



**SAMI EL-KHATIB**

*President of AMAAC*



**ADDA BOUNEDJAR**

*President of SAFRO  
Vice president of AMMAC*

*Dear Colleagues,*

***On behalf the executive board of the Arab Medical Association against cancer (AMAAC) and the Algerian society of training and research in Oncology (SAFRO) it is our pleasure to remind you that the 22<sup>nd</sup> Pan Arab Cancer Congress and 15<sup>th</sup> Oncology Meeting prof. Rabah Ferhat will take place in Algeria on 1<sup>st</sup> - 4<sup>th</sup> of November 2023 at CIC Algiers .***

***This Congress which is organized in collaboration with the Algerian Society of Training and Research in Oncology (SAFRO), will be attended by active Oncologists and researchers from the MENA Region as will as prominent Researchers from different international cancer institutions.***

***The scientific program will focus on recent evidence-based advances with an immediate impact on cancer management, Programming this year will center on multidisciplinary approach to the most common cancers in the region, namely breast, lung, gastrointestinal, urogenital cancers and immunotherapy.***

***In addition, update in management of various types of cancer will be discussed .***

***Scientific sessions continue to evolve and improve with the input from our attendees making an already great meeting even more spectacular .***

***We thank you for your input in the past and we hope you have the opportunity to experience the enhancements to our meeting.***

***Most importantly we hope the meeting addresses the greater mission of the AMAAC, to reduce the burden & suffering from cancer .***

***AMAAC had many activities during the last years such as sponsoring fellowships every year for junior oncologists to continue their fellowship at distinguished Cancer Institutions and issuing quarterly editions of PAJO (pan Arab Journal of Oncology) which is edited by our colleague Dr. Marwan Ghosn and Dr. Atef Badran .***

***Hopefully, it will be an enjoyable fruitful, and beneficial Congress to all of you .***

***We wish you a fruitful meeting and pleasant stay in Algeria***

## ***The Executive Board of AMAAC***

**Sami Khatib MD (Jordan)**

*AMAAC Secretary General*

**Adda Bounedjar MD (Algeria)**

*AMAAC Associate Secretary Communication Affairs*

**Khaled Al-Saleh MD (Kwait)**

*AMAAC Associate Secretary General for Prevention,  
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*Pan Arab Journal of Oncology (PAJO) Editor in Chief*

**Atef Badran MD (Egypt)**

*AMAAC Director*

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Arab Medical Association Against Cancer (AMAAC)  
Algerian society of Training & Research in Oncology (SAFRO)



# 22<sup>nd</sup> Pan Arab Cancer Congress PACC 2023 15<sup>th</sup> Oncology Meeting Pr Rabah Ferhat

1<sup>st</sup> - 4<sup>th</sup> November, 2023  
International Convention Center Abdelatif-Rahal  
(CIC Algiers)

## Scientific Program

November 1<sup>st</sup>, 2023

General Assembly SAFRO  
12h00-13h00

### Session I

6<sup>th</sup> Course of angiogenesis, immunotherapy & others targets (ACHOG)

Moderators: T. Filali (Algeria) - Ali Shamseddine (Lebanon) – H. Al-Ghazali (Egypt)

14h00-14h10	Introduction	Ali Shamseddine (Lebanon) / H. Al-Ghazali (Egypt)
14h10-14h30	Basis of angiogenesis and immunology	M. Mahrous (KSA)
14h30-14h50	Safety of angiogenesis therapy	A. Shamseddine (Lebanon)
14h50-15h10	ESMO 2023 therapeutic innovation	A. Awada (Belgium)
15h10-15h30	MSI – H colorectal cancer the role of IO	S. Bazarbashi (KSA)
<b>15h30-15h50</b>	<b>Coffee Break</b>	
15h50-16h10	Fusion of Quantum Optics and Artificial Intelligence for the detection of early cancers using liquid biopsies	J. M Nabholtz (KSA)
16h10-16h30	All patients with gastric adenocarcinoma HER2 (-) should they receive immunotherapy ? (Symposium BMS)	E. Van cutsem (Belgium)
16h30-16h50	The magic of the combination therapy in HCC case presentation	A. Shamseddine (Lebanon)





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16h50-17h10	Ramucirumab in the management of gastroesophageal junction (case report) (Symposium Biopharm)	<i>E. Van cutsem (Belgium)</i>
17h10-17h30	Immune related adverse events & their management	<i>E. Hamada (Egypt)</i>
<b>17h30 – 17h50</b>	<b>Discussion</b>	

**November 2<sup>nd</sup>, 2023**

**Opening Ceremony**

09h00 – 09h30

<b>Session II</b>		<b>G I session</b>	
<i>Moderators : H. Mahfouf (Algeria) – W. Benbrahim (Algeria) –S. Issaoui (Mauritania) – L. Ben Fatma (Tunis)</i>			
09h30-09h50	Efficacy and safety of anti EGFRs in first line treatment in mCRC (Symposium Amgen)	<i>E. Van Cutsem (Belgium)</i>	
09h50-10h10	HCC from angiogenesis to immunotherapy	<i>G. Abou-Alfa (USA)</i>	
10h10-10h30	MRI – guided radiation therapy for pancreas cancer	<i>T. Refaat (USA)</i>	
10h30-10h50	Locally advanced rectal cancer, risk stratification ant patient’s decision	<i>Ali Shamesedine (Lebanon)</i>	
10h50-11h10	Personalized approach in MCRC	<i>Kakil Rasul (Qatar)</i>	
11h10-11h30	Therapeutic approach in 2 <sup>nd</sup> line treatment for mCRC : Progression-free survival & QoL with Aflibercept (Symposium Sanofi)	<i>M. Oukkal (Algeria)</i>	
<b>11h30-11h50</b>	<b>Discussion</b>		

<b>Session III</b>		<b>Gynecological Cancer</b>	
<i>Moderators : F. Bereksi (Algeria) – HA. Dib (Algeria) - Kakil Rasul (Qatar)</i>			
11h50-12h10	Cervical cancer	<i>M. Mokhtar (Egypt)</i>	
12h10-12h30	Endometrial cancer	<i>H. Djafer (UAE)</i>	
12h30-12h50	Ovarian cancer	<i>S. Al-Sukhun (Jordan)</i>	
<b>12h50 – 13h10</b>	<b>Discussion</b>		
<b>13h10 – 14h20</b>	<b>Lunch</b>		

<b>Session IV</b>		<b>Research in oncology</b>	
<i>Moderators : M. Oukkal (Algeria) – D. Yekrou (Algeria) - J. M Nabholtz (KSA) – A. Awada (Belgium)</i>			
14h20 – 14h40	NCCN Guidelines	<i>Wui-Jin Koh (NCCN USA)</i>	
14h40 – 15h00	Oncodistinct experience	<i>A. Awada (Belgium)</i>	
15h00 – 15h20	Research in Arab world	<i>H. Al-Ghazali (Egypt)</i>	
15h20 – 15h40	Research in Europe	<i>F. André (France)</i>	
15h40 – 16h00	Research in USA	<i>Wui-Jin Koh (NCCN USA)</i>	
<b>16h00 – 16h20</b>	<b>Discussion</b>		
<b>16h20 – 16h40</b>	<b>Coffee break</b>		





**Session V**

**Cancer control in the Arab world (in collaboration with BGICC)**

*Moderators : B. Larbaoui (Algeria) - H. Al-Ghazali (Egypt) – B. Barzangi (Iraq)*

16h40-16h50

In Algeria

A. Bounedjar

16h50-17h00

In Egypt

H. Al-Ghazali

17h00-17h10

In KSA

M. Alfohaidi

17h10-17h20

In Tunisia

H. Boussem

17h20-17h30

In Lebanon

F. Ferhat

17h30-17h40

In Libya

I. Siala

**17h40 – 18h00**

**Discussion**

**17h00 – 19h00**

**Board AMAAC**

**19h00**

**Welcome Dinner**

**November 3<sup>rd</sup>, 2023**

**Session VI**

**Urogenital Cancer**

*Moderators : A. Bounedjar (Algeria) - Ali Shameseddine (Lebanon)*

08h45-09h05

Updates in Genitourinary pathology?

K. Mokeddem- Z.C. Amir  
(Algeria)

09h05-09h25

Radiation therapy for urogenital cancer

S. Hanasoge (USA)

09h25-09h45

Bladder cancer: from chemo to IO, where are we in 2023?

J. Ansari (UAE)

09h45-10h05

Role of cabometyx as new option in advanced RCC (Symposium IPSEN)

A. Awada (Belgium)

10h05 -10h25

A Rapidly Changing Landascope (Symposium Janssen)

Ali Shameseddine  
(Lebanon)

10h25 -10h45

Management of abiraterone acetate in prostate cancer (Symposium hikma)

S. Bazarbashi (KSA)

**10h45 – 11h05**

**Discussions**

**11h05– 11h20**

**Coffee Break**

**Session VII**

*Moderators : K. Alsaleh (Kuwiat) - H. Djedi (Algeria) – C. Sedkaoui (Algeria)*

11h20 – 11h40

Optimizing care for patients with Metastatic Hormone-Sensitive Prostate Cancer (Symposium Astellas)

J. Ansari (Egypt)

11h40 – 12h00

Evolution and update of diagnosis & molecular pathology

Samoylenko Igor (Russia)

12h00 – 12h20

Updating of thyroid cancer management

K. Alsaleh (Kuwiat)

12h20 – 12h40

Toripalimab in NPC

H. Djafer (UAE)

**12h40 - 13h00**

**Discussions**

**13h00-14-30**

**Lunch & Friday Prayer**





**Session VIII Thoracic cancer**  
**Moderators : A. Boussahba (Algeria) – A. Bensalem (Algeria) - H. Boussen (Tunisia) – NM. Elhaloubi (Egypt)**

14h30-14h50	News in pathology & molecular diagnosis	I. Letovanec (Switzerland)
14h50-15h10	Role of SBRT in early NSCLC and lung metastasis	M. Abazeed (USA)
15h10-15h30	IO in metastatic disease	O. Khorshid (Egypt)
15h30-15h50	Innovation in targeted therapy for lung cancer	H. Boussen (Tunisia)
15h50-16h10	The future ahead : navigating emerging developments in EGFRm NSCLC (Symposium Astra Zeneca)	M. Jahanze (USA)
16h10-16h30	Combination of radiation therapy & immunotherapy future perspective	A. Lee (USA)
16h30 – 16h50	Keytruda + chemotherapy in 1L mNSCLC regardless of the PDL1 testing (Symposium MSD)	H. Assi (Lebanon)
<b>16h50 – 17h10</b>	<b>Discussion</b>	

**November 4<sup>th</sup>, 2023**

**Session IX Breast Cancer**  
**Moderators : F. Seghier (Algeria) - S. Al-Sukhun (Jordan) – Eramah Ermiah (Libya)**

09h00-09h20	NGS in BC	F. André (France)
09h20-09h40	Highlights BC ESMO2023	A. Awada (Belgium)
09h40-10h10	Loco-regional therapy in adjuvant Setting	Y. Belkacimi (France) / T. Rafeet (USA)
10h10-10h40	Systemic therapy in adjuvant Setting for BRCA+ HR+ patients	J. M Nabohltz (KSA)
10h40-11h10	Systemic therapy in metastatic Setting: Trastuzumab DXT should be given to all HER2 Low BC	J. Gligorov (France) / F. André (France)
<b>11h10 – 11h30</b>	<b>Discussions</b>	
<b>11h30 – 11h50</b>	<b>Coffee Break</b>	

**Session X Moderators : T. Filali (Algeria) - E. Kerboua (Algeria) – J. Gligorov (France)**

11H50 – 12h10	Therapeutic Results of Palbociclib in the Real-World (Symposium Pfizer)	J. M Nabohltz (KSA)
12h10 – 12h30	Transforming the treatment journey of patients with HER2-positive early breast cancer (Symposium Roche)	J. Gligorov (France)
12h30 – 12h50	The management of the Breast Cancer HR+ Her2- (Symposium Dr Reddy's )	S. Al-Sukhun (Jordan)
12h50 – 13h10	NCCN Guidelines in BC	M. Jahanzeb (USA)
13h10 – 13h30	Systemic therapy in neoadjuvant Setting	H. Abdelazim (Egypt)
<b>13h30 – 13h50</b>	<b>Discussions</b>	







Parallel Workshops Session  
1 & 2 November 2023

Immunology Oncology Summit (Supported by BMS)

01 November 2023

09h00

Allocution de bienvenue

09h10

Introduction au I-O Summit

*A. Bounedjar*

09h20

**Nivolumab dans le cancer du poumon non à petites cellules: des essais cliniques aux données du monde réel**

*D. Planchard / A. Bounedjar*

10h00

Discussion

10h10

**Nivolumab: Une nouvelle ère dans le traitement du mélanome avancé et adjuvant**

*C. Robert / T. Filali*

10h50

Discussion

11h00

Coffee Break

11h10

**L'Approche Immuno-oncologique dans le Traitement du cancer épidermoïde de la tête et du cou**

*G. Chahine / A. H. Dib*

11h50

Discussion

Real world data (Pfizer Workshop)

01 November 2023

09h00-11h00

*Sohela El Kebir ( IQVIA)*

**Dr.Reddy's Workshop**

**01 November 2023**

**Session I Prostate cancer**

*Moderators: B. Larbaoui - E. Kerboua - F. Bereksi - D. Amokrane*

**09h00**

**Prostate cancer epidemiology overview in Algeria and arabic world**

*B. Larbaoui*

**09h40**

**Panel discussion**

**09h55**

**Chemotherapy in Metastatic Prostate Cancer Castration Resistant & Clinical cases**

*D. Amokrane*

**10h35**

**Panel discussion**

**10h50**

**Closing remarks**

**Session II Breast cancer**

*Moderators: A. Bounedjar - H. Mahfouf - D. Yekrou - Dr Benrazy - H. Djedi*

**11h00**

**Breast cancer Epidemiology overview and status in Algeria**

*A. Bounedjar*

**11h30**

**Q & A**

**11h40**

**Fulvestrant: Breast Cancer HR+ Her2-**

*H. Mahfouf*

**12h10**

**Q & A**

**12h20**

**Fulvestrant in metastatic RH+ / HER -  
breast cancer: Clinical Cases**

*Dr Benrazy*

12h50  
Panel discussion

**Radiotherapy Workshop with ASRO**

02 November 2023

14h00-17h00

**Session I**

Moderateurs : R.Djekoun, K. Boudaoud, C. Tayeb, S. Khoudri

**Advances in H&N Radiation Therapy**

Anna Lee

**Cutting Edge Approaches in Lung SBRT**

Mohamed Abazeed

**Session II**

Moderateurs : N. Ferdi, M. Ayad, S. Bali, A. Brihmat

**SBRT for Pancreas Cancer**

Tamer Refaat

**Cutting Edge Approaches in Prostate SBRT**

Sheela Hanasoge

**Pathology Workshop with ASPAT**

02 November 2023

1<sup>ère</sup> Séance TNE

Modérateurs: Pr Belarbi- Pr Beddar- Pr Medjamia- Pr Ouhida

14h00

**Pièges diagnostiques des Tumeurs Neuroendocrines (TNE)**

Pr S Ait Younes / Dr K Lounis

14h15

**Biologie moléculaire des TNE**

Pr Benserai

14h30

**Diagnostic anatomopathologique des MINEN**

Pr S Ait-Younes / Dr N Benidir

14h45

**Highlight ECP 2023 en pathologie neuroendocrine digestive**

*Pr Beddar (Symposium IPSEN)*

15h10

**TNE urologiques**

*Pr Mokeddem / Dr MG Mokhtech / Pr ZC Amir*

15h25

**Néoplasies neuroendocrines rares**

*Pr Zamouchi / Pr Ouahioune*

15h40

**Discussion**

15h50

**Pause-café**

**2<sup>ème</sup> Séance : Cancer du poumon**

*Modérateurs: Pr Ouahioune - Pr Yassi - Pr Djennane - Pr Belbachir*

16h20

**Mécanismes moléculaires dans les carcinomes pulmonaires et implications cliniques**

*Igor Letovanec (Supported by HIKMA)*

16h40

**Aspects morphologiques du CBNPC.**

*Pr W Touisi / Pr S Ait-Younes*

16h55

**Marqueurs théranostiques dans les CBNPC**

*Pr Benoui / Pr Ouahioune*

17h10

**CPC quoi de neuf ?**

*Pr Amir*

17h25

**Formes particulières du cancer du poumon**

*Pr Slimani*





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17h40

**Testing EGFR dans les CBNPC**  
*Pr Amir (Symposium AstraZeneca)*

18h05

**Atelier PD-L1: TPS dans les NSCLC & CPS dans les TN BC**  
*Pr Ouahioune (Symposium MSD)*

18h30

**Circulating tumor cells offer new precision medicine tools for cancer diagnostic, prognostic & follow-up**  
*Georges Uzan*

19h50

**Discussion**

**03 November 2023**

**3<sup>ème</sup> Séance : Cancer du foie**

*Modérateurs: Pr Amir - Pr Benhassene- Pr Khadraoui- Pr Terkmani*

9h00

**Carcinome hépatocellulaire (CHC) : Données anatomopathologiques et moléculaires.**  
*Pr Ait-Younes / Dr Lounis*

9h15

**Métastase hépatique de primitif inconnu**  
*Pr Hadjhamou / Pr Ouahioune*

9h30

**Métastases hépatiques des cancers colorectaux : Evaluation anatomopathologique de la réponse tumorale au traitement**  
*Pr Ait -Younes / Dr Benidir (Symposium Merck)*

9h55

**Discussion**

10h10

**Pause-café**



**4<sup>ème</sup> Séance : Cancer de l'ovaire**

Modérateurs: Pr Benkheda- Pr Slimani- Pr Bensaci- Pr Yelles

**10h40**

**Actualités sur la carcinogénèse ovarienne**

*Pr Djennane / Dr C Sari*

**10h15**

**Quoi de neuf dans les tumeurs épithéliales ?**

*Pr Latreche / Dr H Nabi / Pr Slimani*

**11h20**

**Quoi de neuf dans les tumeurs des cordons sexuels ?**

*Dr N Saadallah / Pr S Ait-Younes*

**11h25**

**Quoi de neuf dans les tumeurs germinales ?**

*Dr F Sadar / Pr K Mokeddem / Pr ZC Amir*

**11h40**

**Atelier technique d'interprétation de l'Her2 dans le cancer du sein**

*Pr Moulai (Symposium Roche)*

**12h05**

**Discussion**

**Nursing Workshop : JIO5**

**02 November 2023**

**9h00**

**Intérêt de la démarche de soins infirmiers en oncologie médicale**

*N. Chouabi (INFS Annaba)*

**9h30**

**Intérêt de l'observance thérapeutique dans le cancer de la prostate**

**Technique injection Decapeptyl & Somatuline**

*Mohamed Abada (Symposium IPSEN)*

**10h00**

**Discussion**

**10h20**

**Pause-café**

10h40

**Rôle de l'infirmier en oncologie dans la gestion des effets indésirables : gestion de l'anémie**

*Said belhadeb (Symposium Hikma)*

11h10

**Ramucirumab en pratique dans le cancer gastriques (en mono thérapie ou en association avec les taxânes)**

*Miloudi Rafik (Symposium Biopharm)*

11h40

**Zoladex Safe système injection**

*N. Caid (Symposium AstraZeneca)*

12h10

**Discussion**

12h30

**Déjeuner**

14h00

**L'infirmier en pratique et son rôle dans la gestion des effets indésirables**

*AH. Boudjela (Symposium MSD)*

14h35

**PERJETA / KADCYLA : de la bonne pratique au bon usage**

*Anisse Ainouche (Symposium ROCHE)*

15h10

**Discussion**

15h30

**Pause-café**

15h50

**Fulvestrant for Breast Cancer HR+ Her2-in & way of Administration**

*Abderrahim Djellaoui (Symposium DR. Redd's)*

16h25

**Les bonnes pratiques de la manipulation des cytotoxiques (les locaux, le matériel, les méthodes du travail, la protection).**

*Ikram Hassane*



17h00  
Discussion

Psycho-Oncology Workshop with SAPOSS

02 November 2023

8h 45

Allocution d'ouverture sur l'intérêt de la formation continue en psycho oncologie et soins de support pour les soignants en cancérologie

*Tabti Madjid (Président de la SAPOSS)*

9h00

Les cancers et leurs traitements, effets secondaires et séquelles. Intérêt des soins de support

*Difi Samia (Vice-présidente de la SAPOSS)*

9h30

Comment respirer et lâcher prise après une annonce difficile. Intérêt de la sophrologie

*Oukkal Fettouchi Zina (Vice-présidente de la SAPOSS)*

10h00

Le rôle du pédopsychiatre en oncopédiatrie dans la prise en charge médicamenteuse de l'anxiété et de la dépression

*Bekkou Sedik (Trésorier de la SAPOSS)*

10h30

Chronicisation de la douleur aiguë en cancérologie : Physiopathologie et thérapeutiques préventivesCC

*Ourrad Dahbia (Vice-présidente de la SAPOSS)*

11h00  
Discussion

11h15  
Pause-café

11h30

L'hypnose en cancérologie : Une ressource à portée de voix

*Oughlis Nadra (Secrétaire adjointe de la SAPOSS)*



12h00

**L'alimentation intégrative en prophylaxie des maladie metaboliques**

*Lateb Sakina Cylia (Assesseur à la SAPOSS)*

12h30

**L'éducation thérapeutique, La clé de l'autonomie chez le stomisé**

*Medjahed Seddik (Assesseur à la SAPOSS)*

13h00

**Débat et clôture**

**Patients association Workshop**

**02 November 2023**

**1<sup>ère</sup> Séance**

08h 45

**Apport associatif dans le monde arabe**

*Monsieur Khaled Salah (Koweït)*

09h 00

**Ministère de la Solidarité Nationale de la Famille et de la Condition de la Femme**

*Soumia Ouleman*

09h 15

**Ministère de la Santé**

09h 30

**Ministère des Affaires Religieuses**

09h 45

**Caisse Nationale d'Assurance des Salariés (CNAS)**

*MC. Boussahma*

10h 00

**Association El Badr, une association algérienne , retour d'expérience**

10h 15

**Témoignage de « malade-expert »**

10h 30

**Discussion**

10h 45

**Pause-café**

**2<sup>ème</sup> Séance**

11h 00

**Association Nour-Eddouha**



11h 10

Association El-Fadjr

11h 20

Association El Amal

11h 30

Association «Waha » de Constantine

11h 40

Association Errahma de Boumerdes

11h 55

Témoignage de « malade-expert »

12h 10

Symposium

12h 25

Discussion

12h 40

Déjeuner

3<sup>ème</sup> Séance

14h 00

Association Essabr de Setif

14h 10

Association El Hayat de Chlef

14h 20

Association Chouaa el Amel de Djelfa

14h 30

Association d'aide aux malades atteints de cancer de Béchar

14h 40

Association Ishak de Ghardaia

14h 50

Témoignage de « malade-expert »

15h 05

Discussion

15h 20

Impact de la sensibilization au dépistage du cancer de la prostate sur la prise en charge  
des patient

*Boulatrous (Supported by IPSEN)*

15h 35

pause-café

4<sup>ème</sup> Séance

15h 50

Association Nour El Amel de Guelma



Arab Medical Association Against Cancer (AMAAC)  
Algerian society of Training & Research in Oncology (SAFRO)



16h 00

Association Sanad d'El-Eulma

16h 10

Association Salsabil de Mostaganem

16h 20

Asso El Hayat de Tlemcen

16h 30

Asso Association Enfant-cancer d'Oran

16h 40

Témoignage de « malade-expert »

16h 55

Discussion

17h 05

Partenaire engagé dans la lutte contre le cancer du sein, aux côtés des associations de patients

*Staff Roche (Supported by ROCHE)*

17h 20

SYNTHESE avec proposition des principales recommandations et feuille de route inter-associative

17h 45

Clôture

**Medical physicists Workshop**

**03 November 2023**

**09h00-12h00**

**Quality control program development: tips and tricks**

*E. Omari (USA)*

**Treatment planning from 3 D to IMRT to SBRT: tips and tricks**

*S. Gros (USA)*

**Chemist Workshop with SAPHO**

**02 November 2023**

**Session I**

*Modérateurs : El. Nebchi, K. CHELALI, EL. MANSOURI*

**9h00**

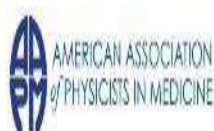
**Délais et procédure d'enregistrement et d'extension d'AMM : impact sur l'accès à l'innovation**

*C. DELIH (ANPP)*

**9h15**

**Financement des innovations thérapeutiques en oncologie**

*S.FERHAT (PCH)*





9h30

**Budget programme dans le domaine de la santé (outils et perspectives)**

*R. LOUKAM*

9h45

**Implémentation des évaluations médico-économiques en milieu hospitalier**

*M. CHELGHOUM*

10h15

**Discussion**

10h30

**Pause-café**

10h45

**Implication du pharmacien dans la pharmacovigilance**

*N.Z. LAZLI (CNPM)*

11h05

**Pharmaciens Hospitaliers face aux Innovations thérapeutiques**

*I.GHERBI, M.Y. ACHOURI*

11h35

**Interconnexions Ville-Hôpital dans la prise en charge des cancers**

**Rôle du pharmacien "Actualités règlementaires en France**

*M. SALHI*

12h05

**Discussion**

12h25

**L'amélioration des systèmes de passation des marchés publics en faveur de l'efficience  
d'approvisionnement des produits de santé**

*M. TABAINET*

**Session II**

*Modérateurs : N.Z. LAZLI, M.Y. ACHOURI, M. CHELGHOUM*

14h00

**le rôle du pharmacien en pratique dans le parcours du patient en oncologie**

*Y. MEZAOUR (Symposium MSD)*





Arab Medical Association Against Cancer (AMAAC)  
Algerian society of Training & Research in Oncology (SAFRO)



14h40

**Impact médico-économique de l'immunothérapie sur le système de santé**  
*KHOURY Mirella (Symposium BMS)*

15h20

**CABOMETYX, pharmaco-economic assessment by HAS and NICE**  
*KALTENBACH Emmanuelle (Symposium IPSEN)*

16h00

**Discussion**

**Biologists Workshop**

**02 November 2023**

**Séance I**

*Modérateur : Ould Brahim Zineb*

09h00

**Les bonnes pratiques de la manipulation des cytotoxiques (les locaux, le matériel, les méthodes du travail, la protection).**

*Kadouri Chafia (CAC Blida)*

09h30

**La préparation de la chimiothérapie**

*Mohamed Rochdi Melizi (CHU Constantine)*

10h00

**La préparation des thérapies ciblées et des anticorps conjugués (TDM1)**

*Sara Ouzit (CHU Beni Messous)*

10h30

**Discussion**

10h45

**Pause - café**

**Séance 02 : Modérateurs**

11h00

**La préparation de l'immunothérapie (Pembrolizumab, Atézolizumab...)**

*A. Zemmour (CAC Oran)*

11h30

**La relation soignant-soigné et l'importance du biologiste en oncologie**

*A. Arab (EPH Rouiba)*





**Arab Medical Association Against Cancer (AMAAC)**  
**Algerian society of Training & Research in Oncology (SAFRO)**



**12h00**  
**Discussion**

22<sup>nd</sup> Pan Arab  
 Cancer Congress  
 PACE

15<sup>th</sup> Oncology Meeting  
 P' Habibah Ferhat

11 - 14 November 2023  
 ALGERIE  
 ALGERIA



# FACULTY

## In Alphabetical Order



### MOHAMED ABAZEED

USA.

