melanoma in 2 patients (7.5%), adenocarcinoma, colloid and basaloid carcinoma in one case each one (3.5%). The majority of tumors were classified T2 (46.5%) and T3 (39.3%) N0 in 16 patients. Two patients were metastatic at diagnosis.Radiotherapy was indicated for all patients, not done in 3 patients and waspalliative in 4 patients. Preoperative radiotherapy was performed for 16 patients. The dose was 45Gy. It was concomitant with chemotherapy in 4 cases. Fifteen patients had exclusive curative radiotherapy with doses ranging from 63 to 73.4Gy. After a mean follow-up of 22.4 months (0-100), we noticed 5 clinical remissions, 6 tumor progressions, 5 lost to follow-up and 13 deaths.
Conclusion:
Although the place of surgery remains poorly established, the majority of our patients had radiotherapy for surgery that was only performed for 5 patients. The limited number of our patients does not allow to compare the various therapeutic modalities

PREVALENCE AND RISK FACTORS OF CHRONIC NEUROPATHY IN 100 PATIENTS TREATED WITH OXALIPLATIN-BASED REGIMENS
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Introduction:oxaliplatin is a chemotherapeutic agent largely used to treat a number of digestive cancers, its major side effect is acute and chronic forms of peripheral neuropathy. The aim of our study was mainly to evaluate the prevalence of oxaliplatin-induced chronic neuropathy and its risk factors in our population, and also to describe the consequences of this toxicity on the pursuit of the cures.
Methods: In our retrospective study, we included a total of 100 patients treated for colorectal cancer with oxaliplatin-based regimens: FOLFOX (85 mg/m²), FOLOFORINOX (85 mg/m²), GEMOX (100/m²) and XELOX (100/m²). The evaluation of the severity of neurotoxicity was based on OMS neurotoxicity scale and it was done before starting treatment and after each course
Results: Of the 100 patients, 56% were aged above 60 years .23 % of our patients had diabetes and 2% of patients were alcoholic.61% of our cohort were males and 39% were females. Among our patients ,64 % manifested neuropathy.35% had manifested grade one neurotoxicity according to OMS scale,23% had grade two and 6% had grade three . the average cumulative dose of the occurrence of neurotoxicity (all grades) was 432.47

mg / m². There were a close correlation between alcohol consumption , a high number of oxaliplatin cures and the incidence of chronic neuropathy , while no correl ation was found between sex , age , high BMI , chronic renal dysfunction ,diabetes and neuropathy incidence . In 64.29% of cases, neuropathy required a dose adjustment (a 25% decrease in the initial dose of oxaliplatin). In 10.71% of cases, patients have had to delay their treatment. The discontinuation of oxaliplatin was decided in 11% of cases. The most prescribed treatment in our cohort was Lyrica® (81.13%), followed by tegretol® (16.8%). in 82.69% of cases, this medication was not sufficient to stop neuropathy symptoms

Conclusion: Oxaliplatin regimens can induce chronic neuropathy leading sometimes to delayed or even stop treatment. Alcohol consumption and a high number of cures of oxaliplatin (superior to six) are a risk factors that can predispose to this kind of neurotoxicity. Age, BMI, Diabetes and sex of the patient do not appear to influence the incidence of n europathy

PRIMARY COLORECTAL LYMPHOMA: SALAH AZAIEZ INSTITUTE EXPERIENCE

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Introduction: The major site of extra nodal non-Hodgkin lymphoma is the gastrointestinal tract and the involvement of the large intestine is rare in comparison to the stomach or small bowel. The aim of our study was to describe epidemiologic and treatment outcomes in patients with primary colorectal lymphoma.

Methods: It is a retrospective study of all cases treated in Salah Azaiez Institute from 2007 to 2017.