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Mohamed Abazeed, MD, PhD, is an Associate Professor of Medicine at Northwestern University and the Co-Leader of the Lung Cancer Program in the Lurie Cancer Center. As a clinician, he is focused on the management of patients with lung cancer. As a scientist, he and his research team have developed methods and information capabilities that advance more individualized cancer treatments.



### HAMDY ABDELAZIM

EGYPT.

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Chairman of Kasr Al-Ainy School Of Oncology (KASO), official Cancer education organization, Department of Oncology, Faculty of Medicine, Cairo University. Referee for the Annals of Oncology Journal, THE BREAST, The Breast Journal (TBJ), BMC Cancer, Chemotherapy journal , Advances in Cancer Research & Treatment , Journal of the Egyptian National Cancer Institute, and the Chinese Clinical Oncology Journal.



### GHASSAN ABOU-ALFA

USA.

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Dr. Ghassan Abou-Alfa is an oncologist in New York, NY and is affiliated with Memorial Sloan-Kettering Cancer Center. He received his medical degree from American University of Beirut Faculty of Medicine and has been in practice 25 years. He also speaks multiple languages, including French and Arabic. He specializes in gastrointestinal cancer and is experienced in gastrointestinal oncology, general medical oncology, and liver cancer, biliary cancer, pancreatic cancer.



### HAZEM ASSI

LEBANON.

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Dr. Shamseddine is currently Professor of Clinical Medicine and Director of Gastrointestinal / Genitourinary cancer program at Hematology - Oncology Division and Basile Cancer Institute at the American University. Professor Shamseddine served as a Chair of the hospital committee on cancer for more than 10 years as well as the Director of the Tumor Registry at the Medical Center and the Data Management and Clinical Research Unit at NKBCI.



### SANA AL SUKHUN

JORDAN.

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Dr. Sana Al Sukhun is an Adjunct Professor of Medical Oncology and is currently the president of the Jordanian Society of American Medical Graduates. She is the immediate past president of the Jordanian Oncology Society. She is actively involved in numerous professional organizations such as the European and American societies of medical oncology (ESMO & ASCO)

# FACULTY



## METAB ALFOHAIDI

KSA.

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President of Saudi oncology society  
Section Head of Medical Oncology, Princes Norah Oncology Center, Jeddah



## HESHAM AL-GHAZALI

EGYPT.

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Prof. Dr. Hesham Al-Ghazali, Professor of Oncology, Head of the Research Centre at Faculty of Medicine, President of the International Society of Oncology.



## KHALED AL-SALEH

KUWAIT.

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Head of Radiation Oncology Department at Kuwait Cancer Control Center in Kuwait, Chairman of the Board of Kuwait Society for Smoking and Cancer Prevention (KSCP) and Chairman of Cancer Patients Fund.



## FABRICE ANDRÉ

FRANCE.

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Fabrice André is a medical oncologist working at Gustave Roussy and taking care of patients presenting a breast cancer.

Professor André has published more than 300 peer reviewed papers, including papers in Nature, the New England Journal of Medicine, Lancet, Nature Medicine, as main author. President of ESMO 2024-2026.



## JAWAHER ANSARI

UAE.

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Consultant Oncologist at Tawam Hospital.  
Dr. Jawaher Ansari completed his Clinical Oncology specialist training in Birmingham, UK and has worked as a Consultant oncologist for over 20 years



# FACULTY



## AHMAD HUSSEIN AWADA

BELGIUM.

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Member of several international scientific societies (ASCO, EORTC, ESMO, BSMO), Professor of Clinical Medicine and Medical Oncology at the Université Libre de Bruxelles and he is also co-founder of Oncodistinct network for oncology research. He is a member of the ESMO Clinical Research Observatory Task Force, and the ESMO/ASCO Global Curriculum Working Group. He was previously the Faculty Coordinator for the ESMO Faculty Group Principles of Clinical Trials and Systemic Therapy. He has published 32 book chapters and 397 peer-reviewed articles in international publications.

## SHOUKI BAZARBASHI

KSA.

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Dr. Shouki Bazarbashi is currently working as Medical Oncologist at King Faisal Specialist Hospital & Research Centre. He obtained his D.A.B. in Medical Oncology and Hematology from Wayne State University School of Medicine-Detroit, USA. His main area of expertise includes GI Cancer, Esophagus Cancer, Gastric Cancer, Pancreatic Cancer, Hepatocellular Carcinoma, Colorectal Cancer, Renal Cell Carcinoma, Urinary Bladder Cancer, Prostate Cancer, Testicular Cancer, and Chemotherapy. He has published 95 abstracts and 45 manuscripts in his field of research and work and is a member of the American Board of Internal Medicine, Medical Oncology, and Hematology.



## YAZID BELKACEMI

FRANCE.

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Head of Radiation Oncology and Henri Mondor Breast Center. Professor of Radiation Oncology. President of International committee, Medical School, UPEC

## HAMOUDA BOUSSEN

TUNISIA.

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Professor of Medicine (Medical Oncology), University Tunis El Manar, Faculty of Medicine Tunis

President, Tunisian "PEC Consortium" (Protocole d'Etude en Cancérologie)

Dr. Boussem is a physician and researcher working on several areas of medical oncology. He conducted several clinical trials on breast cancer and inflammatory breast cancer and was one of lead researchers on this disease in Tunisia.



## GEORGES CHAHINE

FRANCE.

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Prof in hemato and oncology at Hôtel-Dieu de France

# FACULTY



## JOSEPH GLIGOROV

EGYPT.

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Joseph Gligorov is Professor of Medical Oncology at the University of the Sorbonne and Medical Practitioner in the Department of Medical Oncology at Tenon Hospital, Paris (AP-HP). He is currently the executive director of the University Institute of Cancerology AP-HP Sorbonne University, grouping treatment, education, and research on. Regarding his clinical activity, he is co-chairing the Breast Cancer Expert Center at Tenon Hospital and is mainly involved in breast cancer treatment.



## EMAD HAMADA

EGYPT.

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Dr. Emad Hamada is a professor of clinical oncology at Kasr El Ainy Center Of Clinical Oncology and Nuclear Medicine (NEMROCK), Faculty Of Medicine, Cairo University. He is currently General Director Of Kasr El Ainy Center Of Clinical Oncology And Nuclear Medicine (NEMROCK), Faculty Of Medicine, Cairo University.



## SHEELA S. HANASOGE

USA.

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Dr. Sheela S. Hanasoge, MBBS, PhD, is a board-certified radiation oncologist. She practices general radiation oncology and has a special interest in the treatment of breast, gynecological, and genitourinary cancers. She sees patients at Grady's Edward C. Loughlin Radiation Oncology Center.



## HIKMAT ABDEL-RAZEQ

KSA.

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Dr. Hikmat Abdel-Razeq is the Chief Medical Officer and Deputy Director General of the King Hussein Cancer Center (KHCC), where he also serves as Chairman of the Department of Internal Medicine

He is the author of over 100 peer-reviewed articles and publications, and he has authored a number of books and medical references specializing in hematology, thrombosis and medical oncology. In addition, Dr. Abdel-Razeq is an expert reviewer for many internationally-renowned medical journals. He has received several awards and honors throughout his academic and professional careers in Jordan, Saudi Arabia and United States, including the King Hussein Cancer Research award in 2021.



## HASSAN JAAFAR

UAE.

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Dr. Hassan Jaafar is a consultant medical oncologist with more than 25 years of professional experience

Major areas of clinical and research interest include breast cancer and gynecological cancers, lung cancer, colorectal cancer, sarcomas, and other solid tumors. Dr. Jaafar worked on multiple publications in esteemed journals and has a plethora of abstracts and cases presented at conferences around the world.

# FACULTY



## MOHAMMAD JAHANZEB

USA.

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Board-certified in Medical Oncology, Dr. Mohammad Jahanzeb specializes in the clinical research and treatment of breast and lung cancers. He has given more than 900 lectures around the globe on these topics as an invited speaker and has authored or contributed to more than 200 original reports, book chapters, reviews and abstracts.

Dr. Jahanzeb is a fellow of the American Society of Clinical Oncology, a distinction that recognizes extraordinary volunteer service, engagement, dedication and commitment to ASCO. He is also a member of the Florida Society of Clinical Oncology Board of Directors, a fellow of the American College of Physicians, the American Association for Advancement of Science and the International Association for the Study of Lung Cancer. He served for ten years on the Board of Directors and the expert panels for Lung Cancer and Breast Cancer of the National Comprehensive Cancer Network



## OLA KHORSHID

EGYPT.

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Dr Ola Khorshid is currently the Department Chair of the Medical Oncology Department NCI Cairo University.

Prof. of Medical Oncology, Malignant Hematology & BMT, Medical Oncology Department NCI, Cairo University.

She is the Chairman & Founder of Millennium HealthCare Institution.

She is the winner of the Cairo University Achievement Award for 2011

Dr Khorshid is currently an editor of ISLB Journal & MEDITERRANEAN ONCOLOGYJOURNAL –M.O.J

She has more than 70 international publications in SCT, hematological malignancies, Lung, breast & GIT Malignancies .



## MUAIAD KITTANEH

USA.

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Doctor Muaiad Kittaneh is a medical oncologist and assistant professor at the Loyola University of Chicago. After completing his Internal Medicine training at Advocate Christ Medical Center/University of Illinois of Chicago, where he also served as Chief resident, Dr.Kittaneh continued his training at the University of Miami.

Dr. Kittaneh has done extensive research, clinical trials and published his work on prominent journals with a focus on breast cancer, melanoma and gastrointestinal cancers.



# FACULTY



## WUI-JIN KOH

USA.

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Senior Vice President/Chief Medical Officer at the National Comprehensive Cancer Network (NCCN).

he served as Professor of Radiation Oncology at University of Washington and Medical Director for Radiation Oncology at Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance.

He is responsible for medical leadership and oversight for NCCN's continuing medical education program and JNCCN — Journal of the National Comprehensive Cancer Network and represents the organization at clinical and scientific meetings.

He is also actively involved in the NCCN Global initiatives.



## ANNA LEE

USA.

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Anna Lee is an Assistant Professor in the Head and Neck Section of the Department of Radiation Oncology at the University of Texas MD Anderson Cancer Center. Her research interests include examining outcomes in the re-irradiation setting, comparative effectiveness research with large databases and issues regarding gender equity in academic medicine. Dr. Lee has co-authored over 90 peer-reviewed articles and book chapters. She hopes to better understand how to improve the therapeutic ratio utilizing proton therapy and enjoys developing meaningful relationships with patients while upholding the highest standard of care.



## MERVAT MAHROUS

KSA.

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Adult Medical oncology Dept Prince Sultan Military Medical City (PSMMC), Riyadh.

Assistant Professor of oncology Faculty of Medicine Minia university

She had Master oncology degree- Cairo university 1997 and MD degree –Minia university 2003., she had her oncology training first in Kaser Alini (NEMROCK) oncology department, then she had training resident in MEDisch Spectrum Ziekhou Holland (1994-1996)

She worked as oncology research fellow in Mass General Hospital Harvard university Boston USA (2001)

She had Clinical fellowship in Sunnybrook Cancer center Toronto Canada 2007.

She had Vienna School of clinical research Diploma (VSCRD) Vienna 2009.

Member in ESMO, ASCO, ESO, ECS, AMAAC, and life member UICC. MENA group

She has plenty of publications in international Journals, PI & Co-investigator in national and international clinical trials.



## KHADIDJA MOKEDDEM

ALGERIA.

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Mokeddem Khadidja, Head of the uropathology unit at the Department of Pathological Anatomy and Biopathology at Mustapha University Hospital in Algiers.



# FACULTY



## MOHSEN MOKHTAR

EGYPT.

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Professor of Clinical Oncology, founder and president of Cansurvive  
He is an active member of the Arab Medical Association Against Cancer (AMAAC), the Egyptian Cancer Society (ECS) and the Egyptian Hemato-Oncology Group (EHOG).



## JEAN-MARC NABHOLTZ

KSA.

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World-class writer, editor,  
publisher in medical research,  
and esteemed professor at the department of medicine, division of onco-  
hematology, king saud university, riyadh, saudi arabia



## DAVID PLANCHARD

FRANCE.

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Dr David Planchard is a thoracic oncologist and head of the thoracic pathology committee at Gustave Roussy, where he is responsible for coordinating the management of patients with lung cancer, pleural mesothelioma or thymic tumours. He is also president of the International Center for Thoracic Cancers (CICT) He also participates in the national network for thymic tumours (RYTHMIC), the national expert network for malignant pleural mesothelioma (MESOCLIN) and the national network for the management of neuroendocrine tumours ( RENATEN ).



## KAKIL IBRAHIM RASUL

QATAR.

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Senior consultant in Haem/ Oncology NCCCR , Hamad Medical Corporation Doha, Qatar

Associate prof. in clinical medicine at Weil Cornell Medical College in Qatar  
Leading the Hepatobiliary pancreatic Multidisciplinary team Hamad Medical Corporation, Core Member of the Gastrointestinal Multidisciplinary team , Hamad Medical Corporation, Active member of ESMO , ASCO , Core member of both colorectal hepatobiliary MENA-NCCN guidelines panels for development of the guideline modifications

Member of the editorial board for the World Journal of Oncology Research and Advance in modern oncology research journal, journal of hepatology research , Reviewer for many journal : British Journal of Medicine Research , Saudi Medical Journal, Annals of Saudi Medicine, and Qatar Medical Journal.

Invited as speaker in many conferences international and regional  
Publications Published more than 80 articles in peer reviewed international and regional journals.

# FACULTY



## CAROLINE ROBERT

FRANCE.

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Pr Caroline Robert, MD, PhD, is head of the Dermatology Unit in Gustave Roussy Cancer Center.

She has received several awards and prizes including, Estela Medrano Award for the Society for Melanoma Research in 2018, the ESMO Woman Award in 2020. She was elected as a corresponding member of the French National Academy of Medicine in 2019. She was made a knight of the French Legion of Honor in 2014 and an Officer of the French National Order of Merit in 2021.



## TAMER REFAAT ABDELRHMAN

USA.

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Medical Director, Palos Affiliation, Director of Clinical Research, Director of International Outreach; Director of MRI-Guided Radiation Therapy  
Associate Professor



## IGOR SAMOYLENKO

RUSSIA.

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N.N. Blokhin Cancer Research Center · Tumor biotherapy



## ALI SHAMSEDDINE

LEBANON.

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Dr. Shamseddine is currently Professor of Clinical Medicine and Director of Gastrointestinal / Genitourinary cancer program at Hematology - Oncology Division and Basile Cancer Institute at the American University.

Professor Shamseddine served as a Chair of the hospital committee on cancer for more than 10 years as well as the Director of the Tumor Registry at the Medical Center and the Data Management and Clinical Research Unit at NKBCI.

# FACULTY



## ISMAIL SIALA

LIBYA.

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Consultant of Medical Oncology

Director General, Tripoli Cancer Center, Board Member, National Corporation for Cancer Control. Teacher, University of Tripoli, Department of Medicine.



## ERIC VAN CUTSEM

BELGIUM.

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Eric Van Cutsem, MD, PhD, is full professor and Division Head of Digestive Oncology at University of Leuven (KUL) and University Hospitals Gasthuisberg, Leuven, Belgium. He became in 2018 doctor honoris causa of the Medical University of Warsaw, Poland.

He is Member of the Belgian Royal Academy of Medicine and president of the Belgian Foundation against Cancer.

He received several awards, amongst which were in 2019 the ESMO Award and the European Awards in Medicine for Cancer Research.

His research focuses on the development of new treatment strategies for GI cancers, incl. drug development and identification of molecular markers and diagnostic tools



**P01 metronomic chemotherapy combined with cisplatin as first-line metastatic treatment for triple-negative breast cancer**

**Author :** A Bentouati EHS Emir  
Abdelkader , Medical Oncology  
Department , ORAN Algeria

**Co-author's :** F Z Boudinar , A Zemmour ,  
S Ghazi, Y Yacoubi

Triple-negative breast cancer accounts for about 15% of breast cancers, is more likely to occur in young women under 50 years and is associated with an aggressive clinical behaviour and a poor prognosis and a high risk of metastatic relapse than other immunohistochemical subtypes of breast Cancer, especially within the first 3–5 years of the diagnosis. locoregional therapy management breast cancer does not have any specific characteristics .The systemic treatment is based on chemotherapy. Despite their high chemosensitivity, the prognosis remains poor due to aggressive biological characteristics and the development of early chemoresistance. In order to develop new therapeutic strategies for these chemoresistant tumors and to improve the prognosis of triple-negative metastatic patients, a retrospective study was conducted evaluating the benefits of metronomic oral chemotherapy combining cyclophosphamide with methotrexate, with conventional chemotherapy using cisplatin as first-line therapy in metastatic triple-negative breast cancer .

A prospective study of 50 patients with untreated metastatic triple negative breast cancer. Evaluating the combination of cisplatin 25 mg/m<sup>2</sup>/d IV for 3 days every 28 days and metronomic oral chemotherapy with cyclophosphamide 50 mg daily for 14 days, and methotrexate 2.5 mg twice a day, days 1, 2 in weekly. The primary endpoint was the objective response rate (ORR). Secondary endpoints included assessment of time to

progression (TTP), overall survival (OS) and safety.

Forty-six (92%) of the fifty patients were assessable for response, 7 case of complete response (15.2%) and 12 cases of partial response (26.1%) were confirmed, giving an overall response rate 41.3%. The median time to progression and overall survival for all patients was 10 ± 3, 6 months and 18 ± 5 months, respectively. Toxicity was acceptable, the most common grade 1-2 toxicities were nausea/vomiting, stomatitis, diarrhea, anemia, leuko-/neutropenia, asthenia. The most severe hematologic adverse event grade 3-4 was neutropenia (33.5%). The nonhematologic grade 3-4 included stomatitis (3.3%).

The combination of cisplatin and metronomic chemotherapy, cyclophosphamide, methotrexate demonstrated encouraging activity and was relatively well tolerated when given as first-line therapy in selected metastatic breast cancer patients with triple-negative disease.

**P02 Primary lymphoma of the Breast. A report of three cases and review of the literature**

**Author :** Nabila MOULAI Department of  
pathology, Frantz Fanon University  
Hospital of Blida, Algeria Faculty of  
medecine Saad Dahleb Blida, Algeria  
Algeria

**Co-author's :** R.Bennoui, M. Guermi,  
S.Ahmed Allal. W.Ouahione  
Department of pathology, Frantz Fanon  
University Hospital of Blida, Algeria  
Faculty of medecine Saad Dahleb Blida,  
Algeria

Primary lymphoma of the breast is uncommon, accounting for less than 0.5% of all malignant neoplasms of the breast and approximately 2% of all extranodal lymphomas. It's defined as lymphoma confined to one or both breasts and/or regional lymph nodes, in the absence of a prior history of lymphoma. Most patients are middle-aged or elderly women,



although younger women can also be affected, including pregnant or lactating women Any type of lymphoma can occur as primary breast lymphoma. Our aim is to analyze histological and clinical features of primary lymphoma of the Breast

This is a retrospective study including three patients with primary non-Hodgkin's lymphoma of the breast diagnosed in our department; from 2019 to 2022. We used a panel of lymphoid antibody according to the WHO classification. We established the correlation between their clinical and their histopathological aspects.

The age of our patients ranged from 56 to 82 years. All patients presented clinically palpable nodules. Our patients performed a core needle biopsies. Mammography examination and ultrasound echography revealed a malignant aspects in two cases. One case was diagnosed previously as a carcinoma in core biopsy; this case was reviewed in our department and a diagnosis of Diffuse large B-cell lymphoma. One case of extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT) was established on mastectomy, a diagnosis of mastitis was made initially in core biopsy. Only one case of Diffuse large B-cell lymphoma was established initially in a core biopsy.

The diagnosis of primary is difficult on core biopsies. There is not a good correlation between imaging and histological features

### *P03* Evaluation of Biosimilar

#### Trastuzumab in HER2-Positive Breast Cancer

**Author :** CHEIKCHOUK Khadidja medical oncology department at cancer center annaba Algeria

**Co-author's :** CHEIKCHOUK SOUMAYA 1  
BENCEDIRA SARA HADJER 2 AOUADI  
NOUR 1 DJEDI HANANE 1

The discovery of trastuzumab as anti-HER2 therapy has markedly improved

disease control and the survival rates of patients with HER2+ breast cancer. Increased adoption of biosimilars could potentially lower treatment costs and improve accessibility to breast cancer treatment through a safe and effective therapy compared to the drug reference. Our main goal was to shed more light on the uses of biosimilars in breast cancer treatment, emphasizing trastuzumab.

We retrospectively investigated medical records. We identified patients with HER2-positive (Her2+) early and advanced stages of breast cancer (n = 59) who had received biosimilar trastuzumab Abdi Brahim 140 for one year with a median follow-up of 54.75 months

The average age of diagnostic was 49 years (28\_74). The highest incidence in our study accounting for 29% is in the 31 to 40 age group. Patients had personal pathological antecedents of hypertension and diabetes in 15.25% and 11.86% respectively ; only 1 patient had cardiopathy with repolarization disorder. Fifteen patients had a family history of cancer, including 46.66% with a 1st-degree relative. We founded tumors T3 and T4 in 32% and 22% respectively), followed by T2 in 34% and tumors smaller than 2 cm in 11.86% of patients. Lymph node involvement N0, N1 had been found in 37.28% and 50% respectively More than half of patients (88.13%) had Initially no metastasis (only 11.86%). Stage at diagnosis: Stage I 3%, II 39%, III 43%, IV 12% Hormone receptors were positive in 72.88%. Her2 was positive in 91.5%, while the remaining patients who did not express it on biopsy of the primary tumor changed their profile and became HER2 + on local recurrence in 40% and on metastatic recurrence in 60% of whom the liver was the main site. The Ki67 was greater than 20% in 32.2% and less than 20% in 16.94%. 30 patients received trastuzumab biosimilar in the adjuvant situation, 17 patients were treated by neoadjuvant; including 9 patients who

progressed mainly in the liver (75%, 60% after adjuvant and neoadjuvant treatment respectively). only 7 patients were newly metastatic. Although generally well tolerated, trastuzumab biosimilar was associated with side effects in 14 patients who presented a decrease in ejection fraction without repercussions in 35.71% and required a temporary interruption in 28.57%. After an median follow-up of 49.5 months, complete response was observed in 64.4% (29% of metastatic patients had responded completely), partial response in 5% and progression in 30.5% including (median PFS: 44 months). Median Overall Survival was 51.75 months (15-105)

Trastuzumab has revolutionized HER2+ breast cancer treatment, Understanding the scientific-regulatory aspects, such as the developed plan of comparability, extrapolation of indications, interchangeability, and immunogenicity, will allow doctors to be more confident when prescribing a trastuzumab biosimilar.

**PO4 Epidemiological, histo-clinical and therapeutic profile of urological cancers at EPH El Tarf**

**Author :** Soumaya Cheikchouk EPH El Tarf Algeria

**Co-author's :** KHADIDJA CHEIKCHOUK , SARA HADJER BENCEDIRA, HANENE DJEDI Medical oncology department cancer center Annaba / faculty of medicine CHU Annaba

Urogenital cancers represent 22% of all cancers, 35% of male cancers and 4% of female cancers. Prostate cancer is the leading urological cancer. It is the fourth leading cause of cancer death in the general population. The incidence of this pathology has risen sharply over the past twenty years, as have tumors of the bladder, kidney and testicle. The aim of this study is to carry out a retrospective epidemiological study to determine the clinical, pathological and therapeutic characteristics of urogenital cancers.

This is a retrospective study of 68 urological cancer patients (prostate, bladder, kidney and testicular cancer) treated in the medical oncology unit at EPH El Tarf over a 36-month period from January 2020 to December 2022.

We found 68 cases of urological cancer, including 54 cases (79%) of prostate cancer, 08 cases (12%) of bladder cancer, 04 cases (06%) of kidney cancer and 02 cases (03%) of testicular cancer. The mean age of the patients was 65 years (36-92 years), with a family history of cancer in 07 patients. The frequency of these cancers compared with other cancers was 21.25%. For prostate cancers, the mean age was 75, and the histological variant was adenocarcinoma in 100% of cases. All patients had metastatic disease, and 83.4% were treated with hormone therapy, 9.25% with chemotherapy and 7.35% with supportive care. The majority of patients had stable disease for several months (73,4%). For urothelial carcinoma of the bladder, the mean age was 65, all patients were male, half of the patients were in the locally advanced stage treated with neoadjuvant chemotherapy followed by surgery and then periodic monitoring, and the other half were in the metastatic stage treated with palliative chemotherapy with a stable disease in one patient, partial response in another and progression and transition to a 2nd line for the remaining 02 patients. For kidney cancers, the mean age was 65 with a sex ratio of 1. Three patients had papillary carcinoma compared with one who had sarcomatoid carcinoma, the left kidney was the most predominant (75%), two patients had localised stage treated by extended surgery followed by surveillance, and the other patients were metastatic and had received 1st line targeted therapy with stable disease. For testicular seminomas, the mean age was 55 years and both patients had a localised stage treated by surgery followed by chemotherapy and surveillance.



The management of patients with urological cancer is discussed at the multidisciplinary consultation meeting (RCP). This study concluded that prostate cancer was more frequent than other urological cancers and that the majority of patients were metastatic, reflecting the delay in diagnosis in our country.

**P05 Evaluation of tumor residual after chemotherapy in breast cancer**

**Author :** Rabah Siham Service de Sénologie EHS CPMC d'Alger Algeria  
**Co-author's :** M.Kettal, A.SALMI, A.Khellaf, MW Boubnider EHS CPMC d'Alger

We had to collect at the Senology department of the CPMC of Algiers, between January 2015 and December 2017, 590 cases of patients with breast cancer who had a neoadjuvant chemotherapy (NAC). The aim of the work is to evaluate the tumor residual after neoadjuvant chemotherapy.