Results: Nine cases of primary colorectal lymphoma were diagnosed; the median age was 52 years. The most prevalent symptom was abdominal pain (77%), followed by weight loss (55%).The sites of involvement were cecum in 4, colon in 4 and rectum in one case. In histopathological examination all studied cases were large cell B lymphomas CD20+ (LBCL), one of them was a transformation of a MALT colon lymphoma. According to Ann Arbor Staging System 5 patients were staged I-II, 2 were staged □ and 2 were □. 4 patients were treated by initial surgery followed by chemotherapy, 3 patients received only chemotherapy and two patients did not receive treatment (one of them was lost). The regimens used were CHOP in all patients, associated to rituximab in 6 patients. One patient underwent pelvic radiotherapy because of local progression. After the median follow-up of 32, 75 months 2 patients achieved complete response, one experienced progression, 2 had loco-regional recurrence and 2 cases had been lost at the follow-up.

Conclusion: Primary colorectal lymphoma is a rare disease and its diagnosis is often difficult because of unspecific symptoms. The treatment varies from chemotherapy alone to multimodal therapies, unfortunately there is no standard treatment and decisions are mainly based on expert opinions or consensus.

EPIDEMIOLOGIC PROFILE OF THE EPIDERMOID CARCINOMA OF THE ANAL: A RETROSPECTIVE STUDY

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Sidibellabes CAC

Introduction: Cancers of the anal canal represent 1.5% of digestive cancers They predominate in women (sex ratio of 4 in France) and two thirds of patients over 65 years. The incidence is increasing and the age at diagnosis decreased. Over 90% of patients have locoregional disease diagnosis in the initial phase. Epidermoid carcinoma represent 90% of histological forms.

Methods: We report the experience in the canal anal managment 18 cases of epidermoid carcinoma of the canal anal were traeted from 2011 to 2017. service of medical oncology centers hospitalo university sidi bel abbes Algeria

Results: 18 cases of epidermoid carcinoma of the canal anal were traeted from 2011 to 2017. Service of medical oncology centers hospitalo university sidi bel abbes algeria. Mean age was 55 years with a femele prevalence of 75%. The mean time of diagnostis was 5mois. Anal bleeding was the most common symptom (65%), rectal syndrom (46%), anal pains (44%) and isorders of transit (25%). The clinical appearance of the tumor was ulcerobourgeoned (58%), ulcerate (15%), bourgeoned (20%) and infiltrate (7%). According to the 1987 UICC TNM classification were classified T2 tumors (3 patients), T3 (8 patients), T4 (6patients) and 3 patients and 3 patients had liver metastases at the outset. 9 patients had inguinal lymph node involvement. Chemotherapy treatment in 5 patients A chemotherapy followed by radiotherapy in 10 patients The chemotherapy was based on 5-FU and Cisplatin with an average of 5 cures 3 patients progressed after chemotherapy

Conclusion: The canal anal cancer is belatedly diagnosed, reason for witch is locally advanced in most cases, from where the importance of digital rectal in patients at high risk

HIGHER BODY MASS INDEXIS AN ADVANTAGE IN PATIENTS WITH METASTATIC COLORECTAL CANCER?

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Introduction: Higher Body mass index (BMI) appears to be important determinants in the development of colon cancer and recurrence after adjuvant treatment, but how these factors act in the metastatic context is less clear!

Methods: We collected retrospectively 80 patients with metastatic colorectal cancer (MCRC) handled in department of medical oncology in Constantine university hospital from January 2013 to December 2014.The BMI at first treatment was grouped as underweight <18.5 kg/m2, Normal = 18.5 to <25 kg/m2, Overweight≥ 25 kg/m2.

Results: Median age was 57 (22-82) years and the male/ female ratio was 47/33. Of 80 patients, 11 were underweight, 39 normal, 30 overweight.Survival outcomes (OS) was longer for patients who were overweight compared to normal and underweight patients (OS 31.19, 17.29 and 11.06 months respectively, P=0.074),this associations is more strong for men**.** The observed association does not necessarily mean that high BMI is an advantage in patients with metastatic colorectal cancer. More likely, it is postulated that in patients with metastatic colorectal cancer with a lower BMI, the effects of cancer-related cachexia may be more deleterious than the potential adverse events related to a higher BMI. Being underweight may also be a surrogate marker of the advanced or aggressive nature of disease paired with lesser treatment tolerated by those patients with a lower BMI.