Of the 590, we found 05 bilateral forms. This led us to analyze 595 malignant tumors. The median age of our patients was 45 years. Patient's  $\leq 35$  years old accounted for 117 cases (19.66%). Non-specific infiltrating carcinoma accounted for 92.46%. The number of HER2, triple negative cases was 158 (27.05%) and 244 (41.78%) respectively. We did not have profile information in 11 cases. The goal of chemotherapy was breast conservation in 104 cases (17.54%). In addition, patients were referred to NAC because of the profile in 121 cases (20.40%), or because the tumors were currently advanced in 275 cases (44.52%) or inflammatory in 57 cases (9.07%). T1-T2 tumors represent 244 cases (41%). T3-T4 tumors represent 343 cases (57.65%). Three tumors were classified as TX and the size was not specified in 05 cases. The patients were N0, N1, N2, N3 in 87 (14.74%), 374 (63.38%), 110 (18.64%) and 19 (3.22%) cases, respectively. Lymph node involvement was not specified in 03 cases. Metastatic forms were described in

36 cases (6.13%). AC/T protocols were used in 188 cases (43.11%). The FAC/T, FEC/T protocols were used in 210 cases (48.17%). TCH protocols were used in 31 cases (7.11%). The median time to surgery was 30 days with extremes (7-140 days). In 91.25% the intervention took place before 45 days after chemotherapy. We had to perform mastectomy dissection in 483 cases (82.14%). Conservative treatment represents only 105 cases (17.85%). This was not specified in 07 cases. The objective of breast conservation was achieved in 88/104 or 78.43%. Complete sterilization by removing metastatic forms was 20.27%. Sterilization according to the immunohistochemical profile was 18.85 for triple negatives and 28% for HER2.

Our patients are young women. We are concerned by the large number of mastectomies. Efforts must be made to integrate oncoplasty techniques after NAC. Efforts must be made in chemotherapy protocols by integrating targeted therapy for HER2 positive and adapted protocols for triple negatives. A de-escalation in axillary surgery, especially in a cN0 situation, must be considered. This study allowed us to review our figures and consider more oncoplasty after CNA and a de-escalation in hollow surgery in cN0 situation.

**P06 The impact of tumor markers as prognostic factors in colorectal cancer: retrospective study of the Oum El Bouaghi District during 2018 -2019.**

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**Co-author's :** Sahnoune Mounia

The tumor markers are frequently used in oncology for screening, assessment and monitoring the disease. In the colorectal cancer the most used markers are CA19-9 and CEA, their predictive value remained a debated topic. Our study is focused on finding their influence and accuracy as a prognostic factor.

This is a retrospective analysis applied to a sample of 62 cancer patients between January 2018 and December 2019. For this purpose, we used the Spearman correlation coefficient to determine the nature and strength of the relationship between tumor markers and the presence of synchronous metastasis, as well as the risk of recurrence. We utilized the SPSS package for two steps: firstly, to describe the sample characteristics by using valid cases after eliminating missing data, and secondly, to define the value and significance of the correlation

Our findings consist of the following results: 8.1% of cases had a personal history of colonic polyposis, 21.3% had a family history of cancer. We found that the diagnosis time averaged 5.49 months and was marked by the presence of pain in 53% of cases, transit disorders in 37.8%, bleeding in 26.7%, weight loss in 17.4%, and hemorrhoids in 11.1%. Endoscopy with biopsy was performed in 82% of cases, while the remaining 18% underwent emergency surgery or biopsy of metastases. Regarding tumor markers, we observed that they were normal in 45.16% of cases and elevated in 54.84%. In our sample, among those cases, 40.32% had synchronous metastasis and 59.67% was local. Of the latter group, 20.96% experienced a recurrence of the disease. We also found that the Spearman correlation between tumor markers and the initial stage of cancer and its evolution is +0.452 with a significance level of 0.003, indicating a highly significant, moderately positive relationship between these two variables

Our findings suggest that the factor of tumor markers is a prognostic factor that influence the stage and evolution of cancer, but that effect is not significantly strong enough to conclude that it a specific and sensitive, which means that further studies and research have to be conducted to investigate a

possible relationship between the evolution of cancer and other prognostic factors to find the most influential element

***P07* Retrospective study on the management of colorectal cancers A series of 84patients**

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Colorectal cancer is a common disease Its impact is steadily increasing In Algeria it occupies the 2nd rank after breast cancer Finding mutations and adding targeted therapy improved patient survival

Descriptive study on 84 patients followed for metastatic colorectal cancer in the medical oncology department Ibn Sina hospital in Oum El Bouaghi, between January 2017 and December 2020 Collection of data on patient records

male predominance: sex ration 2 men/ 1woman The average age of diagnosis is estimated at 57 years In the background it was noted: Unbalanced diet in almost 100% of cases Familial neoplasia in 20% of cases 33% of patients have associated defects such as hypertension, diabetes, ulcer The circumstances of discovery: Abdominal pain: 40% of cases Low digestive hemorrhage 24% Transit disorders: 22% of cases Occlusive syndrome: 12% of cases Revealing metastasis in: 8% of cases Impaired general condition: 2% of cases The delays between the appearance of the 1st symptom and the varied diagnosis between a week and 3 years with a mean of 4 months The histological type is adenocarcinoma The patients are all at a metastatic stage Salt 19% of tumors are in the right colon versus 81% in the left colon and rectum Most common metastatic sites: liver 46%, peritoneal carcinosis 27%, Lung 23%, Nonregional lymphadenopathy 10%, Bone 6%, ovary 5% RAS mutation was



present in 32% of cases and 62% of right colon cancers Treatment varied according to resectability and presence at the non of mutations and tumor site: cancellable in 6% of cases where our patients received surgery and adjuvant chemotherapy Potentially resectable in 20% of cases where they received chemotherapy with targeted therapy and only 11% became resectable Never cancellable in 74% of cases: 24% received no treatment because of an alteration of the general condition, and 52% of patients received a 2nd line and only 22% of patients received a 3rd line and more Overall survival is estimated at 14 months

Metastatic colorectal cancer is a serious and deadly disease with an ever-increasing incidence The advent of targeted therapies to improve patient survival Remaining: A balanced diet rich in fiber and regular physical activity is essential Screening for early diagnosis = better chance of remission

**P08 Safety of Palbociclib plus Endocrine Therapy in Hormone Receptor–Positive, HER2-Negative Metastatic Breast Cancer: Experience of Centre Pierre et Marie Curie of Algiers. Algeria**

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Metastatic breast cancer (MBC) causes a high number of deaths. The use of CDK 4/6 inhibitors combined to endocrine therapy in HR+/HER2- advanced or metastatic breast cancer improves PFS and quality of life which causes hematological toxicity which can impact the treatment.

We report in this poster the toxicity profile of the combination of Palbociclib to endocrine therapy in ER positive MBC treated from September 2021 to September 2023 in medical

oncology department of Centre Pierre et Marie Curie. Algiers.

Twenty-four patients were included. The mean age was 55.8 years old [34 -63]. Fifteen patients (62.5%) had metastatic disease at diagnosis although 9 patients (37.5%) had a recurrence disease. Eleven patients (45.8%) were premenopausal at diagnosis. The mean recurrence interval was 44 months [3 - 84 months]. Twelve patients (50%) had only bone metastasis whose 1 patient had a single resected bone lesion. Twenty patients (83%) received Palbociclib in first line combined to aromatase inhibitor in 19 cases and Fulvestrant in 1 case. Three patients received the combination of Palbociclib and Fulvestrant in second line. One patient received the combination of Palbociclib and Fulvestrant in third line. The mean treatment duration was: 9 months [2-12], 6 months [3-11] et de 16 months in first, second and third line respectively. 5 patients progressed after a mean duration of 5 months [2-16]. Tolerability profile was manageable, with grade 1 and 2 neutropenia occurring in all patients. Grade 3 and 4 neutropenia occurred in 3 cases (12.5%) leading to dose reduction to 100 mg in 2 cases (8.3%) and 75 mg in one case (4.2%). Anemia was less common; one case presented a grade 3. A grade 1 thrombopenia occurred in one case (4.2%).

Palbociclib in combination with endocrine therapy is a well-tolerated emerging option for patients with HR+/HER2- advanced or metastatic breast cancer. Dose reduction improve treatment tolerability

**P09 Nephroblastoma in children:  
Diagnostic and therapeutic  
epidemiological approach.**

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Nephroblastoma is a malignant kidney tumor with a good prognosis. It is the most common kidney tumor in children; it represents approximately 5% to 14% of all childhood cancers. It mainly affects children aged one to five. The objective of this work is to analyze the different epidemiological-clinical, therapeutic and evolutionary aspects of this pathology.

This is a retrospective study carried out at the HASSAN II regional Oncology center in Oujda from January 2016 to January 2023. All patients under the age of 18, with a confirmed histological diagnosis of nephroblastoma.

The total number of patients collected in this study was 13 cases, the average age of the patients was 4 years (1 – 8 years). There was a female predominance with a sex ratio of 0.44. Family history of cancer was not found in any patient. The clinical symptoms were dominated by the appearance of an abdominal mass in 85% of cases. The average consultation time was 5 months. A thoracoabdominopelvic CT scan was performed in all patients. Concerning therapeutic care; all patients underwent surgery based on simple or extended nephrectomy; preceded in the majority of cases by primary chemotherapy. Adjuvant radiotherapy was carried out in all patients, delivered at a total dose varying from 10.5 Gy to 25.8 Gy. The use of sedation was necessary in only three patients. The evolution was characterized by complete remission with good control in 7 patients (53.8%). Two patients (15.4%)

had a metastatic relapse and subsequently died. While 4 patients (30.8%) were lost to follow-up.

Thanks to specialized care, the treatment of nephroblastoma has benefited from significant progress (90% cure on average). Treatment includes initial chemotherapy, followed by surgical removal of the affected kidney and then, as needed, postoperative chemotherapy and/or radiotherapy.

**P10 Pediatric Hodgkin disease in east morocco: A study of 25 cases.**

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To discuss, through a retrospective study, the epidemiologic and the therapeutic of pediatric Hodgkin disease (HD) in east Morocco.

Between January 2015 and January 2023, we treated 25 children with pediatric Hodgkin. Initial work-up included clinical examination, radiological explorations, biological explorations and a bone marrow biopsy.

Mean age was 12 years (5–17 years), sex-ratio was 1.3. Histological subtypes 2 and 3 had the same frequency. Localized stages (I-II) were as frequent as advanced stages (III-IV). At the end of the treatment, 15 patients were in complete remission.

Treatment of our patients with satisfactory results similar to those found in the literature.



**P11 Dihydropyrimidine dehydrogenase deficiency in patients treated with fluoropyrimidine for cancers.**

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Fluoropyrimidine-based chemotherapy protocols are recommended for many tumor sites at all stages, but can induce potentially serious adverse effects. Fluoropyrimidine catabolism depends on a specific enzyme, DPD (Dihydropyrimidine dehydrogenase), whose activity varies in patients, due in part to genetic factors. A decrease in DPD activity, expressed by an increase in uracemia levels, can induce many types of serious adverse events

prospective study, conducted at the EPH-Rouïba medical oncology department between July 2021 and July 2023 in patients treated with a fluoropyrimidine based chemotherapy (capecitabine and 5FU), all patients were explored for DPD deficiency by measuring uracemia levels.

A total of 202 patients with solid cancers (breast, colorectal, pancreas, small intestine, stomach, gall bladder, appendix, cavum) . partial deficiency was found in 40 (19.8%) patients of the population studied with values ranging from (16.4 to 70 ng/ml), 162 (80.19%) with no DPD deficiency. , and no patient( 0%) with total deficiency. Evaluation of adverse events in the absence of DPD deficiency: hand-foot syndrome (G1,G2,G3) : in 23 (14%) in this subgroup; diarrhea (G1 G2 G3): 27 (16.66%) ; constipation: in 8 (4.9%) ; asthenia G1: in 15 (9.2%) ; vomiting (G1,G2): in 18 (11.11%) ; nausea G1: in 13 (8%); skin toxicity (G1-G3) : in 2 (1.2%) ; good tolerance in 31 (19.1%) ; other : in 25

(15.83)%. For patients with partial DPD deficiency: 14 ( 35%) patients of this subgroup, received a reduced dose at the start; 26 (65%) received the full dose in the first courses. For patients who received a reduced dose: good tolerance in 8 (57.14%); hand-foot sd G1: in 2 (14.28%) ; diarrhea G1G3:in 2 (14.28%) ; nausea G1 G2:in 2 (14.28%) . For patients who did not receive a reduced dose: good tolerance in 7 (26.92%); hand foot sd G2 G3: in 2 (7.6%) ; diarrhea G1 G2: in 3 (11.53%) ; vomiting G1 G3:in 3 (11.53%); toxic death in 1 (3.8%) ; other: 10 (38.62%).

This study showed , based on real data , that dose reduction in DPD deficient patients , reduces risk of life threatening complications significantly but not completely. we observed heterogeneity of medical practices in the management of fluoropyrimidines in deficient patients. In this sense , we propose the use of fluoropyrimidine therapeutic drug monitoring in deficient patients .

**P12 Epidémiological profile of colorectal cancer in the medical oncology department of Constantine, from 2020 to 2022**

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colorectal is a public health problem, its incidence is increasing the objective of studying the clinical and pathological characteristics prognostic and therapeutic factors.

in a retrospective study based on the file of patients treated in the medical oncology department for colorectal cancer since 2020-2022

189 patients with colorectal cancer 60% (n=113) colic 33,33%(n=63) rectal,

4%(n=8) the recto-sigmoid junction, 2,6%(n=5) caecal, median age was 59 years (27-86), the sex male : 98%(n=107), women 3%(n=81). familial history néoplasia is found in 17,5%(n=33) patients, comorbidities were dominated by HTA, the diabetes 17,5%(n=33), a case of RCUH, the circumstances of discovery were represented by abdominal pain: 24%(n=45), réctorrahgia:29%(n=55), occlusive syndrome :23%(n=43) the diagnostic is discovered at a stage I : 6,3%(n=12) stage II :25%(n=44) stage III :41%(n=77)stage IV :25%(n=47).metastatic locations :Liver :13%(n=24),Lung :7%(n=13),Bone :4%(n=6) and péritonéal carcinomatosis :2%(n=4). Histologic type is dominated by lieberkuhnian adenocarcinoma at 59% the patients of Grade I: 2%(n=4), Grade II : 10%(n=20) Grade III 1%(n=2), colonic cell carcinoma in kitten ring : 2,6%(n=5), neuroendocrine colic tumors Grade II in a one patient. Vascular flights : 16%(n=30), perineural involvement : 8,5%(n=16), lymph node metastases : 25,5%(n=48). Elevated initial tumor markers (ACE/CA19-9) at 6,8% patients, the search for microsatellite instability was carried out in 07 patients .the statut race sauvage: 19%(n=36) ,mutated wild ras status :12%(n=23). The therapeutic choice:102 patients (54%) have benefited radical surgery (segmental hemicolectomy), followed by adjuvant chemotherapy.19 patient (10%) have benefited from palliative chemotherapy and targed therapy. 27 patients have benefited from concomitant radiochemotherapy, surgery and adjuvant chemotherapy. 38patients are in the process of treatment.

colorectal cancer screening and therapeutic advances have improved the prognosis of the disease.

### *P13* A single center retrospective study of biliary tract cancers

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Biliary tract cancers (BTC) include cancers of the gallbladder, extrahepatic and intrahepatic bile ducts. These are rare tumors but with a significantly increasing incidence. The diagnosis is most often made at an advanced stage with a very poor prognosis. The aim of this study is to determine the epidemiological characteristics, the management and the outcomes of BTC patients of our center.

A retrospective study of patient (pts) diagnosed and treated for BTC in our center from January 2011 to December 2020.

We collected 307 pts, with an average age of 61.5 years (37-88), and a female predominance (Sex ratio of 1.3). The site of the tumor was: the gallbladder in 201 pts (65.5%), the intrahepatic bile ducts in 71 pts (23%) and extrahepatic ducts in 35 patients (11.5%). The most common histological type was adenocarcinoma in 296 pts (96.4%), 8 cases of neuroendocrine neoplasms (2.6%) and 3 cases of squamous cell carcinoma (1%). The diagnosis was made at a metastatic stage in 79% of pts, at a localized stage in 18% of pts and locally advanced satge in 3% of pts The most common metastatic sites were the liver in 196 pts (63%), the peritoneum in 92 pts (30%), lymph nodes in 37 pts (12%) and lungs in 21 pts (7%). Surgery was performed in 59 pts (19%) and chemotherapy was administered to 207



pts (67%) distributed as follows: Neoadjuvant treatment in 9 pts (3%), adjuvant treatment in 34 pts (11%) and first-line treatment in 164 pts (53%). Only 80 pts (26%) were able to receive a second line treatment and 30 pts (9.7%) received a third line. The first-line chemotherapy regimens were: Gemcitabine + Cisplatin in 68 patients (22%) followed by GemOx in 56 patients (18%) and Gemcitabine monotherapy in 40 patients (13%). The regimens of 2nd line treatment were: Capox/Folfox in 37 pts (12%), Capiri/Folfiri in 25 pts (8%) and Capecitabine monotherapy/Lv5Fu2 in 18 patients (6%). The third line treatment was based on Docetaxel. Almost 85% of patients died or were lost to follow-up, 10% in remission and 5% are still undergoing treatment

This analysis allows us to have an overview of the epidemiological characteristics, the management and the outcomes of our patients. The data obtained are consistent with those found in the literature.

#### **P14 Identifying occupational exposures in patients with bladder cancer**

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The complexity of revealing an occupational origin of cancers is explained by the diversity of occupational exposures, the multifactorial origin of cancers, the sometimes long delay between the period of exposure and the appearance of cancer,

particularly when the Cancer occurs after cessation of activity.

Since January 2017, we have implemented a systematic approach to identifying occupational cancers at the Sidi Bel-Abbes Cancer Center. The curriculum laboris was collected using a questionnaire to identify occupational exposures. A consultation «occupational cancers» was offered to patients mentioning in the questionnaire an exposure to carcinogens of the upper airways or jobs at risk of exposure.

We collected 46 cases of bladder cancer. The average age of occurrence was (67 ± 3.3) years. The population was predominantly male (93.5%). Active smoking was present in 76.1% with an average consumption of (35.9 ± 8.1) packs-years. 30% of patients were not affiliated with any social security organization. Exposure to carcinogens was 32.6%. The carcinogens identified were diesel exhaust (10.9%), paint (10.9%), passive smoking (8.7%) and arsenical pesticides. The most affected occupation group was that of building painters and wallpaper layers (10.9%). None of the patients made a prior declaration of occupational disease before our investigation. Of all the carcinogen exposures that were identified in our population, only dye exposure was eligible for occupational disease reporting, only subjects were not affiliated with any social security organization. If exposure to arsenical pesticides does not appear in the table of Algerian occupational diseases concerning compensation for bladder cancer, it appears in the table of the French agricultural regime number 10.

Our approach has helped identify patients' occupational exposures. She highlighted the reality of the invisibility of occupational cancers, under-reporting and

under-repair of the compensation system for occupational diseases in Algeria

### *P15* Epidemiological profile of lung cancer

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Lung cancer is the most common cancer worldwide, with the WHO estimating that there will be 2.2 million new cases by 2020 and 1.8 million deaths of all sexes and ages. The aim of our study is to provide an assessment of the epidemiological indicators.

This is an active, permanent system for collecting information on morbidity and mortality data for all hospital stays. The statistical unit used is the stay in a department of the CHU Mohamed Lamine Debaghine and not the patient. The data sources used for our study were hospital morbidity and mortality data collected by the Epidemiology and Preventive Medicine Department. Cancer data were coded using the International Classification of Diseases and Diagnostics (ICD 10). Data entry and analysis were performed using Epi-Info version 0.6 software.

A total of 164 stays for lung cancer were recorded at the Mohamed Lamine Debaghine University Hospital. Hospital admissions for lung cancer represent 32.1% of all cancers. Patients aged 50 and over predominate, accounting for 70.7% of those hospitalised. The average age of patients was 55.6 plus or minus 14.6. Males were the most affected, with 65.2% compared with 34.8% of females, giving a sex ratio of 1.9. The average length of stay was  $8.9 \pm 12.7$  days. Malignant tumours of the bronchi and lung were the main reason

for hospitalisation (32.1%). Patients hospitalised for lung cancer came from virtually all of the country's 48 wilayas, with a predominance of patients from the wilaya of Algiers (56.1%). The case-fatality rate was 11.8%, and was higher among men (74.2%). The mean age of patients who died was  $56.1 \pm 11.4$  years.

This study shows that lung cancer is becoming more common in women and, unlike in Western countries, affects a younger population.

### *P16* Colorectal cancer: 30 months experience at EPH El Tarf

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Colorectal cancer (CRC) is the third most common cancer in the world. It also contributes significantly to cancer-related deaths, despite the continuous progress in diagnostic and therapeutic methods. The risk for developing CRC is associated with personal features or habits such as age, chronic disease history and lifestyle. Biomarkers currently play an important role in the detection and treatment of patients with colorectal cancer. This work aims to analyse the different epidemiological, histological and clinical parameters of patients with colorectal cancer and its impact on the therapeutic approach and prognosis of patients.

This is a retrospective study of 72 patients with colorectal cancer treated in the medical oncology unit of EPH El Tarf covering a period of 30 months from January 2021 to June 2023.



Seventy-two patients were identified. The mean age was 59 years (20 – 90 years). Sex ratio (M/F) was 1.4. Transit disorders were the main symptom with weight loss and disturbance of the biological balance. Twelve patients (17%) had a history of cancer; colorectal in half of cases, digestive other than the colon in 2 patients and other sites in 4 patients. According to tumour site, 3.3% of patients had a synchronous double colorectal location, 27.7% of lesions were located in the rectum and 69% in the colon (the left colon was the most predominant at 67%). The anatomopathological study found Lieberkuhnian adenocarcinoma in 70 patients; the remaining 2 patients had mucosal colloid carcinoma and a neuroendocrine tumor. Twenty-one patients were in stage IV (29%), liver metastasis was the most predominant site (95%). All metastatic patients were tested for KRAS mutations, which were present in 52.5%. No BRAF mutations were detected. Micro-satellite instability testing was performed in 02 patients, one with MSI status and the other with MSS status. Three quarters of patients underwent surgery, in 52% of cases as a first step and in 20% of them after neoadjuvant treatment.

The recent studies assist in the development of new treatment regimens, especially in advanced CRC stages. The choice of first-line treatment follows a multimodal approach based on tumour-related characteristics and discussed at a multidisciplinary consultation meeting (RCP); it usually comprises surgical resection followed by chemotherapy combined with monoclonal antibodies.

### **P17 Lung cancer in young adults**

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Lung cancer is the leading cause of mortality worldwide. It affects all ages

We conducted a retrospective study to describe epidemiological, clinicopathological, therapeutic, and prognostic characteristics of lung cancer in young adults. We analyzed data abstracted from medical records of patients who presenting lung cancer admitted to the pulmonology department of the Sidi bel Abbes University Hospital

From January 2008 to June 2019,we included 25 cases of lung cancer in young patients .The mean age was 32 ans with extremes 28 -38 years old and a male predominance;23 males/2females.Eighty patients are active smokers, an average consumption of 27 pack – years with an early age of initiation of smoking (10 years). The notion of familial cancer is found in 02 cases.The patients were initially diagnosed with different lung diseases: asthma (10), pneumonia (12). Patients presented symptoms: hemoptysis,dyspnea, cough and wheezing .The radiological aspects were parenchymal opacity(21) and atelectasis(4).The mean delay of diagnosis was 5.5 months. The diagnosis is confirmed by bronchoscopy(15) and transparietal scan-guided biopsy(10).Adenocarcinoma was the predominant subtype in our cohort (44%, n = 11), while small cell lung cancer accounted for 32% (n = 8), followed by squamous carcinoma (24%, n = 6) .Among metastatic sites, pleura(9) were the most



common followed by Bone(7),lung (5) and liver(4).Four received surgical treatment and twenty-one received chemotherapy

Bronchial cancer in young people is rare and is the prerogative of smokers. Adenocarcima is the dominant histological type

**P18 Clinical signification of tumour infiltrating lymphocytes (TIL) Level in breast cancer**

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Infiltration of immune cells (particularly lymphocytes), has predicted improved prognosis in many different tumour types including colon, ovarian, lung and breast cancer. The presence of tumour infiltrating lymphocytes (TIL) in breast cancer prior to treatment plays an essential role in mediating response to chemotherapy and improving clinical outcomes in all subtypes of breast cancer.

A descriptive, retrospective study is carried out, involving 62 patients with invasive breast cancer female patients. Patients were diagnosed in the Anti-Cancer Center of Batna, between September 2012 and June 2014. Data is collected from patient clinical records. We used: the CIMO2 classification for coding topography and morphology, SPSS 20 software for statistical analysis of the data.

Population average age is 48.51 ± 10.32 years. Tumour size average was about 4,29 cm 43% of population are diagnosed in localised stage, and 50% of cases are diagnosed in locally advanced and metastatic stage. 59% of population have luminal A-B subtype, 33% are HER2 and 8% are triple negative. 59% of patients have a very high level of TIL up to 70%, 14.5% have a high level between 40-70%, 14.5% with intermediate level between 10-

40% and 11.3% have a low level less then 10% Survival analysis has demonstrated OS of 76.9 +/- 4.9 months , TIL subgroups survival analysis has demonstrated an OS of 104.5 +/-2.1 months if TIL level is higher then 70%, 47.6 +/- 3.8 months if TIL level is between 40-70%, 27.2 +/- 0.9 months if TIL level is between 10-40% and OS drops to 14.1 +/- 2.3 months if TIL level is less then 10%.

TIL level has an important clinical and prognosis signification and we must learn how to characterize a breast tumor by both the subtype and immune environment (having high, intermediate, or low immune infiltrate) which will allow both the identification of patients that may only need treatment with various emerging immune therapies (including checkpoint inhibitor therapy) and provide the optimal combinations and timing of these powerful therapies to the patients with lower immune infiltrate to allow a wider population of breast cancer patients to benefit from targeted immune therapy.

**P19 GASTRIC CANCER IN THE CITY OF SIDI BEL-ABBES.**

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Stomach cancer is the fourth most common cancer in men in the world and the fifth most common in women, with approximately one million cases per year. However, gastric cancer is the third leading cause of cancer death in men and the fifth in women. There is a disparity in the incidence of gastric cancer at the geographical and ethnic levels. In this

context, we conducted a study to describe the epidemiological and histopathological aspects of gastric cancer.

We conducted a longitudinal retrospective study during the period (2016-2021) based on data from 49 patients with histologically confirmed gastric cancer at the anatomopathological department of the CHU of Sidi Bel-Abbès, Algeria. Statistical analyses were carried out to describe the relative risk by IBM SPSS 22.

A male predominance of 69.39% of cases with a gender ratio of 2.67 was observed. The average age of the population studied was  $64,02 \pm 12,097$ , and the average age for the male was  $64,59 \pm 4,126$  and for the female was  $62,25 \pm 5,373$  with a  $P=0,03$  value. Adenocarcinoma (55.10%) and carcinoma (42.86%) are the most common histopathological types in humans, with a predominance of kitten ring cell adenocarcinoma

Gastric cancer is a cancer that develops very quickly with a poor prognosis due to a delayed diagnosis. For this, more in-depth study is needed for a good compression of the evolutionary aspect of this cancer in the molecular field.

### ***P20* Non Functional Pituitary Neuro Endocrine Tumors a series of 84 cases**

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Non Functional Pituitary Neuro Endocrine Tumors (NF-PitNETs) represent a heterogeneous group of tumors characterized by the lack of clinical manifestations of hormonal hypersecretion usually results in significant

diagnostic delay ; being clinically silent, NF-PitNETs are frequently diagnosed when they are large enough to cause mass effects to surrounding structures and are usually diagnosed at the stage of complications. The aim of this study is to evaluate by immune- histochemistry (IHC), the hormonal profile of NF-PitNETs , and the highlighting of their cell line by studying transcription factors (TF), in order to contribute to their better diagnosis, prognosis and management.

It is a descriptive and observational study conducted between 2013-2020 at the Department of Pathology, Nefissa Hamoud (Ex-Parnet) University Hospital. The diagnosis was established by histopathological examination, and the IHC study has evaluated the hormonal profile and the detection of the cell line, using 3 markers (Pit- 1, SF1 and T-Pit) ; tumours were classified according to the WHO classification of pituitary tumours (2017 - 2022).

209 PitNETs of which 84 NF-PitNETs were collected. NF-PitNETs represent 40.2% with an average age of 50.7 years and a sex-ratio =2.1 (57M/27F). Most symptoms are visual disorders (92.9%), cranial nerve dysfunction (57.1%) and hypopituitarism (41.7%). These tumors are macroadenomas and or giant adenomas (16.7%), and invasive in 51.2%. The NF-Pit NET were divided into: Gonadotroph NF- PitNETs: 72% - Silent corticotroph : 7.1% - Somatotroph: 6%; other types are rare. New entities introduced by the latest WHO classification were also found: 03 cases of Plurihormonal Pit1 + NF- Pit NETs and a single case of Null cells NF-PitNETs. The comparison between the 2 tumour groups (NF-Pit NETs vs F-Pit NETs), shows that NF-



PIT NETs are characterized by a later age of occurrence (10 years difference,  $p=10-10$ ), male predominance (66.7% vs 55.2%,  $p=0.06$ ), grade 2b (invasive and proliferating tumor, 70.5% vs. 29.7%), and lack of micro adenomas. The results are consistent with the literature.

This study using immunohistochemistry allowed to identify the NF-PIT NETs, stratify them, and to distinguish variants with high risk of recurrence such as corticotropic adenomas. The study has also confirmed the more aggressive character than their functional counterparts; these tumors are most often diagnosed at the stage of macroadenoma and accomplishment of total or near-total resection can be challenging.

***P21* Hormone therapy after total prostatectomy: About 25 cases Experience of the Radiotherapy Department, EHSO Emir Abdelkader of Oran: 2015-2021**

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Total prostatectomy is one of the standard treatments for localized prostate cancer. However, after surgery, the risk of biochemical relapse at five years is of the order of 30%. Two adjuvant treatments are used, radiotherapy and hormonal therapy which has occupied an increasing place in the catch-up situation. The objective of our work is to define the place of hormonal therapy postoperatively and to select patients who could benefit from it.

This is a retrospective study of 25 patients who had a total prostatectomy

whose dissection was positive and who benefited from hormonal therapy within our radiotherapy department of the EHSO of Oran on a period of 6 years, between January 2015 and December 2021.

The average age of the patients was 60 years, all patients were in good general condition, 80% of patients were initially classified as high risk for D'AMICO ( $pT3+++$ ), average number of lymph nodes taken was 12 of which 30% were found invaded. The average time to relapse compared to surgery was 30 months. The pre-hormonotherapy PSA level was 0.8 ng/ml. All patients benefited from hormonal therapy associated with radiotherapy. 90% of patients received benefited from LHRH agonists. An average follow-up of 40 months with an overall survival of 90% at 5 years.

Prostate cancer is considered a "hormone-dependent" tumor. Adjuvant hormonal therapy in patients who have had a total prostatectomy remains a source of controversy, which has developed perspectives that will soon offer new hormonal therapy molecules, particularly in high-risk patients with lymph node invasion.



**P22 Clinico-epidemiological and therapeutic aspects of malignant tumors of the conjunctiva: about 20 cases**

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Malignant tumors of the conjunctiva are rare tumors, with an incidence of 2/100,000 inhabitants/year. They are common in elderly people. Conjunctival cancers pose the problem of etiopathogenesis which is not yet elucidated. In the absence of a therapeutic consensus, surgery remains the basic treatment. The aim of our work is the epidemiological, clinical and therapeutic analysis of 25 cases of malignant tumors of the conjunctiva treated at the HASSAN II OUJDA oncology center, MOROCCO,

retrospective study of 25 cases of malignant tumors of the conjunctiva collected at the HASSAN II OUJDA oncology center, MOROCCO, between January 2010 and December 2020. The clinical, therapeutic and evolutionary aspects were considered

Twenty-five patients were treated for conjunctival tumor at the HASSAN II oncology center in Oujda from January 1, 2010 to December 31, 2020. The average age was 54 years (17 – 103), with a sex ratio of 1.8. The average time to diagnosis was 60 months (6 – 300). We noted 1 case of congenital nevus of the conjunctiva. The right eye was affected in 60% of cases. The

revealing symptoms are dominated by conjunctival swelling in 52% of cases, persistent conjunctivitis in 28% of cases and a reduction in visual acuity in 16% of cases. Histologically, 72% of cases of squamous cell carcinoma were observed, 24% of cases of malignant melanoma and 4% of cases of basal cell carcinoma. The extension assessment found 1 case of liver metastasis and another case of lung metastasis. The treatment was surgical in 80% of cases, surgery alone in 36% of cases, associated with radiotherapy in 56%: preoperative radiotherapy in 14% of cases and postoperative in 79% of cases and a radio-chemotherapy combination in 7 % of cases, however 4 patients only benefited from symptomatic treatment due to metastases in 2 cases and the local condition progressed in 2 other cases. The evolution was marked by local control in 48% of cases (surgery + radiotherapy), relapse in 24% of cases with an average time to relapse of 12 months.

Conjunctival cancers are malignant tumors extending on the surface towards the cornea and the visual axis and sometimes deep towards the endo-ocular structures. Their surgical excision allows for a definitive diagnosis, slows down the progression and allows satisfactory visual recovery for patients. Screening for pre-cancerous lesions of the conjunctiva (carcinoma in situ, xeroderma pigmentosum) could be integrated into a Public Health approach at the primary health care level.

**P23 Concomitant neoadjuvant radio-chemotherapy in inflammatory breast cancer: experience of the Oujda oncology center, Morocco**

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describe the clinico-epidemiological, anatomo-pathological characteristics, and therapeutic results of inflammatory breast cancer treated with concomitant neoadjuvant radio-chemotherapy after the failure of neoadjuvant chemotherapy at the oncology center of Oujda, Morocco

Retrospective study of 22 cases of non-metastatic inflammatory breast cancer treated with concomitant radio-chemotherapy at the oncology center in Oujda between 2014-2021. The anatomical-clinical, therapeutic and evolutionary characteristics were considered. Concomitant radio-chemotherapy consisted of irradiating the breast and the ipsilateral axillo-susclavicular lymph node areas with 50 Gy in 25 fractions of 2 Gy by 3D external radiotherapy associated with chemotherapy based on capecitabine 825 mg/m<sup>2</sup>\*2/day on the days of radiotherapy.

Among the 246 cases of inflammatory breast cancer collected from January 1, 2014 to December 31, 2021 at the oncology center of the Med VI

university hospital center in Oujda, 22 cases having received concomitant neoadjuvant radio-chemotherapy after the failure of primary chemotherapy. The median age of the population is 46 years (25-66), More than 70% of cases were under 50 years old. Half of the patients were always resolved with almost a third of the cases being nulliparous. The median time between the onset of symptoms and consultation was 6 months (2-60). Regarding the affected side: 14 cancers were found in the left breast and 8 cancers in the right breast. Pathologically, the most common histological type was infiltrating ductal carcinoma (90% of cases). All tumors were classified grade II or III according to the Scarff-Bloom-Richardson (SBR) histo-prognostic grade, 40% of which were grade III. Vascular emboli were found in 45% of patients. Molecular analysis showed: 45% of luminal cancers, 41% of triple negative cancers and 18% of cancers expressing HER2. All patients received neoadjuvant chemotherapy (8 cycles) followed by concomitant neoadjuvant radio-chemotherapy. Radical surgery was performed in the majority of patients (77%), of which 23.5% of cases had a complete histological response (Chevalier class 1). Maintenance chemotherapy was prescribed in 4 patients and adjuvant hormonal therapy in 7 patients. After a mean follow-up of 12 months, 4 patients had metastatic progression before surgery, 14 patients had a metastatic relapse of their disease and only 2 patients had a local relapse.

Concomitant neoadjuvant radio-chemotherapy in inflammatory breast cancer after failure of neoadjuvant chemotherapy can improve local control of the disease and facilitate surgical resection of the tumor initially deemed unresectable. However, these results



remain modest in the face of the high rate of distant relapses conditioning the prognosis of inflammatory breast cancer.

***P24* Analysis of the genetic polymorphism of anti-inflammatory cytokines involved in the carcinogenesis of the gastric mucosa in western Algeria**

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Gastric cancer is the fifth most common cancer worldwide and one of the leading causes of cancer-related deaths. The immune response against cancer involves the use of different cytokines, such as IL-1, TNF $\alpha$ , IL-6, IL-10, IL-4, and IL-37. IL-37 is an anti-inflammatory and immunosuppressive cytokine, and several studies have demonstrated its expression in tumor microenvironments. Genetic variations, such as SNP, can influence the expression of IL-37. The main objective of our study is to detect a possible association between the rs3811047 (IL37) polymorphism and gastric cancer.

A case-control genotypic study was conducted on 16 DNA samples (08 cases and 08 controls) to analyze the rs3811047 (IL37) A>G polymorphism using PCR-RFLP in collaboration between the Biology Department of the Faculty of Natural and Life Sciences at the University of Djillali Liabès in Sidi Bel-Abbès and the biotechnology research and development company ""GENE LIFE SCIENCES"".

In the studied population, the GG genotype of the rs3811047 SNP of IL-37 is the most frequent, representing 56.25% of

individuals, while the AA genotype is less frequent, representing 43.75%. The minor allele G is also more frequent than the major allele A. The analysis comparing gastric cancer cases and controls did not reveal a significant difference in the distribution of rs3811047 SNP genotypes. The odds ratio (OR) suggests a weak, but not significant, association between the GG genotype and gastric cancer.

Our study found no significant association between the rs3811047 polymorphism of IL-37 and gastric cancer, with a slight increase in allele A among gastric cancer patients.

***P25* Epidemiological and therapeutic aspects of male breast cancer : A retrospective study about 20 cases**

**Author : BOUDJERDA Meryem EH DIDOUCHE Mourad Algeria**

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Breast cancer, the first malignant pathology diagnosed among women ; men account for less than 1% of all cases of breast cancer . Due to the rarity of cancer and the low burden of glandular tissue, the diagnosis is often made at an advanced stage of the disease.

Our study is a retrospective about 20 cases of male breast cancer at the medical Oncology department of Didouche Mourad Hospital in Algeria , during a period of 07 years .

We enrolled 20 patients. The average age was 57.5 years (32-83 years). 50% of patients had comorbidities, 25% had a family history of cancer, 80% were breast cancers. The most common histological type was the invasive ductal carcinomas (90%). The most common molecular profile was Luminal A (60%). 70% of patients underwent surgery



immediately, 15% after neoadjuvant chemotherapy. The Surgery was a total mastectomy and axillary clearance in 100% of cases. 50% of patients had received adjuvant chemotherapy, 73.33% of patients had received additional radiotherapy, 6.66% had received one year of adjuvant Trastuzumab and 93.33% of patients had received adjuvant hormonal therapy such as Tamoxifen. 25% of patients presented metastases. The most common metastatic site was bone found in 60% of cases followed by the liver (20%) and the lung (20%). Currently, 50% of patients have regular follow up, 20% are undergoing treatment, 10% have developed a local relapse and 10% a metastatic relapse. Death occurred in 10% of patients.

Male breast cancer has been on the rise in recent years. The diagnosis and screening are the most important points to be developed to improve the prognosis. There is a need for multi-center studies with more patients that focus on the treatment, prognosis, tumor biology and parameters influencing survival

**P26 METASTATIC LUNG CANCER**

**AMONG WOMEN : ABOUT 26 CASES**

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Lung cancer is the second leading cause of cancer death in women, and the incidence is steadily increasing to determine the clinical histological and therapeutic.

retrospective study of 26cases of female branchial cancer in our department oncology medical didouche mourad, Constantine

the average age was 58 years old (25-80 years).branchial cancer was revealed by chest pain and dyspnea : 23%patients (n=6), cough and hemoptysis : 61% patients (n=16), and covid 19 in 11% patients (n=03) The histological types found were adenocarcinoma in 89% patients (n=23) and carcinoma epidermoid in 11% patients (n=3).EGFR STATUS : mute in 23% patients (n=7).the predominant metastasis were bone :65%(n=17),hepatic :15%(n=4),brain :15%(n=4),surrenal :4%(n=1) and lymphangitic carcinoma :7%(n=2).the treatment consisted chemotherapy and targeted therapy : platinum +pemetrexed + bevacizumab + denosumab in 42%patients(11 cases),radiotherapy palliative(20-30GRAY) in 23%patients (07cases),02 patients underwent surgery (lobectomy),05patients showed a therapeutic response.

Lung cancer is real public health problem ,in women the branchial cancer is a late discovery and a reserved prognostic.

**P27 Identifying occupational exposures in patients with upper airway cancers**

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The complexity of revealing an occupational origin of cancers is explained by the diversity of occupational exposures, the multifactorial origin of cancers, the sometimes long delay between the period of exposure and the appearance of cancer, particularly when the Cancer occurs after cessation of activity.

Since January 2017, we have implemented a systematic approach to identifying occupational cancers at the Sidi Bel-Abbes Cancer Center. The curriculum laboris was collected using a questionnaire to identify occupational exposures. A consultation «occupational cancers» was offered to patients mentioning in the questionnaire an exposure to carcinogens of the upper airways or jobs at risk of exposure.

We collected 77 cases of upper airway cancer type nasopharynx (62.3%), larynx cancer (29.9%) and sinus cancer (7.8%). The average age at diagnosis was (52 3.2) years. The population was predominantly male (92.2%). Active smoking was present in 70.1% with an average consumption of (23 7.2) packs-years. One in three patients was not affiliated with any social security organization. Exposure to carcinogens was detected for wood dust (3.9%), asbestos (2.6%), strong acid mists (2.6%) and formaldehyde (2.6%). None of the patients made a prior declaration of occupational disease before our investigation. Of all the carcinogenic exposures that have been identified in our population. Only exposure to wood dust was eligible for occupational disease reporting but patients were not affiliated with any social security organization. Exposure to formaldehyde for nasopharynx cancer and asbestos and strong acids for larynx cancer are compensable in Tunisia

Our approach has helped identify patients' occupational exposures. She highlighted the reality of the invisibility of occupational cancers, under-reporting and under-repair of the compensation system for occupational diseases in Algeria.

### *P28* Specificities of breast cancer in young women

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Breast cancer in young women represents 6-10% of all breast cancers, known for its poor prognosis, with pejorative anatomo-clinical characteristics and a high potential of relapse. Several prognostic factors contribute to the complexity of treatment, such as genetic predisposition (BRCA1/2 mutation) and overexpression of the Her2 receptor.

Retrospective study of 36 young patients under 40 years of age with breast cancer, followed in medical oncology department of BeniMessous university hospital during a period of 3 years. The aim of the study was to describe the anatomo-clinical, histological and therapeutic aspects and to identify any predictive factors of a complete histological response after neoadjuvant treatment.

From January 2019 to December 2022, we treated 36 young patients with breast cancer; median age was 35 years old with a family history of breast cancer in 19.44%, 47% are childless. The average tumor size is 5.58cm, at stage II (44.33%) and III (55.77%) of TNM classification, without expression of hormone receptors in 47% cases, 44% are Her2+, 38.88% basal like and Ki67>50% in 61% of patients. Conservative surgery provided in 13.88% cases and 2 refusal of surgery. 38.23% pCR (6/34 Her2+, 6/34 basal like, 1/34 luminal B) and conversion of lymph node involvement in 40.74% cases. Recurrence occurred in 35%, with more than 2 metastatic sites in 20,58% of



cases. We deplore 30,55 %of deaths and 61% of patients are alive in remission.

Our results reinforce the theory of an aggressive pathology with a poor prognosis; the identification of prognostic and a predictive factor of a complete therapeutic response are essential. Genetic predisposition remains a part of scientific research for the development of new therapies.

***P29* Prognostic factors for colorectal cancers: about 26 cases.**

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Study epidemiological variables and present prognostic factors for colorectal cancer.

This is a retrospective study based on patient files followed in the Medical Oncology department for colorectal cancer from 2022 to 2023

Out of 26 files studied; 14 men and 12 women. The average age was 41.19 years [38 -83 years]. The topography was colonic in 16 cases and rectal in 10 cases. The histological type was adenocarcinoma in 100% (n=26); Liberkuhnian type in 92.3% and mucous colloid type in 7.7%.The prognosis; the age was greater than 70 years in six cases and less than 40 years in two cases.Five patients were operated on in an emergency setting; 19% of cases.Nine patients were metastatic (34%); including 23% of cases (n=6) the metastasis was hepatic, extra-hepatic in 19% of cases (n=5).Eight patients had lymph node infiltration in 30% of cases (n=8) and lymph node dissection was insufficient in 7% of cases (n=2).Three cases presented vascular infiltration and perineural entrapment in 11% of cases

(n=3).The Ras status was mutated in 15% of cases (n=4).

Colorectal cancer constitutes one of the major causes of mortality in cancer pathology, therefore it is necessary to provide means of mass screening and to direct high-risk subjects for earlier diagnosis and effective treatment in terms of survival and quality of life.

***P30* Locally advanced nasopharyngeal carcinoma in young patients in western Algeria**

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Retrospective study of the clinical, therapeutic and therapeutic evolution aspects of locally advanced nasopharyngeal carcinoma in young people in western Algeria.

From January 2016 until December 2019, 95 patients aged 40 years or younger with locally advanced nasopharyngeal carcinoma were treated in our department. Survival rates were estimated by the Kaplan-Meier method.

There were 61 men and 34 women (sex ratio: 1.8) with a mean age of 27.3±0.9 years (09–40), suffering from 35 stage III tumors, 53 stage IVA and 07 stage IVB (according to the International Union Against Cancer, UICC, 2009 classification). It was an undifferentiated carcinoma in 86.3% of cases. Treatment consisted of induction chemotherapy followed by concomitant radio-chemotherapy in 69.5% of cases and induction chemotherapy followed by radiotherapy alone in 30.5% of cases. With a median follow-up of 65 months (02–91), 37 cancers (24.2%) relapsed. The respective rates of locoregional recurrence-free survival and



disease-free survival are 97.7% and 92% at 3 years and 93.3% and 84.5% at 5 years. The average overall survival is estimated at 76.27 months $\pm$ 4.4 months (95% CI: 71.84-80.69) and an overall survival rate of 88.9% and 84.2% respectively at 3 years and 5 years. Late toxicity was dominated by hyposialia as well as endocrine disorders.

Nasopharyngeal carcinoma in patients 40 years or younger, in western Algeria, is diagnosed late with acceptable results in terms of both local control and overall survival but at the cost of post-therapeutic after-effects and complications.

**P31 Docetaxel in breast cancer: EPH Rouiba experiences.**

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breast cancer is the first cancer in women and the leading cause of cancer mortality among them, affects women at an increasingly younger age, the prognosis is linked to the stage of the disease, improved by the arrival taxanes and targeted therapies.

this is a retrospective study that included all patients followed for non-metastatic breast cancer at the Rouiba Medical Oncology Department level from 01/01/02021 to 12/31/2021.

a total of 90 patients were included during this period, the average age of discovery is 51 years, with age extremes between 31 and 75 years, 1% male, 28% have associated defects (including 8 % an allergy), 61% received adjuvant chemotherapy, 39% neoadjuvant chemotherapy, 100% received adequate premedication. Type of protocol received: 53% 3FAC/3T, 19% 3AC/3T, 8% 3EC/3T,

10% 4 CT, 9% 6TCH, 1% 4 AC/4T. Appearance toxicity: 44% neutropenia (4% febrile neutropenia, 18% grade IV), 18% nausea, 17% vomiting, 14% diarrhea, 24% pain, 20% mucositis, 6% hand foot syndrome, 9% alopecia, 6% anorexia, 7% neuropathy, 17% allergy; 41% anemia, 2% thrombocytopenia. 22 received preventive growth factors.

the benefit of docetaxel remains greater than its risks and its side effects are significantly reduced by adequate premedication, according to international guidelines and recommendations, it is an essential drug in the treatment of breast cancer."

**P32 Pathologic complete response (pCR) or CPS-EG score to predict relapses in luminal early breast cancer after neoadjuvant chemotherapy?**

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Neoadjuvant chemotherapy (NAC) is the standard treatment of choice for patients with locally advanced or inoperable breast cancer. It is increasingly used in patients with large operable breast cancer to perform breast conserving surgery or eradicate clinical axillary lymph node positive disease. NAC is less effective for luminal breast cancer because of lower rate of pathological complete response pCR after NAC (6 to 11%) than HER2 + and TNBC. However, even if pCR is rarely achieved in luminal breast cancer, patients showed good partial response , which enables BCS . pCR is not the most important prognostic factor for luminal BC , that is way another score namely CPS\_EG was validated The aim of this study is to determine either pCR or CPG\_EG or predictive of relapses in real life data

We conducted a retrospective study on stage II and III luminal tumours treated at the medical oncology department UH Annaba during the year 2021. We have compared the factors statistically associated with pCR . This parameter includes clinical stage grade histopathological stage and estrogen receptor positivity

The study involved 127 cases. The average age was 55 All cases are classified as T2 to T4 . It is IDC in 96% of cases , ILC 24% and mixed 1% . Intermediate grade in 106 cases and high for remaining cases . The factors we studied are: ER : 30% in 72.3% of cases PR : 30% in 55% of cases HER2 score 0 in 84.3% of cases, score 1 in 15.7% of cases Ki67 20% in 58.2% of cases pCR in 15.7% of cases CPS\_EG 3 in 49.6% of cases, CPS\_EG : 3-6 in 50.4% of cases. The available statistical models predict relapse risks varying from less than 12.5% for CPS (0-1-2) to 38.4% for CPS (3-4) and to 42.85% for CPS (5-6-7) . Pathological complete response pCR after neoadjuvant chemotherapy in patients with early breast cancer is correlated with better survival (82%)

Our study has shown that certain factors are associated with pCR . Their integration into a predictive score and it's prospective validation would make it possible to orient the personalization and intensification to improve the pCR rates ,since it is directly linked to the prognosis

**P33 epidemiological study of breast cancer in men at the chu of Constantine**

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Breast cancer in men is rare; accounts for less than 1% of male cancers. It is treated according to the recommendations of breast cancer in postmenopausal women. Describe the epidemiological and pathological characteristics and the quality of treatment of male breast cancer cases within the Medical Oncology Department of the university hospital of Constantine.

this retrospective study includes 29 patients treated for breast cancer between 05/2014 and 07/2022 at the medical oncology department of constantine university hospital

the average age was 70 years ( 66 and 88) only 2 patients have a family history of breast cancer. the revealing symptomatology was the fortuitous discovery of breast nodule in all patients. 80% of patients benefited from microbiopsy for diagnostic purpose ( 3 patients benefited from surgical exoresis) whose histopathological study returns in favor of invasive ductal carcinoma in 70% of cases and papillary in 30% of cases, all luminal type not overexpressing her2. 30% of patients were diagnosed in the metastatic stage of the disease and 70% in the localized stage treated with first surgery. 70% received hormone therapy in their management with tamoxifen and anti aromatase in only 1 patient

because of its rarity, breast cancer in men is diagnosed at a late stage, and despite its favorable biology, it remains a poor prognosis compared to breast cancer occurring in women



**P34** Prognostic factors for nasopharyngeal cancer in the oncology department of EH DIDOUCHE Mourad Constantine (2016-2023)

**Author :** RAIS Hiba EH DIDOUCHE Mourad Algeria

**Co-author :** BENSALÉM Assia EHDM CONSTANTINE, ALGERIA

Nasopharyngeal cancer (NPC) is a common cancer in Algeria. It primarily affects young adults and has a high rate of lymph node and visceral metastases, which contributes to treatment failures

This retrospective descriptive study was conducted on the medical records of patients with NPC treated at the oncology department of EH DIDOUCHE Mourad Constantine between 2016 and 2023.

Eighty-seven patients had NPC. The predominant histological type was undifferentiated nasopharyngeal carcinoma (UCNT), which was found in 99% of cases. Men accounted for 81.8% of cases, while women accounted for 18.6%. The median age was 49.4 years. The TNM classification showed that stage IVa was diagnosed in almost half of the cases, with neurological signs at presentation. Thirty percent of cases were metastatic, with bone metastases in 25% of cases.

A blood test for Epstein-Barr virus (EBV) antibodies after treatment is the best prognostic factor and should be performed systematically in all patients. This test is not yet available in our department.

**P35** The mechanisms of resistance to EGFR TKIs in EGFR-mutated non-small cell lung cancer (NSCLC) at the Department of Medical Oncology at EH DIDOUCHE Mourad Constantine Algeria (2017-2023)

**Author :** RAIS Hiba EH DIDOUCHE Mourad Algeria

**Co-author :** BENSALÉM Assia EH DIDOUCHE Mourad Constantine, ALGERIA

Lung cancer is the leading cause of cancer's death in the world. Smoking in 80-90% of cases. There are essentially two types, of variable severity. In the vast majority of cases, locally advanced or metastatic non-small cell lung cancer (NSCLC) remains the most responsive at the time of diagnosis. The efficacy of tyrosine kinase inhibitors (TKIs) is performed by the presence of activating mutations of the epidermal growth factor receptor (EGFR), The discovery of activating mutations in the epidermal growth factor receptor (EGFR) gene and the efficacy of tyrosine kinase inhibitors (TKIs) such as gefitinib and erlotinib have revolutionized the treatment of non-small cell lung cancer (NSCLC) with EGFR mutations. However, all patients will eventually develop resistance to TKI therapy, typically within 10-16 months of treatment initiation

This study is a retrospective descriptive one conducted on the records of patients with metastatic non-small cell lung cancer treated at the Department of Medical Oncology at EH DIDOUCHE Mourad Constantine between 2017 and 2023

A total of 385 patients had NSCLC. Metastatic adenocarcinoma was found in 59% of them. The EGFR mutation was detected in 12% of cases of metastatic adenocarcinoma, while 52% of patients had no mutation. In 17.22% of cases, the results were in favor of the absence of tumor cells in the samples (especially in 2021). Deletion in exon 19 was detected in 44% of cases, and the L858R mutation of



exon 21 in 9.8% of cases. 13.6% of women had an EGFR mutation versus 10% in men. 57% of patients with mutated EGFR received gefitinib for a period of at least 6 months, 75% in the first line of metastatic treatment, 17% in the second line, and 8% in the third line. The first evaluation was supportive of a complete response in 15% of patients, stability is consistent with 25% of cases, and progression was detected in 16%. The most common adverse effect was the appearance of skin reactions such as pruritic papular lesions controlled by antibiotic therapy such as doxycycline in 50% of patients. However, gefitinib has a good tolerability profile. Three patients were under erlotinib in the second and third lines of therapy, and died before being evaluated.