Conclusion: Whether patients with metastatic colorectal cancer with a lower BMI need a more aggressive or altered treatment

approach is open to debate. The question could be better informed by trials that prospectively assess BMI for patients with metastatic colorectal cancer.

PANITUMUMAB IN METASTATIC COLORECTAL CANCER WITH WILD-TYPE KRAS, THE EXPERIENCE OF A SINGLE CANCER CARE CENTER:

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Introduction: Panitumumab is a fully human, monoclonal antibody targeting the EGF receptor with proven clinical activity in KRAS wild-type metastatic colorectal carcinoma. Treatment with panitumumab has been shown to significantly stability rate in this study

Methods: Retrospective study of 21 patients with wild-type KRAS for a period of two years (2015-2017), that estimated the efficacy of panitumumab with chemotherapy (panitumumab 6mg/kg every 2 weeks + FOLFOX 4 or panitumumab + XELOX or panitumumab + XELIRI).

Results: Our study included 21 patients received panitumumab plus chemotherapy (57% male.mean age 54 years). Objective reponse rates were (4,7% XELOX +PANITUMUMAB), no effect was noted on over 28.55% ; disease progression noted on over 28.55% and patients not evaluated yet are estimated to 38%. The median progression-free survival was 3 months. Grade 2 and 3 adverse events were associated with panitumumab and XELIRI but tolerable among patients. Mean time to obtain KRAS results was 15 days,

Conclusion: panitumumab plus xeliri improve PFS and is well-tolerated as first-line treatment in patients with WT KRAS mCRC.

EXPRESSION OF KI 67 IN LIBYAN COLON CANCER: CORRELATION WITH CLINICO-PATHOLOGIC FEATURES AND SURVIVAL

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Introduction: Features of Libyan colon cancer patients have not been fully investigated. The aim of this study is to evaluate the expression patterns of Proliferation IHC marker (Ki 67) in these cancers, and to correlate them with clinico-pathologic features and prognosis.

Methods: Patients and method: 77 Libyan colon cancer patients diagnosed between 2010 and 2015 were retrospectively studied. Their cli nical and pathologic data were collected and analysed. Immunohistochemical evaluation of Ki 67 expression was done.

Results: Of the 44 male and 33 female patients, 7 were of local mucosal adenocarcinoma type, 61 were invasive adenocarcinoma, 5 mucinous carcinoma and 4 were adenocarcinoma with partially mucinous differentiation types. 50% had lymph node involvement. Positive Ki 67 expression was in 55.8 of whole patients, it was more common among lymph node positive (60%) than among lymph node negative tumours. Ki67 negative patients appeared to have a better survival than Ki67 positive patients. The most significance difference in respect to survival was found between completely negative Ki67 stain (with score 0) and positive staining with (score 2).

Conclusion The cut points for defining the groups with good or worse prognosis might be set between score 0 and 2. Patients with Ki 67 moderate positive cancer had worse overall survival than patients with negative or mild positive cancer. In our hospital setting, the Ki67 expressions in colon cancer may be prognostically useful markers in guiding future treatment in prospective studies.

MITOSIS IN COLON CANCER AS RELATED TO HISTOPATHOLOGICAL CHARACTERISTICS AND PROGNOSIS

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Introduction: We evaluated the relation of proliferative indices (MAI and SMI) with clinicopathological features, and prognosis in Libyan colon cancer.

Methods: Histological samples from 77 patients of colon cancer were retrospectively studied by counting the mitotic activity and were expressed as mitotic activity index (MAI), and standardized mitotic index (SMI).

Results: There were statistically significant correlation between the proliferative indices and some clinicopathological features, with the strongest association observed for dukes' staging ($p = 0.02$ for SMI and $p = 0.01$ for MAI). There were also correlation between MAI and tumor histological type ($p = 0.04$), tumor location ($p = 0.05$) and lymph node (LN) status ($p = 0.05$). Interestingly, there are proliferative differences between colon and breast cancers. The mean values of SMI in Libyan colon and breast cancer patients were 23.8 mitotic figures per square millimetre and 32.3 mitotic figures per 10 square millimetres, respectively. This is clearly lower in colon cancer. The survival analysis indicated that short survival time was associated with high mitotic indices values.