The most common mechanism of resistance is the development of a second mutation in the EGFR gene, called T790M. This mutation occurs in the kinase domain of EGFR and prevents the TKI from binding to the receptor. Other mechanisms of resistance include the amplification of the MET gene, which encodes another tyrosine kinase receptor that can promote cell growth and survival, and the activation of other signaling pathways that are downstream of EGFR. There are several new TKI agents in development that are designed to overcome resistance to EGFR TKIs. These agents include third-generation TKIs, such as osimertinib, that are active against the T790M mutation, and MET inhibitors, such as crizotinib.

**P36 The challenge of tumor syndrome diagnosis: lymphoma or tuberculosis?**

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The tumor syndrome includes lymphadenopathy, organomegaly, and tissue masses; constituting a real diagnostic problem. In Algeria, extra-pulmonary tuberculosis remains the first differential diagnosis taking into account epidemiological data. our study aims to identify the discriminating factors in the diagnosis of tumor syndrome between lymphomas and peritoneal tuberculosis.

Retrospective, single-center study of a series of patients hospitalized for diagnosis of a tumor syndrome during the period included: August 2021-August 2023; we identified two groups: patients with a diagnosis of lymphoma (G1) and the other of peritoneal tuberculosis (G2). a descriptive and analytical study using Jamovi version 2.3 software.

A total of 14 patients included in the study, G1 (9 cases) including 6 no-Hodgkin's lymphoma and 3 Hodgkin's lymphoma; G2 (5 cases) with average age  $49.8 \pm 17.1$  vs  $47.4 \pm 25.9$  years, the M/F sex ratio is 4/5 vs 1/4. the average diagnostic time is  $120.43 \pm 23.21$  vs  $112.6 \pm 65.53$  day. all patients present general signs without significant difference: fever 3 vs. 2 cases, weight loss 6 vs. 4 cases, asthenia 5 vs. 2 cases, anorexia 3 vs. 1 case, night sweats 2 cases in both groups, musculoskeletal pain 9 vs 5 cases. superficial adenopathy 6 vs 1 case, deep supradiaphragmatic 3 vs 1 case, subdiaphragmatic 6 vs 2 cases; hepatomegaly 3 vs 0, splenomegaly 5 vs 0 ( $p=0.028$ ). Peritoneal effusion 4 vs 5 cases, pleural effusion 2 vs 1 case. Leukopenia is 4 vs 0, mild anemia 3 cases in G2, in severe and moderate G1 3 and 4 cases respectively, the average hemoglobin level is significantly low in G1: 8.07 vs 12.5

g/dl ( $p=0.012$ ); all patients have a biological inflammatory syndrome with no marked difference between the two groups; the average lactate dehydrogenase level is  $326 + 168$  vs  $294 + 56.7$  IU/l ( $p=0.48$ ).

No similar studies within the limit in our review of the literature. The discriminative factors in the diagnosis of tumor syndrome remain to be determined. Our study did not demonstrate a significant difference apart from the severity of the tumor syndrome (general signs, lympho-nodal signs) and the depth of the anemia

**P37 The Neo-Bioscore to predict early relapses in early breast cancer**

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Neoadjuvant chemotherapy is currently used in early breast cancer, beside improving resectability and increasing the rate of breast preservation, it helps to obtain predictive factors allowing to adjust adjuvant therapy. In luminal tumors, pCR did not clearly show its utility in terms of prognosis and was replaced by other scores; CPS+EG, also for HER 2 positive, response is different in luminal and non luminal, and CPS+EG score was adapted to include HER 2 positive tumors to the Neo-Bioscore.

The aim of this study is to investigate the utility of Neo-Bioscore on a cohort of real life data, from which we conducted a retrospective study on 188 patients treated with neo adjuvant chemotherapy. we identified clinical, histological, therapeutic and prognosis data. Neo-bioscore was calculated for each patient and we identified the follow-up

data of recurrences. in addition to epidemiological analysis of the general characteristics of the population, we performed to determine the relationship between the Neo-Bioscore and the recurrence.

The median age was 49 yo, mostly classified T3 in 32,4% and N1 in 48,9%, stage III in 60,1% Histological type was invasive ductular carcinoma in 76,6% and lobular carcinoma in 16,6%, mostly SBR 2, ER positive beyond 50% in 35,2% and PR was positive in more than 41,4% HER 2 score was negative in 52,9% and Ki 67 high > 20 in 59,9%. B Luminal was the most common group in 39,4% CPS-EG score 1 in 16%, 2 in 35,6% and 3 in 22,3% Relapses was noticed in 18,1% of patients. The Neo-Bioscore was 0 in 5,9%, 1 in 10,1%, 2 in 18,6%, 3 in 30,3%, 4 in 17%, 5 in 12,2%, 6 in 3,7% and 7 in 1,6%. Most relapses in 11%, was noticed in score 4. The analysis of recurrence according to the Neo-Bioscore was statistically significant with  $p 0,014$

The Neo-Bioscore improves our previously validated staging system, we recommend that treatment response and biologic markers be incorporated into the American Joint Committee on Cancer staging system



**P38** Evaluating the indications of partial nephrectomy in the treatment of kidney cancer by analysing the histopathological results of corresponding renal tumours.

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Partial nephrectomy (PN) is being offered as an alternative surgical treatment for patients with clinically localized renal cell carcinoma. PN provides the advantages of a minimally invasive technique reconciling two imperatives: complete excision of the tumour and preservation of the nephron capital. The objective of this study was to report our experience in the management of partial nephrectomy specimens by describing the different characteristics of renal tumours that have benefited from this surgical technique.

We present a retrospective study conducted in the Department of Pathology EHS DAKSI CONSTANTINE including partial nephrectomy specimens for renal tumours received over a period of one year (August 1st, 2022 to July 31, 2023). A total of 5 cases were studied. Partial nephrectomy specimens were inked and examined in details grossly. The histological analysis was performed with a standard technique and immunohistochemistry was done when needed. The epidemiologic and radiological data were collected from patients' medical files.

**P39** Immunohistochemical hormonal mismatch and HER2 phenotype of metastases in luminal breast cancer

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**Co-author :** A.DOUIFI - A.BOUNEDJAR  
Phenotype changes between primary tumor and the corresponding metastases are important data to report. Breast cancer with biological markers predictif ,prognosis and guiding therapeutic strategy remains an interesting model to observe and evaluate these changes . The objective of our studie is to compare molecular features ER,PR and HER2 between metastases and its primary luminal tumor.

This retrospective study was based on the immunohistochemical analysis after micro biopsy of accessible metastases .The level of HR and HER2 on metastases were compared to the expression status in primary breast cancer

Forty -eight cases were analysed . Hormone receptors modification status was observed in 11/48 metastases for PR (22,9%) and 1/48 (2%) for ER .A modification of HER 2 was observed in one 1metastase ( from negative to positive). In the majority of other cases a drop in the level of expression of the ER (Alred score) was observed (41%).

The main interest of this study was to focus one the molecular changes between primary tumor and metastases to confirm the importance of micro biopsy

**P40** UCNT, experience of the medical oncology department of Sidi Ghiles

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**Co-author :** F.Seghier  
Indifferenciated nasopharyngeal cancer represents 70% of cavum cancer . Algeria is considered an endemic region The aime of our report is toi underline some pronostic factors in this cancer



We conducted a retrospective study from January 2021 to December 2022. All patients with UCNT treated in the oncology medical department of Sidi Ghiles

The study included 18 patients. Sex-ratio was 8 men to 1 women. The mean age was 45 years old (range: 17-74 years). Presenting symptoms at diagnosis were predominantly cervical lymph node in 94.4%. 9 patients were at stage III (50%), and 6 patients were at stage IVa (33%), 2 patients were at stage IVb (11.1%), and 1 patient at stage II (5.5%). The treatment strategy was dominated by a neoadjuvant chemotherapy (80%) and a concomitant radiochemotherapy (92%) After a 6 month follow-up; there were 66% of patients with a complete response. 5.5% of patients with a locoregional recurrence. 5% of patients with a distant metastasis. 4% of the patients were overlooked. The overall survival (OS) was 80%. The progression-free survival (SSP) was 66%. T4 stage appears to have a worse prognosis.

Stage at diagnosis is the most significant prognostic factor in undifferentiated nasopharyngeal carcinoma. Our findings were mostly concordant with the literature data

**P41 Breast Cancer in Young Women: Clinical-Therapeutic Epidemiological Profile; A Study of 22 Cases**

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Breast cancer is the most common cancer in women and also ranks first in terms of incidence worldwide. Additionally, it occupies the top position in

cancer-related mortality among women. The median age of diagnosis is 48 years in our country, which is younger compared to Western countries, where it typically occurs around the age of 60. Its incidence has significantly increased over the past two decades, reaching 2.0% annually. Among the risk factors are early puberty, nulliparity, obesity, the BRCA1 and BRCA2 genes. A young age at diagnosis is a predictive factor of poor prognosis and the development of metastases, which poses a challenge in terms of treatment and detection.

We carried out a retrospective study which took place during the years 2021 and 2022 on 22 cases of breast cancer in young patients diagnosed at the Medical Oncology Unit of HMRUO. The study focused on the epidemiological, clinical, histological, immunohistochemical, and therapeutic variables

The median age in our study is 29.6 years, with 47% of patients under 30 years, with extremes of 20 and 35 years. None of our patients had a personal history of cancer, except for 3 of them who had first-degree family history of breast cancer. The mean age of menarche was 12.2 years. 19 patients were married, while 4 were nulliparous. At the time of diagnosis, the tumor was located in the right breast in 54% of cases and in the upper-outer quadrant (UOQ) in 68% of cases. Echomammography revealed a BIRADS 5 classification in 72% of cases. Microbiopsy results showed an invasive non-specific type carcinoma in 81% of cases, with a Bloom-Richardson score grade II (72%). The Ki-67 proliferation index was lower than 20% in (60%), Regarding the results of IHC (81%) had positive hormone receptors (HR +). while HER2 was negative in (86%)

Regarding staging, (77% )were classified between stage II and III, while 2 patients were in stage IV at the time of diagnosis. (63%)patients underwent mastectomy, and (27%) had tumorectomy. The anatomopathological examination revealed an invasive non-specific type carcinoma in all surgical specimen, (55%) SBR III. The resection margin was infiltrated in (30%), while lymphovascular and Perineural invasion were absent in (80%), the results of IHC (85%) had positive hormone receptors (HR +). while HER2 was negative in (85%)of cases The distribution of molecular subtypes was 54% luminal A, 18% luminal B and 18% Her2 +,9% triple negative. All our patients received chemotherapy, with 50% in adjuvant treatment and 40% in neoadjuvant treatment. Except for patients in a metastatic situation, all of them underwent radiotherapy. Patients with HER2 positivity received targeted therapy, while hormone positive receptors patients are currently on hormone therapy

Breast cancer remains a global burden and a public health issue in our country due to its high incidence and mortality rates. Despite advancements in diagnosis and therapy, understanding the clinical and pathological characteristics in young women is necessary for adapting prevention and healthcare systems.

**P42 Metformin and Cancer: Unraveling Immunomodulatory Effects and Therapeutic Implications**

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The potential of metformin, a widely prescribed antidiabetic drug, to influence cancer beyond metabolic pathways has garnered substantial attention. Emerging research suggests that metformin may exert immunomodulatory effects that play a pivotal role in shaping the tumor microenvironment and impacting cancer progression. This abstract delves into the complex interplay between metformin and the immune system within the context of cancer, highlighting its therapeutic implications.

A comprehensive exploration of the literature was conducted to elucidate the multifaceted interactions between metformin, immune cells, and cancer. The focus was on studies that shed light on metformin's ability to modulate immune responses, including effects on immune cell infiltration, cytokine profiles, and antitumor immunity

Metformin's immunomodulatory effects extend to multiple facets of cancer immunity. Preclinical studies indicate that metformin can enhance the recruitment of cytotoxic T cells and natural killer cells to the tumor microenvironment, thereby bolstering antitumor immune responses. Furthermore, metformin appears to influence the polarization of macrophages, promoting a shift towards an antitumor M1 phenotype. Metformin's impact on immune checkpoint pathways has also been investigated. Some studies suggest that metformin might synergize with immune checkpoint inhibitors by enhancing their efficacy through the



activation of T cell responses. These findings suggest a potential avenue for combination therapies that harness the immune-stimulating effects of metformin.

The intricate crosstalk between metformin and the immune system in the context of cancer underscores its potential as a multifaceted therapeutic agent. By modulating immune responses and altering the tumor microenvironment, metformin may contribute to the attenuation of tumor-promoting inflammation and the enhancement of antitumor immunity. Translating these insights into clinical practice requires a thorough understanding of metformin's immunomodulatory mechanisms and their implications across different cancer types. Rigorous clinical trials are needed to elucidate the optimal combination strategies and patient cohorts that stand to benefit most from metformin's immunomodulatory effects. In summary, this abstract sheds light on the emerging role of metformin as an immunomodulatory agent in cancer treatment. By harnessing its potential to shape the immune landscape, metformin offers a novel avenue for therapeutic interventions that hold promise in enhancing the efficacy of cancer immunotherapies and potentially improving patient outcomes.

**P43 Metformin's Multifaceted Effects on Cancer: A Comprehensive Study**

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Metformin, a widely prescribed medication for type 2 diabetes, has garnered considerable attention due to its potential anticancer properties. Epidemiological and preclinical studies suggest that metformin might influence various aspects of cancer development and progression. Its established role in regulating glucose metabolism and insulin resistance, coupled with emerging evidence of its impact on cancer-related signaling pathways, has spurred interest in exploring its potential as an adjuvant therapy for various types of cancer.

In this study, the existing literature regarding the connection between metformin and cancer is systematically examined. The methodology employed entails a thorough search of electronic databases for pertinent studies published up to the current date. Emphasis is placed on a critical evaluation of the quality of evidence, with a specific focus on studies employing rigorous methodologies and possessing sufficient sample sizes.

Multiple studies have demonstrated that metformin exerts effects on key signaling pathways involved in cancer pathogenesis. One of the central mechanisms is its activation of AMP-activated protein kinase (AMPK), a cellular energy sensor that regulates cell growth, metabolism, and autophagy. Metformin-induced AMPK activation leads to a decrease in mTOR signaling, a critical pathway controlling cell proliferation and survival. Furthermore, metformin has been shown to inhibit complex I of the mitochondrial electron transport chain, leading to a decrease in cellular ATP levels



and subsequent suppression of cancer cell growth. Epidemiological evidence has also suggested that metformin use might be associated with a reduced risk of certain cancers, including breast, colon, and prostate cancers. However, inconsistencies in the data warrant further investigation to elucidate the specific contexts in which metformin's effects are most pronounced.

The accumulating evidence highlights the potential of metformin as an adjunctive therapy in cancer treatment. Its ability to target fundamental cellular processes, coupled with its favorable safety profile and widespread clinical use, positions metformin as an attractive candidate for repurposing in oncology. To fully harness its potential, rigorous clinical trials are warranted to determine optimal dosing regimens, patient populations, and combination strategies with standard cancer treatments. In conclusion, this study underscores the need for continued research to unravel the complex interactions between metformin and cancer. Insights gained from such investigations could pave the way for novel therapeutic approaches that capitalize on metformin's multitargeted mechanisms of action in the context of cancer therapy.

**P44 Impact of the multidisciplinary consultation meeting on the management and conformity to clinical practice guidelines of soft tissue sarcomas (a study conducted at the Central Hospital of the Army - Algeria)**  
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Sarcomas are rare and heterogeneous tumors. This is one of the most difficult areas of oncology where multidisciplinary consultation is essential and must intervene as early as possible in the history of the disease. Despite the regular recommendations issued, the management of soft tissue lesions is still too often insufficient, which can aggravate the functional but also vital prognosis of the patient. Key words: multidisciplinary, guidelines, management of soft tissue sarcoma, medical practice, outcome

a prospective study was conducted at the Army Central Hospital over a period of 23 months (from 18.04.2018 to 16.03.2020) where 82 patients with a tumor of the soft parts of the musculoskeletal system were included; 39 patients were diagnosed with sarcoma. 19 patients (48.7% of cases) were presented to RCP before any diagnostic and/or therapeutic procedure (RCP group) and 20 patients (51.2% of cases) were submitted late (No-RCP group). We compared diagnostic and therapeutic management compliance between the two groups and the impact of this compliance on prognosis.

Diagnostic compliance was statistically better for the RPC group compared to the No-RCP group (p 0.001). Compliance rates were 100% and 30% respectively. Diagnostic times were significantly better in the RCP group (36 days vs 95 days). Therapeutically, multidisciplinary improves CEP compliance (88.1% vs. 11.9%) Comparison between the two approaches (single or multidisciplinary) showed a significant difference in favour of the RCP group regarding the quality of initial surgery (74%

R0 vs 33.3%.  $p=0.006$ ) and radiotherapy compliance (94.7% vs 16.5%). Regarding survival: PFS was better in the RCP group (28.4 months vs 11.2 months) with a 2-year PFS rate of 73.5% vs. 23.5%

Compliance with clinical practice guidelines and relapse-free survival of patients with sarcoma are significantly better when initial treatment is guided by a multidisciplinary team. The multidisciplinary mode of care would be more empowered to take care of patients, but without a good organization of care, means and legislative support, its existence and sustainability are doomed to failure.

**P45 Cardiac toxicity of chemotherapy in breast cancers - retrospective study of 2 years performed at the central hospital of the Army – Algeria**

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Cardiotoxicity is defined by: The appearance of symptomatic or no-symptomatic left ventricular systolic dysfunction, as that of the expert consensus of ESA and EACVI 2014, namely, an absolute decrease in LVEF of 10 points compared to the initial LVEF with a residual LVEF of less than 53%. Cardiotoxicity screening is based on the calculation of LVEF by 2D or 3D echocardiography. We have decided to conduct a retrospective study from 2020 to 2022 at the medical oncology department of the HCA (Hospitalization Unit) on the cardiac toxicity of chemotherapy in breast cancer. Keywords: chemotherapy; breast; cardiotoxicity; anthracyclines, anti-Her-2;

This is a retrospective study of 153 patients aged 18 years and older, of both sexes, with breast cancer who require anthracycline or anti-HER2, chemionative; who have a baseline global LVEF  $\geq 53\%$ . We assessed the incidence of cardiotoxicity as defined by ESA/EACVI 2014

The average age is  $48.34 \pm 13.72$  years with a clear female predominance (sex – ratio = 0.12). 22% of patients are hypertensive, 8.5% diabetic, 32.32% have obesity (BMI =  $27.08 \pm 5.05$  kg/m<sup>2</sup>), 7.2% smoking, 10.5% have dyslipidemia and 45.45% of patients are menopausal 18% of patients are Her-2 (+). According to HFA-ICOS risk score: 77.1% of patients are at low risk; 19.6% intermediate-risk and 3.3% high-risk. 89% (136 patients) of patients received only anthracyclines, 3% anti Her-2 alone and 8% anthracyclines + anti Her-2. 49.1% of patients received Left Chest Radiotherapy; 45.4% Right and 5.5% Mediastinal. The cumulative dose of anthracyclines in our study was  $290 \pm 39$  mg/m<sup>2</sup> for epirubicin; and  $120 \pm 82$  mg/m<sup>2</sup> for doxorubicin. ECG was normal in 87.6% of patients; in 6.5% he objectified a repolarization disorder; 2.6% a BBD; 2% a LVH; 0.7% an ESV and 0.7% an ESA. With definition of ESA/EACVI 2014; cardiotoxicity is objectified in 7 patients/153 (4.6%) on Anthracyclines and/or Trastuzumab. incidence is 11.1% (2 patients/18) In patients taking Trastuzumab alone and 3.7% (5 patients/135) In patients taking anthracyclines alone.

The incidence of cardiotoxicity induced by anthracyclines and anti HER2 (Trastuzumab) is 4.6% in our study. This low incidence of cardiotoxicity compared to previous studies is explained on the one hand by the low risk (HFA-ICOS) of the



majority of our patients (77%) and on the other hand by the thresholds for defining cardiotoxicity used in our work (ASE/EACVI 2014).

**P46 Prognostic value of P53 mutation in peritoneal carcinomatosis in colorectal cancer**

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Colorectal cancer is the second cancer worldwide as well as in Algeria, it's the third main cause of mortality by cancer and this is linked to the delayed diagnosis. Peritoneal carcinomatosis is a particular kind of metastases in colorectal cancer; it must be initially considered as a locoregional disease, with a low survival and therapeutic effectiveness, particularly in colorectal cancer which 25% of cases are diagnosed with carcinomatosis stage. Faced with this situation, the search for prognostic factors is imperative. until now, KRAS NRAS and BRAF are the most commun prognostic factors in metastatic colorectal cancer, so are there any other prognostic factors specific to peritoneal carcinomatosis?

A descriptive, retrospective epidemiological study is carried out, covering 69 patients followed for stage IV colorectal cancers from the outset or metachronous metastatic recurrence. Data is collected actively from patient clinical records. We used: the CIMO2 classification for coding topography and morphology, SPSS 20 software for statistical analysis of the data.

Population average age is 57.09 +/- 11.8 years with a sex ratio = 2. Right colon cancer represents 17.3% (12 patients), left colon 53.6% (32 patients) and the rectums 14.4% (10 patients). 53.6% of population

(37 patients) had only one kind of metastases, 15.9% (11 patients) had multiple metastases and 23.1% peritoneal carcinomatosis (16 patients). For the RAS status, the RAS gene mutated in 55% of population (38 patients), the P53 mutated in 53.6% (37 patients) and the BRAF mutated in 2.9% (2 patients), results has shown that the RAS and P53 mutation is found in 33.33% of the population (23 patients). Regarding the analysis of the RAS status in the peritoneal carcinomatosis subgroup (16 cases of carcinomatosis) 7 patients have a full RAS and P53 mutation, which 6 patients are died. Among the 38 cases of RAS mutation, 30 did not respond to TRT (12 stability, 8 progression and 10 died before starting TRT). Among the 37 patients with P53 mutation, 27 did not respond to treatment (10 stable, 9 progressed and 8 died before TRT). PFS is about 36.17+/- 5.01 months with a OS is 17+/- 6.7 months. The survival subgroup analysis has shown that OS in peritoneal carcinomatosis drops from 17 to 13 months if the P53 is mutated while it remains stable compared to full Ras mutation (17.2 vs 16.9 months).

Peritoneal carcinomatosis in colorectal cancer remains the situation with the worst prognosis and the P53 mutation can be a predictive factor of poor prognosis in this subgroup of colorectal cancers.

**P47 Descriptive study on the profile of lung cancer patients (A series of 101 patients)**

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lung cancer ranked 1st in the world in terms of the number of new cases It was



also responsible for more deaths because of its poor prognosis.

Descriptive study on 101 patients followed for lung cancer in the medical oncology department in Ibn Sina hospital Oum El Bouaghi,

Lung cancer represents 7.38% (101 new cases out of 1366 patients) with a male predominance: sex ration 9hommes/1femme The average age of diagnosis is estimated at 65 years of which 71% of patients are over 60 years In the background it was noted: Concept of smoking in 77% of cases varied between 2 and 100 packs/ year Occupational exposure: 12% of cases Familial neoplasia in 17% of cases 1/3 of patients have associated defects such as hypertension, diabetes, ulcer, TBC.... The circumstances of discovery: Cough is the master symptom: 77% of cases Other typical respiratory symptoms: chest pain 32%, dyspnea 23% hemoptysis 16% Revealing metastasis in 18% of cases The delays between the appearance of the 1st symptom and the varied diagnosis between one week and 24 months with a mean of 5 and a half months The most common histological type is adenocarcinoma: 61 cases (EGFR mutation is sought only in 12% of ADK or it was positive in 50% of cases .... ALK and ROS1 not made) Squamous cell carcinoma in 27% of cases and small cell lung cancer in 12% of cases The disease is discovered at a metastatic stage in 87% of cases The most frequent metastatic sites: Os35%. Contralateral lung 25%. Liver 23%. Brain 17% Adrenal 13%. Other 5% of cases. Treatment varied according to the stage of the disease between surgery plus adjuvant chemotherapy; concomitant radio chemotherapy; palliative chemotherapy more or less targeted therapy according to

the indication and always symptomatic treatment Overall metastatic survival is estimated at 11 months Early detection of the disease in provides a better chance of survival ranging from 20 months for stage IIIB and more than 34 months for stages IB and IIB (Patients Still Alive). Discussion: The incidence of lung cancer is increasing especially in elderly menT obacco exposure is present in the majority of case. The discovery of the disease is mainly due to respiratory symptoms neglected by patients which leads to a late diagnosis so less chance of remission Adenocarcinoma is the most common histological type

Lung cancer is a serious and fatal disease of the elderly man The fight against tobacco is essential Early diagnosis = better chance of remission hence the value of screening

***P48* Metastatic tropism of breast cancer according to molecular subtypes. (series of 100 cases)**

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Metastatic cancer is usually more difficult to treat than localized cancer. Breast cancer is the most frequently observed cancer among women in Algeria. It constitutes a public health problem, especially if it is at an advanced stage.

Descriptive retrospective study spread over 36 months including 100 cases of metastatic breast cancer collected in the Annaba medical oncology department for diagnosis and follow-up.

The average age of 51 years (23-80), the history of family cancer is noted in 21%, the affected side was respectively left, right, bilateral (50%, 41%,9%), Breast MRI is requested in only 4% of cases. Non-specific infiltrating carcinoma was the most responded histological type (74%) of which SBR II grade represented 62% of cases, CA15-3 was elevated in 16% of the population. Regarding molecular classification; we respectively noted tumors of the group; Luminal B, Luminal A, Her2+, triple negative (41%, 30%, 21%, 8%). 70% of patients had bone metastases, 29% pleuropulmonary, 28% liver, 4% brain and 4% other sites. Concerning metastatic tropism (according to molecular subtypes): Firstly; triple negative tumors: the sites were bone 6%, liver 4%, lung 1% and other 1%; Secondly; Luminal A: bone 18%, pleuropulmonary 9%, hepatic, other 2% and cerebral 1%; Third: Luminal B: bone 30%, pleuro-pulmonary 12%, hepatic 7%, cerebral 3% and other 2% and finally Her2+: bone 15%, hepatic 9%, pulmonary 7%. Currently 24% of patients are lost to follow-up, 7% under control, 6% died, 54% under treatment.

Luminal B group is different from luminal A and has a poor prognosis; these groups should be taken into consideration as prognostic factors.

***P49* The different types of aging (geriatric groups) in elderly women with breast cancer. "Multicenter study".**

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Any doctor caring for adults with cancer can almost always identify at least 30% of their activity with elderly patients. This requires close collaboration between

oncologists and geriatricians to share their knowledge and implement it optimally for the elderly patient. Geriatric groups can be established using the evaluation of the G8 geriatric score and the Charlson score (presence or absence of comorbidities).

Retrospective, multicenter study including 74 patients with locally advanced and/or metastatic breast cancer treated and followed in different medical oncology departments in Eastern Algeria.

In our multicenter study; more than half (56%) of the patients were under 75 years old at admission. 59.4% of the population had a performance status equal to 1 at the time of diagnosis. More than two thirds of patients were dependent at the first consultation; with different degrees: ADL6 (71.6%), I ADL 4 (73%). The average for ADL and IADL was 4.4 and 2.7, respectively. The G8 questionnaire is the geriatric screening tool; used for any elderly subject suffering from cancer before treatment, the latter was carried out in the entire study population for a better assessment of the state of health of our geriatric patients, 64.4% of whom revealed a vulnerability or geriatric frailty: score  $\leq 14$ . The average G8 score was 12.9 and the median was 12.75 with extremes (8-17). 82.4% of patients presented comorbidities ranging from one to five defects of different severity, there was a small percentage of grade 3 comorbidities compared to grade 2 and a total absence of grade 4 comorbidities. general condition of patients assessed by the G8 score and the presence or absence of comorbidities distinguished 03 groups: harmonious aging 35.2%; vulnerable 47.3% and a fragile group 17.5%, on the other hand the 4th group which represents the too sick group was absent (0%) given the total absence of grade 4 comorbidities



(which constitute a contraindication to the initiation of specific medical treatment).

The implementation of treatments in elderly subjects must follow strict rules. By bringing together the information collected during the geriatric assessment, we can determine the type of aging and thus adapt the therapeutic program.

**P50 Prognosis of young adults with gastric cancer after gastrectomy**

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**Co-author's :** Rouainia Bouchra, Gharbi Moufida, Arbaoui Nadia

Gastric cancer is the fifth most common malignancy worldwide. It is considered the 4th leading cause of cancer death. It is still described as the prerogative of people over 50. However, it is rarely described in young people. Gastric cancer (GC) in young adults (aged 15–39 years) has limited data on clinicopathological features and prognosis. This study aimed to describe the clinicopathologic characteristics, perioperative findings, and long-term outcomes of young adults with GC who underwent curative gastrectomy.

From January 2010 to December 2022, young patients (aged 15-39 years) with GC undergoing curative gastrectomy at the general surgery department of Annaba University Hospital were enrolled. Clinicopathologic features, treatment variables, perioperative outcomes, and long-term outcomes were analyzed.

Young patients had fewer comorbidities and were more likely to be female, have normal carcinoembryonic antigen (CEA) levels, poorly differentiated tumors with perineural invasion, and receive neoadjuvant chemotherapy. they

had a lower incidence of postoperative complications and a shorter duration of postoperative hospitalization than elderly patients. In the entire cohort, young patients had a median overall survival of 28 months. Young age (15-39 years) was an independent risk factor for overall survival in GC patients after gastrectomy but the tumor was aggressive and the prognosis poor.

Gastric cancer is generally considered a disease of the elderly, but it can also occur in younger patients. Delayed consultation for treatment leads to late diagnosis and poorer prognosis. Young age was an independent risk factor for overall survival in GC patients after gastrectomy.

**P51 Changing trends in surgical management of gastric cancer in elderly patients: a retrospective study, 2010-2022**

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Gastric cancer surgery in the elderly has increased risk of postoperative complications. Our objective was to describe the evolution of surgical management of gastric cancer between 2010 and 2022 in order to provide more information and seek an appropriate surgical plan.

A total of 54 gastric cancer (GC) patients aged over 70 years were operated between 2010 and 2022 in the general surgery department of Annaba University Hospital were enrolled in this analysis. Changes in clinicopathological characteristics, surgical treatments and survival were analyzed.



Only 34 GC patients underwent radical surgery, while 20 patients underwent palliative surgery. Cardia and esophagogastric junction cancer increased in GC patients. Pulmonary infection gradually became the most common postoperative complication, its incidence during 2020-2023 reached 33%. However, the incidence of anastomotic leakage decreased from 23% during the period 2010-2020 to 5.8% in the period 2020-2022 (p 0.01). Additionally, 30-d mortality decreased significantly from 45.1% to 12.3%. Increases were observed in 5-year overall survival in GC patients during 2020-2023 (36% versus 19% during 2010-2020). The mean survival time of GC patients after radial lymphadenectomy was higher than in patients who underwent limited lymphadenectomy (28 versus 18 months respectively). This benefit was particularly evident in patients with TNM stage I cancer, but not in patients with TNM stage II/III.

The safety as well as the effectiveness of surgery in elderly patients is increasing. Radical lymphadenectomy has advantages in patients with TNM stage I gastric cancer, but not TNM stage II/III.

**P52 Management of advanced or metastatic non-small cell lung cancer in women with EGFR mutation:**

**Retrospective study 2018-2022**

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The Non-small-cell lung carcinoma is a heterogeneous disease whose prevalence is increasing in women. Women more frequently present with adenocarcinoma, a mutation in the EGFR

(Epidermal growth factor receptor) gene. Detection of an activating mutation in the tyrosine kinase domain of the EGFR gene is particularly important, as specific treatment may be proposed.

This is a descriptive, retrospective study of patients with EGFR-mutated metastatic or locally advanced non-small-cell bronchial carcinoma (NSCLC) treated in our Medical Oncology Department at CHU Béni Messous-Alger between 2018 and 2022.

These were 13 women with a mean age of 56 years with extremes ranging from 37 to 80 years; Active smoking was noted in 02 patients and passive smoking in 05 patients. Clinical symptoms were dominated by chest pain in 54% of cases, cough in 23% and dyspnea in 15%. Histological certainty was provided by bronchial fibroscopy (58%), computed tomography (32%) and pleural biopsy (10%). The most frequent histological type was adenocarcinoma (92%), followed by squamous cell carcinoma (08%). The stage of the disease was metastatic in 69% of cases. The most frequent metastatic sites were bone (46%), lung (23%), pleura (16%), brain (16%), and liver (8%). An activating mutation of EGFR was detected in our patients, at Exon 19 (69%), Exon 21 (23%), Exon18 (08%), the average delay in obtaining the molecular analysis result was 23 days. The majority of patients (62%) received a first-line TKI, while 38% received chemotherapy. One hundred percent of patients received treatment with Gefitinib. Response to treatment was considered partial in 69%, stable in 23% and progressing in 08%. Treatment was temporarily interrupted and reduced in 04 and 02 patients, with 69% experiencing toxicities.

Women are the group that benefits most from anti-EGFR targeted therapies, which have been a turning point in the therapeutic management of EGFR-mutated bronchial cancers.

**P53 Papillary renal cell carcinoma : a retrospective study of 11 cases.**

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Papillary renal cell carcinomas (PRCC) are the second most common form of Renal Carcinomas and belongs to the non clear cell carcinomas family. This tumour type is an heterogeneous group of tumours usually subdivided in type I and type II according to pathological features. The prognosis of PRCC in the metastatic setting is worse to clear cell carcinoma's prognosis. Biological characteristics of PRCC are poorly known and did not allow the development of specific targeted therapies .

Our work is a retrospective and descriptive study of 11 cases of papillary renal cell carcinoma collected at the medical oncology department of the cancer control center of Sidi Bel Abbes over a period of 12 years, from January 2011 to January 2023. Data collection was conducted from patients' medical records. The variables studied were: age, sex, risk factors, revealing sign, tumor stage and therapeutic conduct.

We noted 11 cases of papillary renal cell carcinoma with an average age of 63 years (range: 45 – 82 years). We found a masculine predominance, 80% for men vs 20% for women. The most frequently observed risk factor was smoking (40%)

followed by high blood pressure (30%). Lumbar pain was the most prevalent revealing sign (45% ). Diagnosis was based on CT scans in all cases. 09 patients had a preserved general condition (PS 2). 90% of patients were metastatic. Bone metastases were the most observed (n=07). The first line treatment was a Tyrosine kinase inhibitors <sunitinib /> applied on 08 patients, the regimen 4 weeks on/ 2 weeks off was used, with dose adjustments based on individual tolerance . The major adverse event was haematological toxicity, asthenia, hand-foot syndrome, high blood pressure and hypothyroidism. 02 patients had received a 2nd line of treatment.

Papillary renal cell carcinomas are relatively rare tumors, in our population are mainly observed during the sixth decade, with masculine predominance . This predominance is directly related to insignificant or even non-existent smoking consumption in our female population. Clinical symptomatology was polymorphic mainly urologic symptoms. The majority of patients are metastatic , this being explained by the slow evolution of this cancer. Sunitinib have been the treatment of choice for the majority of patients.

**P54 The Prognostic Factors in Colorectal Cancer: An Epidemiological Profile of the Oum El Bouaghi District during 2018 -2019**

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Colorectal cancer is a significant global public health issue, ranking second among cancers in men after lung cancer and second in women after breast cancer. Prognostic factors play a crucial role in shaping the course of the disease, underscoring the importance of this study.



In our research, we focused on examining prognostic factors among cancer patients in the Oum El Bouaghi district. To ensure the accuracy and objectivity of our findings, we thoroughly analyzed any potential patterns or unique distributions within the collected cases.

We have used retrospective descriptive analysis applied on a sample of 62 cancer patient in the period between January 2018 to December 2019, for that purpose, we have used the SPSS package to illustrate the frequencies and the possible distribution patterns.

in our data, we found that the Mean Age of the patients at the moment of diagnosis is 58 years old (70% under 50), the Sex Ratio = 1.07, Family History Of Cancer; first degree= 14,9%, second degree= 2,1%, third degree= 4,3% and first and second degree=2,1%, Topography of Primitive Cancer, in the left colon = 81,36%, and in the right side =18,64%, the most frequent Histological Type is well differentiated adenocarcinoma (58%) of cases. 78,9% of patients have Synchronous Metastasis or Recurrence in the following years up to this day, the RAS status is 31,82% mutated, 31,82% non-mutated and 36,36% non-tested, Tumor Markers; 45,16% normal, 54,84% high, Overall Health of patients range between 58% in 1 PS -performance status- category to 3,23% in 3 PS category,

In summary, the evolution of cancer patient varies widely. These findings emphasize the complexity of colorectal cancer and the need for personalized treatment strategies to improve the outcomes

**P55 Examining Pathological Factors and Prognostic Implications Following Surgical Removal of Liver Metastases in**

**Colorectal Carcinoma: A Suggested Pathological Reporting Protocol**

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Resection is the cornerstone of treatment for colorectal liver metastases (CRLM). While numerous histopathological factors related to the primary colorectal tumor have been extensively studied, histopathological prognostic factors related to CRLM are still under evaluation.Objective: To identify the histopathological factors of hepatic metastases from colorectal cancers after neoadjuvant chemotherapy

Between January 2003 and January 2022, twenty patients who had previously undergone neoadjuvant treatment underwent complete resection of hepatic metastases originating from primary colorectal carcinoma. Surgical specimens from these patients' metastatic lesions underwent a thorough pathological examination at the CLCC Batna Pathology Laboratory. This study, of a descriptive and retrospective nature, aims to delve deeper into the analysis of the histopathological characteristics of the metastatic lesions.

Our population consists of 20 patients with a sex ratio of 1.85 and an average age of 59.9 years, of whom 60% had a single nodule with tumor sizes ranging from 5-150mm and an R0 resection margin in all cases. The predominant histological type is well-differentiated adenocarcinoma in 50% of cases and mucinous in 15%. 35% had a major histological response; necrosis was predominant in 75% of cases. An inflammatory reaction was found in 20% of



cases, predominantly composed of lymphocytes; vascular invasion was observed in 45% of cases, however, perineural invasion was only noted in 4% of cases. We did not observe any invasion of the bile ducts. Statistical analysis of the series revealed that the mucinous histological type had a worse response than the others.

Over the years, a successful collaboration between surgeons and pathologists has contributed to identifying certain critical parameters that can be evaluated reproducibly and quantitatively in resected metastatic samples, demonstrating significant prognostic relevance. These include macroscopic parameters such as size and number of lesions, as well as histopathological variables, particularly metastatic tumor invasion, histological type, tumor regression grading (TRG), and margin of resection. The EGOSLIM (Expert Group on Onco Surgery management of Liver Metastases) has suggested that a minimum surgical clearance margin of 1 mm can be considered sufficiently safe when performing hepatic resection for CRLM. The debate still rages on the histopathological feature to assess and include in the pathological report.

**P56 Demographic, clinical, and molecular characteristics of metastatic colorectal cancer in an Algerian population**

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Metastatic colorectal cancer (mCRC) remains a significant challenge in oncology, and its clinical characteristics can vary across different populations. This study aims to elucidate the demographic, clinical, and molecular features of mCRC in an Algerian population.

A comprehensive analysis was conducted on 77 patients diagnosed with mCRC at the Anti-Cancer Centre of Sidi Bel Abbes, Algeria over 3 years (2018-2021). Patient demographics, age distribution, sites of metastasis, primary tumor location, comorbidities, family cancer history, KRAS mutation status, histology, and treatment modalities were assessed.

Of the 77 patients with mCRC, 24 were female, and 53 were male, with a mean age of  $59 \pm 14$  years. Among the patients, 21% were under 50 years old, while 79% were 50 years or older. The predominance of mCRC in older patients underscores the importance of screening and early intervention in this age group. Hepatic metastasis was the most common site of metastasis, occurring in 69% of cases, followed by pulmonary metastasis (36%), bone metastasis (12%), lymph node metastasis (3.9%), and peritoneal metastasis (6.5%). Colon cancer was the primary site in 65% of patients, while rectal cancer accounted for 35% of cases. Personal medical history was prevalent, with 55% of patients reporting comorbidities, including hypertension (21%) and diabetes (18%). The prevalence of comorbidities such as hypertension and diabetes suggests the need for a multidisciplinary approach in managing

mCRC patients with underlying medical conditions. Additionally, 45% of patients had a family history of cancer. KRAS mutation status was available for 47 patients, with 55% exhibiting KRAS mutations which highlights the potential relevance of targeted therapies. Adenocarcinoma was the predominant histological subtype, representing 95% of cases.

Well-differentiated adenocarcinoma was observed in 47% of patients. Treatment modalities included chemotherapy (63%) and targeted therapy (43%), reflecting the current standards of care for mCRC. Common clinical symptoms at presentation included asthenia (54%), weight loss (43%), pain (32%), and anorexia (27%).

In conclusion, this study provides valuable insights into the clinical and molecular characteristics of metastatic colorectal cancer in the Algerian population. These findings can guide healthcare practitioners in optimizing patient care and treatment strategies for mCRC in this specific demographic. The relatively high proportion of hepatic metastasis emphasizes the need for improved strategies for early detection and treatment of liver involvement in mCRC. Further research is needed to explore additional factors influencing mCRC in Algeria and to develop more effective therapeutic approaches for this challenging disease.

### *P57* Characteristics of early-onset colorectal cancer in an Algerian population

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Colorectal cancer (CRC) is a significant public health concern, and its incidence in younger populations has been steadily increasing worldwide. This study aims to investigate the clinical and molecular characteristics of early-onset colorectal cancer (EOCRC) in an Algerian population, shedding light on factors associated with this disease.

We conducted a retrospective analysis of 56 patients diagnosed with EOCRC (age  $\leq$  50 years) at the Anti-Cancer Centre of Sidi Bel Abbes, Algeria between 2018 and 2021. Data on patient demographics, tumor location, personal and family medical history, KRAS mutational status, histological subtype, disease stage, metastasis, treatment modalities, and common symptoms were collected and analyzed.

Of the 56 EOCRC patients, 27 were female (48%) and 29 were male (52%). The observed gender distribution is relatively balanced, which differs from the predominance of male patients typically seen in older-onset CRC. The primary tumor site distribution was 46% in the colon and 54% in the rectum. Personal medical history of CRC was present in 14% of cases, while 33% had a family history of cancer. The relatively high percentage of patients with a family history of cancer suggests a potential genetic predisposition in this cohort. KRAS mutational status was available for 27 patients, with 56%



exhibiting KRAS mutations which warrants further investigation into its implications for prognosis and targeted therapy selection. Histologically, adenocarcinoma was predominant, accounting for 96% of cases, with 57% being well-differentiated adenocarcinoma. In terms of disease stage, 29% were diagnosed with stage III CRC, and 29% presented with metastatic disease, with 18% demonstrating hepatic metastases. Treatment modalities varied, with 48% of patients receiving chemotherapy, 37% receiving adjuvant chemotherapy, 13% undergoing radiotherapy, and 17% receiving targeted therapy highlighting the complexity of managing EO CRC. Common symptoms among EO CRC patients included asthenia (41%), pain (36%), and weight loss (24%).

This study provides a comprehensive overview of the clinical and molecular characteristics of EO CRC in an Algerian population. The findings highlight the importance of tailored management approaches to address the rising incidence of EO CRC. Further research is necessary to elucidate the genetic factors contributing to EO CRC in this population and to explore the potential therapeutic implications of KRAS mutations. This insight will contribute to the development of more effective EO CRC screening, prevention, and treatment programs in Algeria.

**P58 Study of 88 cases of ovary serous tumors .**

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Ovarian tumors are common and occur at all ages. They are dominated by epithelial tumors, of which 40% are serous.

The majority of them are benign tumors: serous cystadenoma and its variants, and the rest are borderline cystadenoma and serous carcinoma, which is considered to be the most lethal gynecological cancers.

This is a retrospective descriptive and analytical study of ovarian serous tumors ,diagnosed in the Department of Anatomy and Pathological Cytology of the University Hospital of Constantine, during a 30-month period from January 2019 to June 2021, with the aim of clarifying the epidemiologic macroscopic and histologic characteristics of these tumors.

A total of 88 cases were collected, of which 81.8% were benign tumors and 4.5% were borderline tumors. There were 12 cases of serous carcinoma. The age range was between 12 and 74 years. The mean age was 44 years for cystadenomas and 53 years for carcinomas, with 66% of patients between 50 and 79 years. Only 11 cases were bilateral. Macroscopically, 91.5% of benign tumors were often cystic; for borderline tumors, 60% (3 cases) were cystic with vegetations, 40% were solid-cystic; for carcinomas, 11 cases were pure solid or pure solid-cystic, and only one case was cystic with vegetations; no carcinoma was pure cystic.

This study confirms that serous ovarian tumors are mostly benign and unilateral, occurring at any age, with a postmenopausal predominance for malignant tumors. Vegetations and solid areas on macroscopic examination raise concerns about malignancy, suggesting more vigilant examination. All these parameters are in agreement with the literature. However, in our series, the mean age of patients with serous carcinoma was lower than in the West, as was the number of borderline tumors diagnosed, it is likely that some carcinomas



were not detected at the borderline stage. This research underscores the need for continued investigation into the early detection and management of serous ovarian tumors, either in younger age groups, to improve clinical outcomes.

**P59 Congénital Mésoblastic Néphroma**

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congenital mésoblastic nephroma (CMN) or Boland's tumor is a rare renal tumor of child which occurs mainly in early infancy. It is the most renal tumor before the age of 6 months and it constitutes only 5% of renal tumor. Surgery alone is the appropriate first line of treatment. Histologically, it may exhibit classical, cellular type and mixed pattern.

We conducted a retrospective study over 10 years period between 2011 and 2020 including 7 CMN assessed in the pathology department of Mustapha Bacha Hospital from all renal tumors of child.

There were 7 patients of CMN. The median age was 8 months. The sex ratio M/F was 2,5. The diagnosis was prenatal in 3 cases. All patients underwent a radical nephrectomy. 4 cases were classical types, 2 cellular types and one mixed type. 6 cases were stage II and one stage I. Global survival was excellent (99%).

CMN needs to be correctly diagnosed and differentiated from other pediatric renal neoplasm. It has a favorable prognosis with surgery alone.

**P60 Lung cancer in non- smokers**

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The main etiology of bronchial cancer is tobacco consumption. However, 25% of lung cancers worldwide, including 15% in men and 53% in women, are not attributable to tobacco. The causes of bronchial cancer in non-smokers remain unknown; certain factors such as exposure to radon, occupational exposure, and genetic factors may contribute to its development.

This is a retrospective work covering 54 cases of primary bronchial cancer in confirmed non-smokers and followed within the pulmonology department of the Sidi Bel Abbes University Hospital over a period of four years (2011–2019). Through this work we describe the epidemiological, clinical, radiological and histological profile of bronchial cancer in non-smokers.

In total, 54 of 894 cases of lung cancer (6%). The average age is 61 years (37 to 82 years), with a female predominance, the sex ratio is 17M/37F. Exposure to passive smoking is found in 17 cases (31%) and the notion of bronchial cancer in the family in 04 cases. The functional signs are dominated by chest pain and cough. Chest radiography revealed a hilar opacity in 34 cases, a peripheral round opacity (15 cases), an apical opacity in 4 cases, and alveolar type 04 cases). The diagnosis was confirmed by bronchial biopsy in 39 cases (72%) and by transparietal biopsy 15 cases (27%). The histological type is adenocarcinoma in 42 cases (77.7%), squamous cell carcinoma 9 cases (16.6%) and undifferentiated carcinoma 3 cases (5.5%). For staging, stage IIIA (13 cases) 24%, IIIB (24 cases) 44% and stage IV (17 cases) 31%. Treatment was surgical in two

cases, based on chemotherapy in 52 cases. The 5-year survival rate was 23%

Bronchial cancer in non-smokers is the prerogative of women and is of the adenocarcinoma type in the majority of cases.

**P61 Obesity, Central obesity, and Metabolic disturbance as risk factors for Breast Cancer in Tripoli - Libya.**

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Aim: To investigate the association between body weight, central obesity, metabolic disturbance, and risk of breast cancer.

A cross-sectional descriptive study includes newly diagnosed patients with breast cancer from March 2022 to March 2023 in Tripoli Libya, demographic data, body weight, and height, body mass index, waist circumference (WC>80 cm), lifestyle, and metabolic disturbance for these patients.

the participants included in this study were 100 Libyan women between the ages of 23 and 74 years old, 45% premenopausal women, and 54% postmenopausal women. The median age of respondents (48.9 +\_11.5). Median weight 74.0kg and median height 160.0cm. Median body mass index BMI 30.0kg/m<sup>2</sup>, Median waist circumference WC 90.0cm. 43% of patients had a BMI > 25kg/m<sup>2</sup> (overweight), and 32% of patients had BMI >30 kg/m<sup>2</sup> (obese). 83% of patients had central obesity WC> 80cm. 42% of postmenopausal women had obesity and 46% of postmenopausal women had central obesity. 17% of postmenopausal women had a family history of breast cancer. 24% of postmenopausal had

metabolic disturbances such as hypertension, glucose intolerance, and hyperlipidemia (p17% and high BMI. A significant association between high waist circumferences with lymph node status >N1 and distance metastasis at the time of diagnosis (p0.006).

This study showed that Libyan women suffering from breast cancer are overweight or have normal body mass index with high waist circumference, supporting worldwide studies on obesity as a risk factor for breast cancer and advanced tumor behavior and staging. Metabolic disturbance is more prevalent in postmenopausal women with breast cancer and is an independent risk factor for breast cancer.

**P62 Search for EGFR mutations in primary lung adenocarcinoma: Rouiba hospital experiences.**

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lung cancer represents a major public health problem due to its frequency and bad prognosis. The search for mutations of the EGFR gene is essential for the therapeutic decision in front of a primary lung adenocarcinoma, the search for these mutations is common practice in ALGERIA, in a reference center .

this is a prospective descriptive cross-sectional study that included all patients followed for primary lung adenocarcinoma at Rouiba oncology department from 2019 to 2022

a total of 257 patients were included during this period, the average age of discovery is 67 years, with age extremes between 33 years and 89 years, 77% male and 23% female, 50 % have



associated defects (60% high blood pressure , 30% diabetes), smoking was found in 45% of patients, including 20% of ex-smokers. The way of discovery: cough 30%, dyspnea 20%, hemoptysis 15% pleural effusion 10 % pneumopathy 8% , other 17%. The sampling site: 60% transparietal, 30% bronchial, 10% from the metastatic site. Stage of disease : 88 metastatic (IV) 12 locally advanced (III). The results of the search for mutations: 37% eligible, 34% absence of mutation, 29% mutated (68% exon 19, 23% exon 18G719X, 9% exon 21) Patients whose EGFR has been mutated: 30% of women and 70% of men, 47% of non-smokers. the time taken to receive results has notably decreased from an average of 35 days in 2019 to 10 days in 2022.

the EGFR gene mutation is found in 29% of patients, these results are higher than those reported in the literature. The accessibility and shortening of the waiting time for the results of the EGFR mutation makes it possible to put the patient on anti-EGFR in the first line, which has brought a benefit in terms of response rate and overall survival.

**P63 Métabolic syndrome ans colorectal cancer**

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Colorectal cancer is one of the major problems facing public health. It is the third most common cancer at both national and global levels. The aim of this research is to determine the relationship

between metabolic syndrome (SM) and colorectal cancer (CRC).

Our sample consisted of 34 patients aged between 45 and 85 consulting the CPMC medical oncology department. The metabolic syndrome is defined according to the NCEP-ATP III classification.

The mean age of our patients was 61.44±1.82 years, with a male predominance (70.6%).The tumour was present in the rectum in 55.9% of cases. 26.5% of patients had at least 3 criteria of metabolic syndrome (33.3% with 3 criteria, 44.4% with 4 criteria and 22.2% with 5 criteria). We recorded glucose intolerance in 22.22% of our patients with MS, while 88.88% had hypertriglyceridaemia accompanied by hypoHDLaemia. The majority of our SM patients were overweight and 77.77% of them were sedentary.

In conclusion, a close relationship exists between SM and colorectal cancer. Several studies have shown that SM can have a motivating and addictive role towards CRC through several pathophysiological pathways.

**P64 Supportive care in cancer treatment at home: the center Blida's experience in 2023**

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Blida comprehensive cancer center has developed a home-care coordinating unit (HCCU), hospital based but widely open to the community.

We report on the organization of the unit and on its activity from 23/03/2023 through 31/08/2023.