Conclusion: The results indicated that the proliferative indices can identify progressive colon cancers and provide important information about the outcome of disease.

CAPECITABINE, IRINOTECAN, AND BEVACIZUMABIN PATIENTS WITH PREVIOUSLY UNTREATED METASTATIC COLORECTAL CANCER: EXPERIENCE OF THE ONCOLOGY DEPARTMENT OF THE UNIVERSITY HOSPITAL OF ORAN, ALGERIA

Z. Behourah, A. Bousahba, L. Djellali

Introduction: The Colorectal cancer (CRC) is a major problem of public health in western countries due to it frequency and severity, in Algeria, its incidence is more weak but in continuous increase.

The management of the metastatic colorectal cancer (mCRC) has seen a great development in the last decade, due to multidisciplinary approach, as well as the development of biotherapy, especially anti-angiogenic which leads to a valuable gain in survival.

Objectives: This study aims to investigate the effectiveness of the associated chemotherapy based on Capecitabine and Irinotecan (CARIPI) with anti-VEGF, the Bevacizumab , in terms

of progression free survival (PFS), objective response rate (ORR) and overal survival (OS), in a way to evaluate the clinical benefit and tolerance to patients with mCRC in first line.
Methods: A prospective observational study was conductedin the Oncology department of the University Hospital of Oran between March 2012 and May 2015. Eligible patientswere agedover 18 years, withnon-pre-treatedmCRCand performance statutHWO≤2. Patients were treated with Capecitabine 1000mg/m2(800mg/m2 for patients over 65 years old) morning and evening during 14 days associated with Irinotecan 240mg/m2 andBevacizumab 7.5mg/kg to D1 every three weeks. Stable or responder patients could receive a maintenance treatment by Capecitabine- Bevacizumab until the progression of the disease.
Results: Fifty two patients with mCRC were included in the study.The ratio-sex was about 2.05 with a mean age of 57.4 ±1.7 years. 84.6% of patients showed a conserved performance statut (HWO of 0-1). A total of 395 cycles was administered with an average of 7.6± 0.4cycles(CI 95%) [3-16]. Twenty-tree patients (44.2%) received a maintenance treatment by Capecitabine–Bevacizumab with an average of 11.6 ±2.2 cycles (CI 95%) [3-41].After median follow up of 40 months (CI 95% : 42-49), the median PFS in intention to treat (ITT) was about 11 months (95% CI: 7.8 to 14.2) with a PFS rate estimated to 12 months of 44.2%. The ORR in ITT was 39.2% (95% CI: 27.5 to 52.2) and the*Disease Control Rate* (DCR) was 82.3%. The median OS was 20.8 months (95% CI: 16.5 to 25.1) with an OS rate at 2-year of 39.2%.The main grade 3-4 toxicities were represented by diarrhea (26.9%), neutropenia (13.5%), asthenia (7.7%), vomiting (7.7%), hand-food syndrome (5.8%). Toxicity given to Bevacizumab was mainly moderate and representing by thromboembolic events (7.7%), blood pressure (32.7% ; G3 :1.9%) and hemorrhagic events (G3:1.9%). Dose reductions of Capecitabine and Irinotecan were required in 36.5% and 28.8% of patients respectively, due to toxicities.
Conclusion: CAPIRI–Bevacizumab in first line treatment of the mCRC is really efficient with an acceptable tolerance profile after doses adaptation of Capecitabine and Irinotecan.
Keywords: Metastatic Colorectal cancer, anti–angiogenic, Bevacizumab, Capecitabine, Irinotecan.