Hospital discharge is initiated by the oncologist when patients agreed to participate and filled in an informed consent ; the HCCU( coordinating medical oncologist (CMO) ,general practitioners (GP) and nurses) evaluates the patients needs at home, organizes hospital discharge (contacts with nurses and general practitioner(GP),and provides follow-up and counseling to both patients and caregivers.A total of 66 cancer patients (34 men, 32 women ,mean age:57 years) were admitted to the home-care program from 23/03/2023 to 31/08/2023 ,of witch 40 (60%) were treated with oncological treatment ,26 (39%) were under palliative care .the most common cancer type was colorectal cancer in 20 patients(30%), followed by breast cancer in 12 patients(18%) and lung cancer in 7 patients(10%),other cancers (prostate, melanoma, sarcoma, brain tumors) :18 (27%).all patients had an advanced cancer .Care encompassed :pain control(40 patients,60% ) , others supportive and palliative care ( artificial nutrition, intravenous antibiotic therapy , nursing , axitis puncture, cerebral edema treatment) (26 patients,39%) . All patients were satisfied. During the six month intervention period, 7 patients (10%) had a weekly visit, 59 patients (89%) one to 2 visits per month ;40 patients (60%) received home -care for less than a month, 10 patients (15%) between 1 and 3 months, 4 patients (6%) more than 3 months. Of those 66 patients, 50 patients (75%) died, 3 patients started specific oncological treatment given the improvement in their general condition, 13 patients (19%) are currently receiving home-care.

The HCCU is created in response to the demands of patients, oncologists and public authorities.Palliative home care

allows people to stay at home until death ,supported and surrounded by those close to them.

***P65* Genetic and comparative study between breast cancer alone and the association of breast cancer with that of the thyroid, about a few cases**

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Breast cancer is one of the most common cancers in woman. Several extrinsic and/or intrinsic factors may be responsible for the appearance of tumor tissue. In the course of monitoring a first cancer, the detection of a second cancer is not uncommon. Among existing metastases, thyroid metastases of breast origin or vice versa are observable, and these have raised many questions about the factors that unite the two neoplasias (BS and TC). The aim of our work is to study the emergence of thyroid cancer in women (3cases) followed up for breast cancer.

The study is based on the processing and analysis of patient records and a genetic investigation of family history, at the CAC medical oncology departement in Franz Fanon Bida, over a period of 6 months.

Our results show that 57% of the 37 cases presenting with breast cancer alone were in the [30-40] age bracket, i.e. the patients were relatively young. Of these, 75% presented with invasive ductal carcinoma (IDC). Classification according to SBR grade showed that the majority of affected women had SBR grade II at 59%. 51% of women treated had taken contraception,

and 68% had an INSERMscore greater than or equal to 05. All the women in this study had family history of cancer, so the main etiology could be genetic. 32% of the cases had a 4th degree of kinship. Their distribution according to the number of relatives affected by breast cancer shows that 41% have only one breast cancer in the family. Breast neoplasia is the most frequent in the families of the 37 cases at 35% ; in addition to other types of cancer(ovarian cancer, prostate cancer, stomach cancer, colon cancer, leukemia, liver cancer, pancreatic cancer, thyroid cancer), there is also predominance of luminal group A at 57% of cases. The 3 patients presenting an association between breast cancer and thyroid cancer are in the [40-70] age bracket. They have different histo-pathologica types one has one (CCI), the second has two types : a CCI+ an infiltrating lobular carcinoma (CLI) and the third a ductal carcinoma in situ (CCIS), and as for the SBR grade ; 2/3 of the patients have a high grade (II and III) only among them has relatives affected by breast cancer, no information concerning contraceptive products was founs in the patients who developed thyroid cancer.

The physiological basis of this possible association between TC and BC is based on the attachment of the two entities to the same genetic elements and on similarities between cellular, mammary and thyroid receptors, given that there are genes associated with both cancers at the same time. These results call for particular attention to early diagnosis, and even pre-symptomatic and preventive care for patients and families with a hereditary predisposition.

**P66 Tolerance and effectiveness of Regorafenib in metastatic colorectal cancers, single center study in Algeria**

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Regorafenib is an oral multikinase inhibitor that targets the angiogenic and oncogenic kinases, approved for the therapy of pre-treated metastatic colorectal cancers (mCRC). Our aim was to assess the tolerance and the progression free survival (PFS) in our clinical practice.

Records of 18 cases of mCRC treated with Regorafenib at our oncology clinic, university hospital center of Beni Messous Algiers. All had received at least two lines of chemotherapy. Data collection was done using Epi – info7 (CDC) Response was assessed using Recist criteria.

The median age at diagnosis was 62 years. Primary site was left colon in 7 patients; 38,8%, right colon in 6 patients; 33,3% .KRAS status was mutant in 61,1% n= 11. Regorafenib was used after 2 lines of chemotherapy in 66,6% n=12. Prior anti VEGF therapy was reported in 88,8% n=16 and and EGFR in 38,8% n=7. The most common grade  $\geq$  III of side effect was handfoot syndrome, asthenia, diarrhea and elevation of transaminase. 15 patients; 83,3% were treated with reduced dose .The median duration of treatment was 3 months, partial response was reported in 5,5% n=1, stable disease in 11,1% n=2 and progression in 44,4% n=8. The median progression free survival was 3,5 months.

Side effects and effectiveness of Regorafenib in mCRC in our clinical practice are close to the data from randomized clinical trials.



**P67 IRRADIATION OF WILMS TUMORS**

**Service Experience: About 20 cases**

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Nephroblastoma “Wilms tumor” is the most common malignant kidney tumor in children (under 6 years). The discovery of an abdominal mass, functional signs of compression, etc.; Its diagnosis is based on imaging. The treatment is excision by extended total nephrectomy, proposed after pre-operative chemotherapy. Adjuvant treatment is necessary with chemotherapy and possibly irradiation. The prognosis is currently excellent and monitoring of the contralateral kidney and lungs is necessary. Objective: Retrospective analysis of the results obtained in 20 patients irradiated for nephroblastoma and report the experience of the Emir Aek Oran center.

From January 2016 to June 2021, 20 patients were irradiated. The median age was 05.18 years (04–09 years). The sex ratio is 1.75. The clinical picture was revealed by an abdominal mass (64 %), abdominal pain (45%), hematuria (18%). The diagnostic work-up included a fine puncture and/or biopsy in (36%), a CT scan in (100%). All patients underwent a first chemotherapy followed by extended nephrectomy, including the histological type of intermediate risk (55%) and high risk (45%). Stage III is (64%), stage II is (18%) followed by stage IV. Radiotherapy of the renal compartment at a dose of 15-18 gy, 1.5gy-1.8gy/S, 5S/week depending on age and stage.

Post-therapeutic evaluation reveals good tolerance (91%), two cases with local recurrence were irradiated, thus one case of cardiac toxicity secondary to chemotherapy was recorded, 15 patients are in complete remission and two cases of death.

This experience report highlights the importance of setting up multicenter prospective trials and specialized care by experienced pediatric surgery, oncology and radiotherapy teams. This should make it possible to standardize therapeutic strategies based on standardized and risk-stratified protocols.

**P68 RADIOTHERAPY OF THE LEFT BREAST AFTER CONSERVATIVE SURGERY: Dosimetric analysis of the effect of rays on the heart “About 25 cases”**

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To evaluate the dose received in the heart after adjuvant radiotherapy for left breast cancer.

this is a retrospective study of 25 patients suffering from left breast cancer and treated in the EHSO Emir Aek Oran radiotherapy department between January 2020 and September 2020. These patients received conformal radiotherapy, including the mammary gland of 36gy (03gy per session, 05 sessions per week) +/- boost of 20gy. The heart was delineated according to the recommendations of the American Society for Radiotherapy. A dosimetric study was carried out to determine the average and maximum doses received by the heart, as well as the volume receiving the total dose. A static study was carried out to clarify the factors influencing these dose levels.

the average volume of the heart in our series was 136 cm<sup>3</sup> (58-385). The maximum dose received by the heart was on average 35.57gy (20.93–38.88) in a volume of 0.014 cm<sup>3</sup> (0.0001-0.16); for 22 patients, the average dose was less than 04gy, this dose exceeded 04gy in 03 patients. The average dose was 2.695gy (0.51 - 4.97). The average dose levels received by the heart were significantly



higher in patients who received conservative surgery and received 66gy.

The dose in the heart after adjuvant irradiation for left breast cancer is tolerable. The average dose received did not exceed 04gy in 88% of cases in our series. The average dose tolerable by the heart would be less than 05gy. More systematic delineation of the heart and long-term monitoring of cardiac toxicity should make it possible to better understand the dose tolerable by the heart.

**P69 Epidemiological, clinical, histopathological and therapeutic profile of brain tumors in adults.**

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globally, brain tumors occupy the nineteenth position of all cases and tenth in Algeria (Globocan 2020) in terms of incidence. They present a wide histological variety and despite this polymorphism, their diagnostic approach is greatly facilitated by the existence of a preferential distribution according to their location and the patient's age. Their treatment is based on surgery, radiotherapy with or without chemotherapy. The objective of this study was to evaluate the epidemiological, clinical and anatomo-pathological particularities of brain tumors in adults and their therapeutic particularities.

this is a retrospective cohort of 75 patients treated for brain tumors at the radiotherapy department of the cancer center Tlemcen, Algeria from September

2017 until January 2023. the median age was 56 years (22-81) with a male predominance of 65.3% (sex ratio = 1.88). The general state was evaluated by the Karnofsky score which was in 40% of the cases higher than 70% while it was lower than 50% in 19% of the cases. Intracranial hypertension was the most frequent reason for consultation in 45.3% of cases, signs of localization in 36% of cases and 17.3% were seizures. Brain tumors were supratentorial in 90.6% of cases and the median radiological size was 52mm. The most common histological type was glioma in 89.3% of cases, 68.6% of which were grade IV. The remaining tumors are divided between ependymoma, craniopharyngioma, Pituitary adenoma, oligodendroglioma and chordoma. The histological type was not specified in a single case in which the tumor was located in the brain stem.16% benefited from total surgical excision, 37.3% partial excision, 44% of cases underwent excisional biopsy, and immunohistochemistry was performed in only 6.7% of cases. 85.3% received external radiotherapy of 34 to 60 Gy, and chemotherapy was administered in 57.3% of cases.

brain tumors are highly heterogeneous and cause significant morbidity and mortality. Due to the aggressive nature of many subtypes and limited knowledge of etiology, continued updates of the descriptive epidemiology of these tumors are essential.

**P70 Prescribing procedures for radiation therapy for bone metastases during the pandemic COVID 19 in western Algeria.**

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radiotherapy is a key treatment in the management of bone metastases. It is essentially indicated for palliative, analgesic or decompressive purposes. Radiotherapy departments are actively participated in the management of patients with bone metastasis even in the midst of the current COVID-19 pandemic. The objective of this work is to give our lines of thought started at the beginning of the pandemic in order to ensure the continuity of care in radiotherapy without delaying the care of its patients in our department.

this is a prospective study of 139 patients treated for radiotherapy of bone metastases in a palliative aim antalgic or decompressive at the radiotherapy department of the cancer center Tlemcen, Algeria from March 19 ,2020 until January 31, 2022.

they are 66 men and 73 women (sex ratio 0.9) with a median age of 55 years (20-87). 30GY protocol was delivered in five (3.59%) patients, 20GY protocol was delivered in 35 (25.17%) patients, 12GY protocol was delivered in 17 (12.23%) patients and 8GY protocol was delivered in 82 (59%). Spinal topography was most common in 51.29% of cases. The analgesic response rate was 75.12% of cases and the recovery of mobility was similar between the mono-fractionated and multi-fractionated protocol.

radiotherapy treatment for patients with bone metastasis throughout the COVID-19 pandemic has led us to use a mono-fractionated regimen to minimize exposure and risk of contamination to patients without reducing treatment efficacy.

**P71 Cancer and gastric precancerous lesions in sidi bel abbes**

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Gastric cancer is one of the most prevalent and aggressive cancers worldwide. It is among the most frequent causes of cancer-related death in people of both sexes and significantly increases the burden of disease worldwide. To better understand the epidemiological, clinical, and pathological characteristics of gastric cancer in the Western Algerian region Sidi Bel Abbes, our study aimed to investigate the prevalence and clinical outcomes of gastric cancer in this region. However, the specific objective was to determine gastric precancerous lesions in patients with histologically confirmed GC admitted at the cancer centre of Sidi-Bel-Abbes, Algeria.

At the medical oncology section of the Cancer Center in the wilaya of SidiBel Abbes, we conducted a retrospective analytical epidemiological study. The period of investigation for this study was from January 2015 to December 2019. Clinical and paraclinical information was collected for each patient from their medical records.

In this study, the male sex was the most affected with a rate of 67.34% versus 32.66% and a sex ratio of 1.78. The mean age of patients was 61,069±12,449 years (62,167±11,898 males, 59,106±13,283 females) ranging from 33 to 86 years.



Epigastralgia was the most frequently reported clinical sign (76.3%), followed by vomiting (71.0%). Antropyloric location was predominant in 46.6% of cases. Histologically, carcinoma was the most common histological type (87.8%), followed by MALT lymphoma (7.6%) and gastrointestinal stromal tumour (3.8%). The precancerous lesions noted in this study were chronic atrophic gastritis (38.2%), acute or chronic gastritis (16.8%), gastric ulcers (9.16%) and partial gastrectomy stumps (2.3%). 7.6% of our patients had a family history of gastric cancer. Our study revealed that 41.99% of the patients were positive for H. pylori infection.

More study is needed on the risk factors for stomach cancer and related precancerous lesions in order to develop efficient preventative and therapeutic approaches to lessen this burden, especially for those who are at risk.

contraception: yes: 05 no: 7 unknown 19 P history of associated neoplasia: 04 patients (rectum - thyroid - breast - ovary) F history of neoplasia: prostate endometrium breast cervix bladder WHO score I:25 patients II:in 04 patients Histology: adenocarcinoma: 25 patients liomyosarcoma 06 patient carcinosarcoma 01 patients Double localization: 4 patients Stage of disease: stage IV 16 patients Clinical signs: metrorrhagia 21 leucorrhoea 2 hydrorrhoea 2 abdominal pain 2 abdominal distension 2 Surgical treatment: 30 patients Radiotherapy 10 patients Chemotherapy 20 patients Hormone therapy 01 patient

this study has enabled us to better recognize the profile of uterine tumors treated at the military hospital of constantine, and consequently to adapt our care and make better use of diagnostic and therapeutic tools, in the hope of improving survival and reducing mortality.

**P72 Epidemiological, clinical and therapeutic profile of uterine tumours**  
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Uterine cancer is a gynecological cancer with an increasing incidence. surgery remains the standard of care, and chemotherapy continues to play an important role in the treatment of this disease.

Retrospective descriptive study of a series of 32 cases of uterine tumors (all histologies combined) collected at the medical oncology department of the military hospital of Constantine, Over a period of 05 years (January 2018-January 2023).

The median age was 52 years, with extremes ranging from 34 to 77 years. Comorbidities: hypertension: 13 diabetes: 9 patients Gynecological history: 04 patients with ovarian activity Oral

**P73 Oral cavity cancer : missed diagnosis**

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Cases of oral cavity cancer initially misdiagnosed as common mouth ulcers, lichenoid reactions, or dental abscesses, leading to delayed treatment. Failure to recognize the cancer in a timely manner resulted in its progression, sometimes leading to metastasis and, tragically, patient fatalities.

We encountered 12 cases in which patients were initially treated for what appeared to be benign lesions of the oral cavity, only to be later referred to our service with various stages of oral cavity cancer. At our facility, appropriate interventions such as biopsies excisions, and sometimes curative resections, with or without adjuvant chemotherapy or



radiotherapy, were undertaken to provide the necessary care

Out of the 12 cases, 5 presented with metastases and, despite treatment, unfortunately, they passed away. 4 cases achieved full recovery, but required curative resections (maxillary or mandibular). Additionally, 3 cases successfully recovered through extensive biopsies combined with radiotherapy

The various clinical forms of oral cavity cancer, often resembling benign lesions, make early diagnosis crucial. It is imperative that oral health professionals are well-trained to recognize these lesions and conduct preventive screening. This improves the chances of successful treatment and saves lives

**P74 Néoadjuvant treatment with biosimilar trastuzumab in her2 positif breast cancer.**

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Breast cancer that overexpresses the HER2 receptor accounts for 15-20% of breast cancers. It is known for its aggressiveness and high metastatic potential, requiring drugs that target HER2 receptors. Due to the very high cost of these biotherapies, access to treatment is becoming increasingly limited, justifying the adoption of biosimilar drugs as a therapeutic alternative by our health authorities. Biosimilars of trastuzumab meet the regulatory requirements of the EMA and FDA.

Our work is a retrospective study conducted between January 2022 and March 2023, involving 76 female patients with breast cancer who meet the following criteria: HER2-positive breast cancer Either initially resectable or not Received chemotherapy with a biosimilar trastuzumab Our primary objective is to assess the effectiveness of targeted anti-HER2 therapy with biosimilar trastuzumab by comparing it with the reference

molecule in terms of clinical and histological response (PCR). The secondary objective is to evaluate toxicity and tolerance profiles.

The age of the patients ranged from 36 to 68 years. Lymph node positif was observed in 85% of cases. Hormone receptors were positive in 66% of cases and negative in 34% of cases. Complete pathologic response, as measured by PCR, was achieved in 28 cases, accounting for 36% of cases. Complete pathologic response was superior in the group with hormone receptor expression, with 57% compared to 43% in the group without hormone receptor expression. Regarding toxicity, only one case of discontinuation (a decrease in left ventricular ejection fraction below 50%) was observed, and a decrease of more than 10 percentage points in left ventricular ejection fraction was found in only 8% of cases. Therefore, the introduction of trastuzumab in the neoadjuvant setting with chemotherapy for HER2 overexpressing breast cancer significantly improved disease-free survival and overall survival, particularly in cases achieving a complete histological response as measured by PCR.

Biosimilar trastuzumab obtained their marketing authorizations (MAS) following the results of validated clinical trials with a level of evidence in the neoadjuvant setting demonstrating that the quality, efficacy, and safety of these molecules is similar to the reference product. Our experience in the medical oncology department of BLIDA, testing real-world data on our patients, was an illustration of the actual efficacy in the field, with a tolerance profile similar to the parent molecule already used in the department for over 15 years. Therefore, our department has adopted the use of biosimilars, which are, through our simple study, our real-world findings, and the various studies around the world, an interesting alternative to the reference product.

**P75** Abiraterone treatment in metastatic prostate cancer

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prostate cancer is the first urogenital cancer, its incidence is increasing due to the combined effect of the aging of the population and the dosage of PSA. Goal of the study :  
\_epidemiological study of patients with metastatic prostate cancer treated with abiraterone in our department between January 2019 and June 2022. \_check overall survival -verify progression-free survival -check the toxicity of the treatment

study method retrospective descriptive epidemiological study. recruitment of patients from 2019-2022 followed until 2023. location :medical oncology department of Rouiba .

Results : Age of the study population: varies between 46 years and 89 years with an average of 63 years. Age at diagnosis: The average age at diagnosis is 68 years. Discovery mode: Urinary disorder 30%. PSA dosage 30%. Hematuria 20%. Other 20%. Most common metastatic sites: bone 65% liver 30% lung 25%. Dominant histological type adenocarcinoma 90% of cases. Side effects of abiraterone: -fluid retention and edema 30% . -ionic disorders 30%. - cardiac disorders 10%. - hematological 15%. - other 15%. \_The median survival for progression is 09 months. The overall 5-year survival is 80%.

Conclusion : in our study recruiting patients with metastatic prostate cancer treated with abiraterone, we found that This type of cancer has an estimated 5-year overall survival of 80% with a median progression-free survival: 9 months. So it remains a cancer with a good prognosis.

**P76** adenocarcinome prostatique de haut grade

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High-grade/metastatic initially prostate cancer is a subgroup, which accounts for more than half of the specific prostate cancer-related mortality.

This multicenter prospective study focused on 51 patients treated and followed for metastatic prostate cancer initially, with a Gleason score  $\geq 8$ . The objective was to analyze the epidemiological, clinical characteristics, more specific and avoidable risk factors and to evaluate the progression-free and overall survival.

Between February 2019 and May 2022, a cohort of 51 men was collected, whose median age was 71 years and 57% were aged  $\geq 70$  years. The avoidable risk factors studied were: occupational groups at risk, night work, BMI  $\geq 25$  kg/m<sup>2</sup> in adulthood (40 to 50 years old) and abdominal circumference  $> 94$  cm were estimated at: 39%, 23.5%, 63%, 45% respectively of forms advanced and aggressive. While the classic hereditary forms and first-degree family history of prostate cancer in only 16% of cases. The revealing clinical manifestations present at 92% versus 8% for the indolent forms discovered by elevation of the PSA level. The PS (WHO):  $> 0$  and the presence of bone pain hardly exceeding 30% of the workforce respectively. The advanced clinical stages T3 and T4, were the majority at more than 80%. N1 present in more than 50%, bone involvement only in 78% and pulmonary involvement in around 10% of cases. The median pre-treatment PSA was 132 ng/ml with extremes; (31 to 682 ng/ml). After a median follow-up of 28 months, 35% of patients had died and 59% survived. Progression-free survival was 25 months and overall survival not achieved. With significant differences in PFS and OS according to (GG): 4 and 5, the treatments



received: TDA alone, TDA + Abiraterone or Docetaxel and the metastatic burden of CHARTED and LATITUDE.

Increasing the overall survival of prostate cancers depends mainly on improving the management of advanced, aggressive and fatal forms.

**P77 Place of Radiotherapy in the treatment of brain metastases:**

**experience of the CLCC of TLEMEN**

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Brain metastases represent the leading cause of intracerebral malignancy and are a significant cause of mortality and morbidity. Irradiation of the entire brain remains the most frequently undertaken treatment which allows a significant and rapid improvement of neurological symptoms, and makes it possible to increase the quality of life, to treat metastases inaccessible to surgery as well as an improvement significance of Survival medians.

This is a retrospective study of 20 cases of brain metastases, which aims to highlight the place of pan-brain radiotherapy using 3D conformal technique in the treatment of brain metastases.

20 patients with brain metastases received external radiotherapy, the middle age was 57 years with 14 women and 6 men, the primary diagnosis was breast cancer in 30% of cases while in 20% it was lung cancer and in 50% other cancers. A radiological diagnosis was made by brain MRI in 90% of cases, objectifying multiple lesions in 60%, it was noted that surgery was carried out for only two cases, concerning the presence of other metastatic sites, it was observed for 40% of patients, the most frequent were bone

metastases (75%) However, the treatments were based on: chemotherapy (for 50% of patients), corticosteroid therapy and irradiation of the entire brain at a dose of 30 gy (for 08 cases) with a fractionation of 03 gy per session and the dose of 20 gy (for 12 cases) with 4 gy per fraction, acute toxicity such as asthenia and increased cerebral edema were noted while no late toxicity was declared.

Whole brain irradiation remains an effective treatment for brain metastases. It is the reference treatment for multiple brain metastases In some cases, local treatments are prescribed to avoid possible side effects of irradiation.

**P78 Lung cancer in never smokers; prospective study**

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Lung cancer in never smokers (LCINS) is considered as a separate entity given its epidemiological specificities.

This is a prospective multi-centric epidemiological study of 68 patients treated and followed for LCINS (less than 100 cigarettes during all lifetime). Its main objective was to describe clinical features, molecular somatic profile, the risk-factors exposure and survey in never smokers

Between juin2017 and february2019 a cohort of 60 (88%) women and 08 (12%) men was collected, with a median age of 59 years.Two-third were exposed to passive smoking (mainly women and in domestic setting) Domestic use of biofuels is present in 43% of cases and the exposure to cooking oil is almost present in women, with median duration of 10 years.The frequent common symptom is cough in 43% of cases. Thoracic CT found opacity in 94% cases; peripheral topography is present in 63% of cases. Adenocarcinoma is found in 75% of cases, and the EGFR mutation is present in 34% of cases. The majority of patients are



classified as stage IV (74%), systemic treatment is used in 98% of cases. After follow-up time of 10 months, the therapeutic results are marked by objective response in 44% of cases; radiological stability is maintained in 41% of cases. Overall survival is 15,4 months with extremes of 03 and 24 months.

LCINS is an interesting entity for the study of non-tobacco-related cancer risk factors

**P79 The impact of prognosis factors in young women with breast cancer : The medical oncology department of military regional hospital of Constantine**

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Breast cancer in young women is defined as cancer that occurs before the age of 35 to 40. The young age of the diagnosis appears in itself to be an adverse prognosis factor. Aim of the study: To study the epidemiological profile and prognostic factors of breast cancer in young women.

This is a retrospective study based on data patients aged of under 40 years and treated for breast cancer at our department. Over a period of 03 years: a total of 54 patient

The mean age was 31.5 years (23-40 years), of which 16.97% were younger than 30 years. 52.29% or 114 patients had a family history of cancer, 50.87% of which was breast cancer. The most common histologic type was invasive ductal carcinoma in 85%. The most common molecular profile was luminal B (30%). 50% of patients underwent surgery after neoadjuvant chemotherapy and 18.34% underwent immediate surgery. Surgery was radical in 95.23% of cases and conserving in 8.6%. 40% of patients had

received adjuvant chemotherapy, 60% had received radiotherapy, 20.18% had received adjuvant trastuzumab for one year, and 34.84% of patients had received adjuvant hormonal therapy . 30% of the patients had metastatic disease. The most common site of metastasis was bone (95%), followed by liver (40%), lung (30.33%) and brain (13.85%).Currently, 40.33% of patients are under control, of which 60% are receiving adjuvant hormonal therapy and 18.34% are undergoing treatment.

Breast cancer in young women appears to have a poor prognosis. Young age diagnosis is considered as an aggravating factor in breast cancer, in addition to the specific biological characteristics of these tumors

**P80 Epidemiological characteristics of young patients with lung cancer**

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Lung cancer is the most common cancer in the world; and it is today the leading cancer related death, in young patients (less or equal to 45 years), lung cancer is uncommon and has clinical characteristics different from that in older patients.

we undertook within the service of medical oncology of the Oran's cancer center a retrospective study spread over three years (2018-2022) in order to estimate the characteristics epidemiologic, diagnosis and therapeutics of young patients with lung cancer (under 45)

Patients and disease characteristics : We cared for 13 patients with bronchial adenocarcinoma ; 12 were male and 1 was female, median age was 63 years. The vast majority (92%) of our patients were smokers. All patients were EGFR mutation tested; 4 had non-mutated

EGFR, the remainder were indeterminate. ALK translocation status was not tested. All but 1 of the patients was diagnosed at the locally advanced or metastatic stage, the central nervous system was the most common site for metastases, followed by bone. Treatment and outcomes: Surgery was performed in 1 patient and 1 patient received adjuvant chemotherapy. Seven patients received first-line chemotherapy

Young cancer patients were predominantly male with a higher incidence of adenocarcinoma and advanced disease.