SURVIVAL AND PROGNOSTIC FACTORS OF NON-METASTATIC RECTAL ADENOCARCINOMA (ABOUT 91 CASES)

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Introduction: Rectal cancer is more and more common and poses a real problem of diagnosis and management in developing countries, it is the 2nd rank of digestive cancers. The identification of prognostic factors determines long-term survival, thus making it possible to refer patients to a therapeutic protocol.
Methods: The aim of our work is to determine overall survival and to analyze the prognostic factors of operated rectal cancers. This is a retrospective study of 91 patients who had a histologically proven and operated rectal adenocarcinoma, collected at the departement of medical oncology of Hassan II University Hospital . for a period of 4 years between January 2014 and June 2017.
Results: The mean age was 59 years (± 14.14) with extremes «24-86». It was 40% men and 60% women. Endoscopic examination showed that the tumor was located in the middle rectum in 30.8%; 36.3% in the lower rectum and 33% in the upper rectum. Histologically, the biopsy showed that liberkunian adenocarcinoma was well differentiated in 56%, moderately differentiated in 42% and in 2% poorly differentiated. The carcinoembryonic antigen revealed a rate greater than 5 ng / ml in 25% of patients. Therapeutically,Neo-Adjuvant radio-chemotherapy (RCC) was performed in 61.5% and short cycle radiotherapy alone for 24%. Histopathological study on the operative specimen allowed patients to be classified according to the TNM classification with 7% of patients in stage I, 30% in stage II, 54% in stage III and 9% in stage IV. 78 patients (86%) had received adjuvant chemotherapy. The average overall survival was 25 months (95% CI). In addition, 23% of patients had a recurrence with a 29-month median-free survival. Various prognostic factors were studied in uni-varied analysis after analysis of Kaplan-Meier survival and comparison of survival rates by the Log-rank test, namely: age, sex, tumor localization, degree of differentiation, stage, tumor recurrence, ACE level, neoadjuvant therapy and adjuvant chemotherapy. Adjuvant therapy was the only prognostic factor influencing survival: mean survival in the group receiving adjuvant chemotherapy was 32 months vs 14 months in the surveillance group with a very significant difference (p = 0.006).
Conclusion: In our series adjuvant therapy was an important prognostic factor influencing overall survival, our survival outcomes correlate with those in the literature.

HISTOLOGIC RESPONSE AFTER NEOADJUVANT CHEMORADIOTHERAPY IN LOCALLY ADVANCED RECTAL ADENOCARCINOMA

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Introduction: Chemotherapy and radiation therapy routinely used in the preoperative treatment of patients with colorectal cancer, produce characteristic morphologic changes which can be readily recognized during microscopic pathologic examination of surgically resected intestine and adjacent lymph nodes. Proper histopathologic identification and interpretation of these changes are important for the exact assessment of the tumor response grade, planning of additional therapy and formulation of the prognosis.
Methods: A total of 18 consecutive patients with locally advanced rectal cancer, that were managed in the surgery department of the university hospital Mongi Slim La Marsa, during a two-year period (January 2016 - January 2018), were reviewed.
Results: Our study group included 10 men and 8 women (sex ratio M/F = 1,25) aged between 42 and 84 years (mean = 62,78 years). Complete histological response (Dworak 4, TRG 1) was observed in 28%. Positive lymph-nodes metastasis was confirmed in 11% of cases. The rest of the cases were graded : TRG2 (11%), TRG3 (22%), TRG4 (33%) and TRG5 (6%). The tumours were classified after histopathological examination of the surgical specimen according to the AJCC, 2009 as: ypT0N0 (28%), ypT1N0 (11%), ypT2N0 (22%), ypT3N0 (33%) and y pT3N1b (6%).
Conclusion: Tumour regression grade is a useful method of scoring tumour response to chemoradiotherapy in rectal cancer. However, according to some studies, none of the analyzed histological regression grading systems is effective for clinical use, nor do they have a prognostic impact on survival.

THE PROGNOSIS OF COLORECTAL CANCER IN YOUNGER PATIENTS

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Introduction: Colorectal cancer (CRC) incidence has decreased over the past three decades, due largely to screening efforts. The CRC incidence and mortality rates are decreasing among all age groups older than 50 years, yet increasing in younger individuals for whom screening use is limited and key symptoms may go unrecognized. We describe incidence and mortality trends, clinical characteristics, and outcomes of CRC in individuals younger than 50 years. We aim to raise awareness of young-onset CRC.
Methods: Data were obtained from a retrospective database at Farhat Hached Hospital. There were 266 newly diagnosed patients with CRC from 2004 to 2014. Two extreme age groups, younger (>50 years) and elderly (<50 years), were analyzed to compare clinicopathologic characteristics and prognosis after exclusion of specific cancer syndrome.
Results: The younger group consisted of 67 patients with mean age of 41 years, and the elderly group consisted of 199 patients with mean age of 69.6 years. Younger patients had a more advanced disease (80.6%% vs 54.4%; p=0.001) and more lymph node involvement (67.7% vs 46.5%; p=0.004), higher incidence of mucinous cell type (29.7% vs 10.3%; p<0.005), poorly differentiated adenocarcinoma (14.3% vs 4.1%; p=0.007), and poorer d isease-free survival (53.7% vs 71.2%; p=0.048), than elderly patients.
Conclusions: Younger patients, without relevant predisposing risk factors, have more advanced stages of disease, more aggressive histopathologic characteristics, and poorer prognoses compared with older patients

IMPLICATIONS OF DELAYED DIAGNOSIS IN YOUNG-ONSET COLORECTAL CANCER

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Introduction: The incidence of colorectal cancer (CRC) in young patients (≤ 50 years) appears to be increasing. Delay in diagnosis is a subject of interest because this may identify an explanation as to why younger people present with later-stage tumors. The aims of the present study were to assess the prevalence and reasons for delay in the diagnosis of CRC in patients, and the effects of delay, gender, age on the stage of disease.
Methods: Patients diagnosed with CRC from 2004 to 2014 were identified. They were then grouped according to age, young onset (YO) patients (≤ 50), and late onset (LO) patients (< 50). Delay was defined to have occurred if more than a 6-month period had lapsed from the time when initial symptoms were clearly established to the time of operation.
Results: The YO group consisted of 67 patients, and the LO group consisted of 199 patients. Delay was attributable to patient reasons in 22.4% YO and 27.6% LO patients (p=0.22), in 43.3% YO and 18.6% LO patients delay was attributable to doctor-related reasons (lack of access, misdiagnosis) (p<0.001). Male patients in YO were more likely to have patient-related delay (32.4% for male patients vs 10.5% for female patients; P = 0.011). YO Patients with delay were less likely to have a stage II tumor (6% for delay group vs 20.9% for non-delay group; P = 0.04).
Conclusion: The present study suggests some areas where improvements may be made concerning early diagnosis and treatment of patients with CRC.

CHEMOTHERAPY-INDUCED LIVER INJURY IN METASTATIC COLORECTAL CANCER

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Introduction: Chemotherapeutic agents used in the treatment of colorectal liver metastases are often responsible for toxic injury of the nontumoral liver and increases postoperative morbidity. Two types of histological lesions have been reported: the sinusoidal obstruction syndrome (SOS); or veno-occlusive disease associated with the use of oxaliplatin and steatohepatitis related to the use of irinotecan. Our aim is to describe the chemotherapy-induced major changes in the hepatic parenchyma and their prognostic impact.
Methods: We undertook a retrospective study of 42 colorectal liver metastases treated with neoadjuvant chemotherapy followed by surgical resection. These cases were collected at the Pathology Department of Mongi Slim Hospital over a 2-year period (September 2015-January 2018).
Results: Our series consisted of 27 men and 15 women (sex ratio=1.8). The mean age was 57.9 years old (30-74). Chemotherapy regimen including oxaliplatin was administrated in 35 (83.3%) patients and chemotherapy irinotecan-based regimen was administrated for the remaining patients (n=7;16.7%). Histopathology displayed 22 cases of non-systematized steatosis (5-80% of liver parenchyma), SOS grade 1 (n=12) and grade 2 (n=12). Steatohepatitis was not noticed. The sinusoidal obstruction syndrome was associated with the use of oxaliplatin (n=24;68.6%). Nonspecific features consisted in regenerative nodular hyperplasia (n=3) and portal and/or lobular inflammatory infiltrate (n=6).
Conclusion: Concerns regarding chemotherapy-associated hepatotoxicity may negatively impact the potentially curative therapy or increase morbidity in some patients. It is increasingly important that the surgeon must be aware of the mechanism of action and hepatotoxicity of these agents in order to anticipate potential problems when the patient comes to surgery.

MUSCLE-INVASIVEBALADER CANCER (MIBC): EPIDEMIO-LOGICAL, CLINICAL AND PATHOLOGICAL PROFILES.

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Introduction : Bladder cancer is common, it is the 7th cancer in the world and the second most common urological cancer of men in Algeria bladder cancer is the 4th most common cancer in 2015 with 9,8/100 000H
Aim: to analyze the epidemiological, Clinicaland histological aspects of MIBC in the medical oncology service of Mohamed Boudiaf hospital.
Methods: Retrospective study interesting 19 cases of MIBC treated in our service between 01/2014 and 12/2017.
Results: The average age of the patient was 70 years with a sex ratio of 8.5; tobacco was implicated in 79% of cases; hematuria was the first sign of call in 96% of cases and associated to signs of bladder irritation in 78% of cases; urothelial carcinoma was the most frequent 84%. 32% of patients were in the T2, T3 stage and 68% in the IV stage. Only 2 patients were able to benefit from radical surgery and 2 others from radiotherapy after neoadjuvant chemotherapy.

Conclusion: Cancer of the bladder is frequent; its treatment requires multidisciplinary management; and the prognosis depends on the stage of the disease.

MULTIPLE PRIMARY CANCERS

Medical Oncology Department.
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Introduction: A second primary cancer is a new invasive primary tumor diagnosed in an individual already suffering from cancerand which is neither a recurrence nor a metastasis *; Described for the first time by Bill Roth in 1889 *. It represents 2 to 5% * of all cancers, with a higher rate on autopsy series (36%*).For these pathologies, several theories are implicated: hormonal, environmental, genetic, immunological; or iatrogenic.
Methods: We carried out a retrospective study based on the data of patients who present two or more cancers and who are treated by chemotherapy at the medical oncology department - University Hospital Frantz Fanon of Blida between January 2016 and December 2017, and analyzed the following parameters: Age, sex, personal or family medical history, first cancer, type of treatment received, time to second cancer, synchronous or metachronouscharacter, survival and outcome of patients.
Results: We studied 1464 files between the period of January 2016 and December 2017and we collected nineteen patients (1.29% of all patients) with two or more cancers at the medical oncology department - University Hospital Frantz Fanon of Blida.
-The average age is 57, 7 years (extreme between 30-80 years), the sex ratio is 8/11, and toxic personal history (alcohol-tobacco) is found in 52% of patients. Family history of canceris present in 21% of the patients; second cancers are synchronous and metachronous in 57.9% and 42.1 respectively.
Average time to the second cancer is 13.5 years for metachronous cancers. Patients who received radiotherapy for initial cancer represent 36.8%. Initial chemotherapy was given in 36.8% of patients.
-The initial hematological location is found in 26.31% of cases, head and neck in 26.31% of cases,gastrointestinal in 26.31%, breast in 26.31% of cases, pulmonary in 10.52% of cases, and urological in 10.52% of cases.
-The hematological cancer association with lung cancer represents 15.78% of cases, hematological cancer and breast cancer 10.52% of cases, and head and neck cancer in 15.78% of cases,breast cancer and gastrointestinal cancer in 10.52% of cases,breast cancer and thyroid cancer in 5.26% of cases,digestive cancer in 5.26% of cases, gynecological cancers in 5.26% of casesdigestive cancer and bladder cancer in 5.26% of cases, digestive cancer and lung cancer in 5.26% of cases, prostate cancer and lung cancer in 5.26% of cases,cervical cancer and breast cancer in 5.26% of cases, and cervical cancer and gastric cancer in 5.26% of cases.52.63% of patients are alive.
Discussion: No common risk factor has been found.The hypotheses that can be incriminated are:
-Tobacco: which is the factor most often incriminated in the occurrence of cancers in general and multiple cancers in particular.
-Genetic origin: gene mutations.
-Iatrogenic secondary tumors: chemotherapy induced cancer for patients who received chemotherapy with nitrogen mustard.
-Radio-induced tumors: for patients who received radiotherapy and who had a second cancer on the target volume.
-Environmental factors.
-Sporadic associations.
Conclusion: Multiple primary cancers are relatively rare, but their incidence is increasing in recent decades. This may be the result of progress made in the diagnostic and therapeutic strategies of cancers.

RENAL AND NEUROLOGICAL TOXICITY PROFILE OF PLATINUM SALTS.

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Introduction: The toxicity of platinum salts is a factor that can hinder the proper use of treatment, and put at risk the vital prognosis of patients including renal toxicity, and neurological. Given the limitations of the literature on the toxicity of platinum complexes, and the lack of this type of national clinical research, we have taken this initiative to describe the profile of the renal and neurological toxicity of platinum salts in the Algerian population.
Aim: To describe and evaluate the renal and neurological toxicity profile of platinum salts (cisplatin, carboplatin, and oxaliplatin), both biologically and clinically.
Methods: This is a prospective descriptive study, which was conducted at the medical oncology department Blida University, patients January 2, 2017, and continued inclusion until May 2, 2017. This study included chemotherapy patients receiving one of the 3 platinum salt molecules. The evaluation of different grades of toxicity was made based on the WHO toxicity rating table. The renal function was evaluated by two different formulas according to the characteristics of the patient: Cockcroft & Gault Formula and Formula MDRD (Modification of the Dite in Renal Disease).
Results:we included 72 patients of which 40 patients are evaluable.the average age is 53.26(±14.12) years with a median of 53 years and extremes ranging from 14 to 75 years, with percentages respectively of 27.80% and 26.40% with predominant use of carboplatin.More than half of the patients received carboplatin, while cisplatin and oxaliplatin were used in (23.6%) and (20.8%) cases, respectively.According to platinum salts, the lungs and head and neck are the most common sites (25%) with predominant use of carboplatin for the lung, and cisplatin for head and neck. In third place is gastrointestinal and colorectal cancers with percentages respectively of (16.67%) and (12.5%).Patients diagnosed at the late stage (III and IV) represent 81.94% of cases with preferential use of carboplatin. The remainder is distributed between stages I and II, with respective percentages of 1.39% and 16.67%.In our study, all patients received the first course of treatment and more than half received 4 complete courses. 94.4% of patients received at least 2 treatments and 68.1% received at least 3 treatments.The evaluation of the toxicity of the patients concerned only in the 40 patients who received 4 complete courses with 4 biological balances and 3 clinical evaluations, and this in order to better evaluate the cumulated dose toxicity.
The average values of creatinine clearance are in the standards for the platinum salt class. The depth of the decrease in clearance is more marked with cisplatin with a drop of 16%, but this decrease remains within the tolerated range allowing its use. On the other hand, this decrease is less marked with carboplatin and oxaliplatin.The frequency of neuropathic pain encountered during treatment is more than 50% .all molecules combined and ototoxicity is 20%.
Conclusion : The rate of decline in renal clearance was greater in patients treated with cisplatin (16%) than with carboplatin (7%) and oxaliplatin (7%). This is probably related to the selection of patients treated with cisplatin who must have a clearance (> 100 ml / min), but a lower clearance is tolerated when treated with carboplatin and oxalipaltine (>60 ml/min).).The ototoxicity analysis did not show a difference in toxicity between platinum salts, compared to theoretical data, or the ototoxicity was more marked with cisplatin. In our study the incidence is lower than that described in the literature with only 9% of which 3% of grade III or IV toxicity for cisplatin.