**P81 Evaluation of treatment with Vidaza in MDS patients at the hematology department of Sidibelabbes (Algeria)**

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Evaluation of treatment with Vidaza in MDS patients at the hematology department of Sidibelabbes (Algeria)

Myelodysplastic syndromes (MDS) are clonal disorders of hematopoietic stem cells characterized by ineffective hematopoiesis and frequent progression to acute leukemia. Significant progress has recently been made in the knowledge of the pathophysiology of these diseases, their diagnosis and their classification. Promising new molecules and innovative therapeutic strategies are currently in use. This is a single-center retrospective study of MDS patients treated with Vidaza with an evaluation of hematological response (CR, PR, failure) With a study of overall survival

Between 2014 and 2020 a total of 26 SMD patients were treated including 12 men and 14 women giving a sex ratio of 0.8, the median age is 60 years with extremes of 17 to 79 years. The SMDs had left like this; 18 AREB II, 4 AREB T and 4 LMMC Patients received an average number of courses of 8 The toxicity was mainly hematological, mainly

thrombocytopenia in 85% of grade 2 and 3 cases and pain at the injection site. 6 patients cannot be evaluated, we obtained a CR = 45% (9), PR = 20% (4) and failure = 35% (7) The fate of patients; 4 are PDV, 3 are alive and 19 are deceased

The pathogenesis of MDS involves various mechanisms affecting the myelodysplastic clone (aberrant apoptosis, signaling abnormalities, epigenetic regulation) or its environment (dysimmunity, angiogenesis) and currently represents potential therapeutic targets. There is currently no standard treatment. Allogeneic hematopoietic stem cell transplantation is the only curative therapy. Beyond the conventional presence and growth factors, new treatment options including hypomethylating agents, immune response modulators or antiangiogenics.

**P82 THERAPEUTIC RESULTS OF 2nd GENERATION TKIs IN CML MULTICENTRIC STUDY WEST REGION OF ALGERIA**

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Historical treatments for chronic myeloid leukemia (CML) were non-specific agents with palliative intent, except for allogeneic hematopoietic stem cell transplantation. Despite the good results obtained by the use of the 1st generation tyrosine kinase inhibitor (TKI) imatinib, some patients have a poor response to this treatment. The availability of 2nd generation TKIs, dasatinib and nilotinib, have made it possible to introduce therapeutic alternatives in patients with Ph+ CML resistant to imatinib.

This is a retrospective, multicenter study concerning 6 hematology centers in western Algeria. Patients treated with Dasatinib or Nilotinib as 2nd line were included. The analysis of the various prognostic factors and the study of the therapeutic responses: complete hematological response CHR molecular



response RMM as well as the failure was done according to the ELN 2013. The analysis of event-free survival (EFS), progression-free survival (PFS) and overall survival (SG) were calculated according to the Kaplan Meyer method.

Between 2007 and 2017 we collected 435 patients , 152 of whom were treated with TKIs2. Patients on ITK2 (n=152) Median age 47 years (16 , 83) Sex ratio = 0.87 Splenic overflow Average=8cm The average rate of WBC is 100 G/L, the average rate of Hb is 10 g/dl, the average rate of platelets is 355 G/L The distribution of patients according to prognostic scores : For EUTOS score: high risk (n=32) 20%, low risk n=120 (80%) For Sokal score: high risk n=55 (38%) intermediate n=60, (42%) , low n=30 (20%) Distribution according to the phase of the disease: myelocytic P. n=132 (86%) the accelerated phase= 13% and the accutisation P n=1(1%) INDICATIONS FOR ITK2 ACCORDING TO THE PHASE: Accelerated phase: 70%, ITK1 failure: 25%, intolerance: 4% high sokal score: 1% The use of ITK2: DASA n=75 (50%), NILO n=44 (30%) , DASA+NILO n=33 ( 20%) THERAPEUTIC RESULTS Of the 435 patients, only 410 are evaluable For Dasa : CHR=23% (n=7), RMM=32% (n=48), Failure=10% (n=15) For Nilo : CHR=39% (n=5), RMM=24% (n=35), Failure=6% (n=9) For Nilo+Dasa : CHR=2% (n=4), RMM=5% (n=7), Failure=14% (n=22) We have 41 deaths , 25 of which were put on ITK2, we have 25 PDV The main cause of death is the accutisation n=29 1 patient was transplanted for acceleration The toxicity of the treatments : edema and myalgia, cardiac and hepatic toxicity as well as cytopenias The median overall survival is not reached, and survival is 80% at 5 years

The use of ITK2 in+ 2nd intention allowed us to catch up with 62% of intolerant or failed patients after using Imatinib at the cost of cardiac, hepatic and hematological toxicity. Moreover, we did not achieve the expected results knowing that the NILO provides an MMR at 12

months of 44% V/S 22% for IMATIB while the DASA provides an MMR at 12 months of 52% V/S 33% for imatib. The search for the T315I mutation could not be done in our series.

**P83 Lungwomen cancer:**

**Epidemiological, therapeutic and prognostic aspects**

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Lung cancer is currently the most frequent in the world, and represents the 1st cause of death by cancer, with a 5-years survival of less than 10%. The incidence of lungwomen cancer is growing exponentially, which makes it the second cancer in terms of mortality. We observe more adenocarcinoma, in willingly non-smoking patients and an overall better prognosis compared to male cancer. Smoking nevertheless remains the main risk factor in women who also seem more sensitive to its oncological action. Women are more likely to present with "hormone-dependent" cancers with studies finding a harmful effect of hormonal treatments and a beneficial effect of anti-estrogens. On the other hand, the main oncogenes are more often expressed in women than in men, and the interactions between EGFR and estrogen are the source of several recent studies in search of new therapeutics. These differences in terms of hormone sensitivity and genetics suggest avenues for research, both to better understand the oncogenesis of these cancers and to adapt therapies, in the era of personalized treatments.

We carried out a descriptive prospective study, describing the evolution of a group of 56 patients, over a period of 36 months from January 2020 to December 2022, carriers of small cell lung cancer (CPC) or with not small cells lung cancer (NSCLC), from stage IB to IV,



receiving chemotherapy left to the choice of the oncologist depending on the histological type and the stage of the disease.

The average age of our patients was 63.82 years, with a PS  $\leq 2$ . Tobacco exposure was found in 62.5% of the study population, with 57.1% of passive smoking. The median time between histological diagnosis and the first treatment, all stages combined, is 3.2 weeks. Of the 56 patients included in our study, 16 patients had died, representing a death rate of 28.5%. The median survival for all patients combined in our study is around 17.53 months with extremes ranging from 05 months to 24 months.

Epidemiological data remain controversial regarding the increased risk of lung cancer from tobacco exposure in women, there is little controversy surrounding the fact that the biology of lung cancer differs between the sexes, including differences in molecular abnormalities, growth factor receptors, hormonal influences"

**P84 Survival study of patients with synchronous metastatic colorectal cancer**

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Colorectal cancer (CRC) is a major public health problem worldwide, due to its frequency and severity. In Algeria, its incidence is lower but constantly increasing. The management of metastatic CRC has undergone major advances in recent years, thanks to a multidisciplinary medical-surgical approach and the development of targeted treatments leading to a considerable gain in overall survival. The aim of this study was to

investigate the survival of patients with synchronous metastatic CRC and to identify the main prognostic factors.

This is a single-center retrospective descriptive chart review of patients with early metastatic CRC (synchronous mRCC) diagnosed between January 2015 and December 2019 at the medical oncology department of CHUO. Survival analysis was performed using the Kaplan Meier method. The Log-rank test and Cox model were used for univariate and multivariate analysis respectively.

We collected 102 patients with mRCC and synchronous metastases, with a median age of 61 years (range 18-79) and a sex ratio of 1.3. Performance status (PS) scores were 1 (85.3%) and 2 (14.7%). Histological varieties were: well-differentiated adenocarcinoma (73.5%), moderately differentiated (15.7%), undifferentiated (6.9%). Primary tumours were located in the left colon (55.9%), right colon (14.7%) and rectal (29.4%). Metastases occurred in the liver (63.7%), peritoneum (42.1%), lung (37.2%) and lymph nodes (26.5%). RAS Wt status was observed in 40.7% of the 91 samples studied. All 102 patients received first-line chemotherapy (94.1% dual therapy, 2% triple therapy and 3.9% monotherapy). CT was combined with anti-VEGF in 35.3% of cases and anti-EGFR in 22.5%. Dual 2nd-line therapy was performed in 56.9% of cases (39.2% in combination with an anti-VEGF and 9.8% with an anti-EGFR). A 3rd-line treatment was given in 22.5% of cases, and 6.9% received a 4th-line treatment. Median overall survival was 18 months (95% CI, 13.7 - 22.2). The 3-year survival rate of 25.5% (95% CI, 16.9-34.1). Median survival according to PS score 1 and 2 was 21 months (95% CI, 14.9-27) and 9 months (95% CI, 13.7-22.2) respectively. Median survival was 16.5 months (95% CI, 10.4-22.5) right colon, 21 months (95% CI, 14.7-27.3) left colon and 14 months (95% CI, 9.3-18.7) rectum. Median survival according to site of metastasis (peritoneal

carcinosis, liver and lung metastases) was 16 months (95% CI, 9.5-22.5), 18 months (95% CI, 13.5-22.5) and 16 months (95% CI, 6.3-25.6) respectively. Median survival according to Köhne criteria for the three prognostic groups good, intermediate and poor was 23 months (95% CI, 12.5-33.5), 18 months (95% CI, 10.2-25.7) and 9 months (95% CI, 13.7-22.2) respectively.

the results of this study show survival data close to those in the literature, as well as its close association with the various prognostic factors studied.

**P85 The clinical and epidemiological characteristics of ENT sphere cancers in the Tamanrasset region: about 38 cases over a period of 32 months (January 2021- August 2023)**

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Cancers of the ENT sphere include cancers of the lip, oral cavity, ear, pharynx, larynx and sinuses. They represent more than 600,000 new cases per year worldwide and more than 2,808 in Algeria. In this work we sought to analyze the epidemiological and clinical aspects of ENT sphere cancers in the Tamanrasset region over a period of 32 months (January 2021-August 2023).

A retrospective and descriptive study of 38 ENT cancer observations collected at the Medical Oncology Department of Tamanrasset hospital over a period of 32 months (January 2021-August 2023).

We report a series of 38 patients with ENT sphere carcinoma collected in the medical oncology department of the Tamanrasset public hospital. The sex ratio was 0.57 and the mean age of patients was 47.2 years (extremes 16 - 94 years) with 57.89% of patients under 50 years. The

distribution of the patients according to the type of cancer they were presenting was as follows: (cavernous cancer 44.73%, oral cavity 5.26%, salivary glands 5.26%, larynx 2.63%, tongue 7.89%, maxillary sinus 7.89%, inner ear 2.63%, pyriform sinus 2.63%, nasal fossa 5.26%, median sphenoid clivus 2.63%, hypopharynx 2.63%, mandibular gingivo 5.26%, and tonsil 2.63%). A family history of cancer was reported in 2.63% of endometrial cancer, 2.63% of brain cancer and 2.63% of lymphoma. Only two patients were diabetic while obesity with a BMI  $\geq 30$  and hypertension were noted in 5.26% of the cases. Exposure to tobacco was reported in 50% of patients while 2.63% were exposed to alcohol and cannabis with no exposure to irradiation. In addition, spicy food was consumed by 33 patients. Regarding the circumstances of discovery pain was present in 21.05% of cases; besides, both otological and rhinological signs were noted in 31.57%, dysphagia in 28.94%, dysphonia in 10.52%, neurological symptoms in 18.42%, ophthalmic signs in 18.42%, also, a presence of a mass was noted in 57.89% of patients, lymphadenopathy in 39.47%, a T4 tumor extension was identified in 31.57% of cases, and T3 in 50%. Moreover, lymph node involvements were reported in 81.57% of cases. 7.89% of patients had pulmonary metastases (2.63% cerebral, 5.26% bone, 7.89% hep). Histological diagnosis was made by biopsy in 97.36% whose proportion of histological types (UCNT 42.1%, squamous cell carcinoma 42.1%, cystic adenoid carcinoma 7.89%, small cell basaloid carcinoma 2.63%, adenocarcinoma of the hypo pharynx 2.63%). Only three patients had PS 3 at diagnosis. 42.1% of patients received first chemotherapy with 03 treatments of (PTX) while 05 patients received adjuvant radiotherapy, 03 analgesic radiotherapy and concomitant radiochemotherapy in 7.89% of cases. A total laryngectomy was done in one patient; while two others



underwent carcinological surgery for tongue and salivary gland cancer, respectively. Further, 26.31% received first-line chemotherapy with an average number of 3.5 cures and three patients received second-line chemotherapy. Currently a patient is on 3rd line chemotherapy.

The frequency of locally advanced and metastatic stages with aggressive histological type in the region of Tamanrasset makes it challenging for the management with a gloomy prognosis.

**P86 Metastatic breast cancer: about 30 cases**

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Despite advances in screening, diagnosis and treatment of breast cancer, the incidence of metastatic breast cancer is considerably increasing constituting nearly 12% of breast cancer cases and associated with a 5-year survival rate of 26%.

A retrospective and descriptive study of 30 metastatic breast cancer observations collected at the Medical Oncology Department of the Tamanrasset public hospital over a 36-month period (July 2020 to July 2023).

We report a series of 30 metastatic breast carcinoma patients collected at the Medical Oncology Department of the Tamanrasset public hospital. The mean age of patients was 53.76 years with extremes of 29 and 81 years, 46.66% of them were under 50 years. A family history of cancer was reported in 23.33% of breast cancer, 3.33% of colon cancer, 3.33% of lung cancer and 10% of ENT cancer. Exposure to chewing tobacco was noted in 06 patients. Oral contraceptive was taken by 26.66% of our patients. Additionally,

13.33% were diabetic, 23.33% hypertensive and 20% of them were obese with a BMI  $\geq 30$ . Mean age of menarche was 13 years, 15 of our patients were menopausal and 07 patients were nulliparous at diagnosis. The average duration of breastfeeding was marked as 14.65 months. Concerning the circumstances of discovery pain was found in 10%, autopalpation of a breast mass in 93.33% while axillary adenopathy was noted in only 3.33%. Moreover, mammography was done in 66.66% and echo in 63.33% of the cases giving the following results (ACR4: 10%, ACR5: 63.33%), right breast involvement was found in 43.33% and T4 tumor extension in 73.33% and T3 in 10%. In addition, lymph node involvement was reported in 56.66% of cases. While, 66.66% of patients had pulmonary metastases, 43.33% bone, 26.26% hep, 10% and pectoralis. Histological diagnosis was made by biopsy in 90% of the cases whose proportion of histological types was 6.66% of sarcoma phyllode of high grade 3.33% of CLL, 3.33% of micropapillary mucinous, 3.33% of mucinous, 3.33% of epidermoid and 80% IDC with a grade SBR (GI 6.66%, GII 33.33%, GIII 56.33%). Immunohistochemically; HER2 was positive in 20%, ER (+) 53.33% RP(+) 43.33%, triple negative in 16.66%, KI67 14% in 56.66% of patients. The average time interval between diagnosis and management was found to be 3.41 months. 60% of patients received chemotherapy, 6.66 % of which received the protocol 3FEC/ 3TXT and 16.66% received 4CA60/ 12TXL, while 30% received Taxane, The average number of cures received was 4.06 cures, 16.66% of patients received anti HER2 treatment with a mean of 6.2 cures. Only 02 patients received palliative hormone therapy and one patient received encephalic palliative radiation therapy and two decompression, 30% of patients received second-line palliative chemotherapy and 03 patients are on 3rd line chemotherapy.



In recent years, we have identified diverse epidemiological and clinical characteristics that largely align with the existing literature. It is emphasized on the importance of multidisciplinary and the implementation of supportive care after the diagnosis is established in order to enhance the patients' management and the prognosis.

**P87 Analysing nephrectomy specimens to evaluate the histopathological features of renal tumours in children.**

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Renal tumours comprise 7 to 8% of all tumours in children. Nephroblastoma is by far the most common (90%), followed by renal cell carcinomas (4%), clear cell sarcoma (3%), and the rhabdoid tumour of the kidney (2%). The objective of this study was to assess the histopathological spectrum of lesions in tumour nephrectomy specimens of children.

We present a retrospective study conducted in the Department of Pathology EHS DAKSI CONSTANTINE including nephrectomy specimens of paediatric patients received over a period of two years (August 1st, 2021 to July 31, 2023). A total of 13 cases were studied. Nephrectomy specimens were examined in details grossly and a minimum of five sections were taken from the tumour. The histological analysis was performed with a standard technique and immunohistochemistry was done when needed.

**P88 Epidemiological profil and diagnosis in digestive neuroendocrine neoplasms**

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Digestive neuroendocrine neoplasms (NENs) are a group of rare tumors. Pathological analysis is essential to establish the diagnosis and assess the grade. The therapeutic strategy is based on the location of the primary tumor, tumor aggressiveness, and metastatic volume.

a retrospective descriptive study of 33 medical files of neuroendocrine neoplasms (NENs) of digestive origin, admitted to our department over a period of 10 years.

our analysis focused on 33 patients; which represents less than 1% of all cases admitted during this period. The average age was 50 years; a sex ratio of 1.2. 30% were smokers, 7% were diabetic, 35% had a family history of neoplasm, and only one patient had a history of NEM1. The mean time to diagnosis was 7.7 months; the most frequent revealing sign was abdominal pain and acute surgical abdomen. The positive diagnosis was confirmed by anatomopathological and immunohistochemical examination (on surgical specimen in 78.5%). The most common location was the ileum (31%). 58% were metastatic

Gastrointestinal neuroendocrine neoplasms are rare tumors, with a median age between 40-60 years, with a rarity of functional tumors. In the majority of patients, no contributing factor is detected. To improve their results, it is imperative to detect them at an early stage to improve survival.

**P89 Early-onset rectal cancer study**

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Despite the general decrease in overall incidence of rectal cancer the proportion of rectal cancer cases among adults younger than 50 is increasing in the

last decades. The anatomo-clinical characteristics and the evolution are poorly understood. The aim of this work was to conduct a retrospective descriptive study evaluating epidemiology, risk factors clinical presentation, hereditary, and; as well as management of early-onset RC.

Data of 34 patients with rectal cancer younger than 50 were included retrospectively. The personal and family history of cancer, the clinical and anatomopathological variables, as well as the data concerning the treatments received were collected over a period of 4 years

The median age was 40 years [20-50]. Six patients (17.6%) were under 35 years old. smoking , obesity and diabetes were found respectively in 24.2% - 10% - 5.8% of the patients.32.3% had a family history of neoplasm. Time to diagnosis was 9 months with near 43.3% among 12 months. Red-flag symptom was rectal bleeding (55.8%). Mid-low location was the more frequent: 10 cases Neoadjuvant radiotherapy combined with chemotherapy was performed in 19 pts, 19 pts underwent curative surgical resection (R0) of the rectal tumor. The tumoral stage of surgical specimen was T1/T2/T3/T4/Tx in 10.5/10.5/58/10.5/10.5% of cases. 20.58% were stage III. Lieberkuhnian ADKs was found in 79.4% with mucosal colloid component in 11.1% of patients. 51.6% were well differentiated. Distant metastases were present in 47% of patients. Adjuvant therapy was prescribed in 63.2% of patients and palliative therapy in 17.9%.

RC incidence rises among young adults. The cause for this trend needs to be elucidated. Some of these factors can raise the risk including obesity, physical inactivity, and smoking. The delay to diagnosis is leading to an increase of young patients who are diagnosed at more advanced stages. Clinicians should be vigilant of alarm symptoms, family history and genetic syndromes, in order to

evaluate, diagnose, and treat RC in young adults in an efficient manner. Screening guidelines may need to be reconsidered

*P90* Atypical Central Neurocytoma:  
about 06 cases

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OUAHIOUNE

Background & Objectives: Central Neurocytoma (CN) is a very rare neuroepithelial tumor (0.1% of all intracranial tumors), with a favorable prognosis. It is called extra ventricular when it arise at the hemispheric and medullary level. It is a benign tumor classified by WHO 2021 as grade 2 with a Ki67 3%, necrosis, endotheliocapillary proliferation) source of increased recurrence with risk of cerebro-meningeal dissemination. Grade 3 (anaplastic) NC is not recognized by the latest WHO 2021 classification.

we collected between January 2015 and September 2023, 06 patients in the Department of Pathology, Blida University Hospital. They are exclusively adults with a mean age of 28 years (23-43 years), 05 women and 01 man (sex ratio = 0.2). The lateral ventricular topography was the most predominant. The definitive diagnosis required the use of immunohistochemistry supported by the immunoexpression of: Synaptophysin, GFAP and Olig2. The atypical character was assessed using the mitotic index combined with the Ki67 proliferation index. It was > 10% in all our cases with an average of 20% (12-35%). Maximum surgical excision was made in all our patients. No recurrence has been observed.

CN is a very rare benign neuroepithelial tumor (0.1%) located in the ventricular system. Exceptional extra ventricular locations have been reported



such as the cerebral parenchyma, thalamus and spinal cord. This entity arise in young adults with a mean age of 30 years. The definitive diagnosis remains histological and is mainly confused with oligodendroglioma and ependymoma. Only immunohistochemistry can differentiate them. CN is a tumor with a good prognosis, WHO 2021 grade 2. However, atypical or proliferating neurocytoma is an aggressive form and has a high Ki67 proliferation index (>3%), microvascular proliferation and necrosis. They tend to recur and metastasis despite a complete surgical excision. Complementary treatments (radiotherapy+/-chemotherapy) can be considered within the RCP in atypical neurocytoma. Indeed, it is not currently considered grade 3 by the WHO despite the histological signs of anaplasia.

the fifth edition of WHO classification 2021 recognizes atypical neurocytoma by the presence of histo-immunohistochemical signs of anaplasia without the systematic passage from grade 2 to grade 3. Its frequency is underestimated because it is often confused with ependymoma and anaplastic oligodendrogloma. Faced with this ambiguity, all cases of atypical neurocytoma must be discussed in RCP because of the increased risk of recurrence and dissemination.

**P91 Pediatric gliomas: diagnostic concept and anatomo-clinical forms**

About 32 cases

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Background & Objectives: Gliomas are the most common primary brain tumors in children and adolescents. The development of sequencing as well as the

emergence of new specific biomarkers has led to profound changes in the classification of pediatric gliomas. These new diagnostic tools targeting genes therefore facilitate the work of the neuropathologist. The aim of our work is to study the epidemiological and anatomopathological particularities of pediatric gliomas.

this is a retrospective descriptive study of 32 cases of gliomas diagnosed in children aged between 09 months and 17 years among the 132 intracranial pediatric tumors collected in the department of pathology of Blida, during a period of 45 months (January 2018 to September 2022). All our cases were diagnosed based on the 2021 WHO classification. The usual technique (paraffin embedding, 3 -5 µ sections, Hematein-eosin coloring) coupled with a panel of biomarkers (IDH1R132, H3K27me3, BRAF V600E, GFAP , ATRX, Olig2, EMA, P53, Ki67) was used.

gliomas represented 24.2% (23/132 cases) of pediatric brain tumors diagnosed in our department. The median age was 7 years (9 months-17 years) with a sex ratio of (M/F=1.9). Half of gliomas were located in the posterior cerebral fossa (PCF). 31.2% of cases (10 cases) were intraventricular and 15.6% of cases (5 cases) were hemispherical. The optic nerve and midline were affected in 12.5% of cases each. All our cases were stratified histologically : pilocytic astrocytoma: 37.5% of cases, with an average age of 06 years, high grade gliomas (HGG): 25%, low grade gliomas (LGG): 15.6%, ependymomas: 12.5% and pleomorphic xanthoastrocytoma (XAP): 9.3%.

The majority of pediatric gliomas are benign, slow-growing lesions classified as grade 1 or 2 according to the 2021 WHO classification of CNS tumors. They have an excellent overall survival with the current therapeutic strategies. However, a significant fraction of pediatric gliomas are classified as high-grade gliomas (WHO 3 or 4). Despite all therapeutic efforts, they



remain incurable. Pediatric gliomas are common and include very heterogeneous tumor entities. Their prognosis depends on their topography and their grading. Management must be multidisciplinary. The last decade has seen progress in understanding the molecular biology of pediatric gliomas, in hope of leading to new therapies.

**P92 Triple negative breast cancer: about 14 cases**

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Triple negative breast cancer (TNBC) is a type of breast cancer that is defined by a lack of expression of estrogen receptors (ER) and progesterone (PR) in addition to human epidermal growth factor receptor 2 (HER2). This type of breast cancer is extremely metastatic, heterogeneous, and aggressive. It accounts for 10–15% of all breast cancer cases with poor prognosis and a high relapse rate within five years of treatment.

A retrospective descriptive study was carried out on 14 collected (TNBC) breast cancer patients hospitalized in the medical oncology department of Tamanrasset hospital over a period of 36 months (from July 2020 to July 2023).

We report a series of 14 patients including 100% of women. The average age of patients was 48.35 years (extreme 28 – 80 years). Patients aged  $\leq 50$  years represented 57.14% of the totality of the series. The presence of breast cancer in the family was marked in 06 patients. 14.28% of our patients were exposed to tobacco. Oral contraception was taken by 28.57% of patients, two of them were diabetic, four hypertensive while obesity with BMI  $\geq 30$  was reported in four of them. Additionally, the estimated average age of menarche was 13.28 years, and at the time of diagnosis, 02 nulliparous patients and 50%

of undergoing ovarian activity patients were noted. The average duration of breastfeeding was 14.85 months. When considering the circumstances of discovery, the autopalpation of a breast mass was in 100% of cases. Moreover, breast ultrasound-coupled mammography was performed in 64.28% of patients with the following results (ACR4: 42.85%, ACR5: 28.57%). The exams reported a right breast involvement in 42.85% and T4 tumor extension in 42.85%, T3 in 14.28%, while lymph node involvement was found in 57.14% of cases. Five patients were classified at the metastatic stage (28.57% pul, 7.14% bone). In addition, histological diagnosis by biopsy was performed in 85.71% of CCI found in 13 cases and only one case of intra-cystic carcinoma, a SBR grade (GI 7.14%, GII 21.42% GIII 71.42%). Immunohistochemically; KI67  $\geq 20\%$  was noted in 85.71% of patients. The average interval between diagnosis and management is 2.82 months. 78.57% of patients received chemotherapy, of which 03 received the 3FEC/3TXT protocol and 42.85% received 4CA60/12TXL. The average number of cures received was 5.71 cures; 35.71% of patients benefited from local radiotherapy. 71.42% of patients underwent patee type surgery. Importantly, the 11 patients are still alive

Numerous clinical and radiological characteristics found in this study were notably in accordance with the literature.

**P93 Breast cancer: Retrospective study of 76 cases over a period of 03 years**

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Breast cancer is a major public health problem worldwide. It is the most common cancer all over the world and the 1st cancer among women. Over 2.2 million new cases were diagnosed globally in 2020; while, 12536 new cases and 4116

deaths were reported in Algeria, according to Globocan

A descriptive study was conducted from July 2020 to July 2023 on 76 breast cancer patients hospitalized in the medical oncology department of Tamanrasset hospital.

The mean age of our patients was 50.06 years (extremes 24 - 81 years). The proportion of patients who were aged  $\leq$  50 years was 63.15%. The female sex was the most represented 100% of cases. The family history of cancer presence was as following: breast cancer 19.73%, glioblastoma 2.63%, colon cancer 1.31%, lung cancer 1.31%, leukemia 1.31% and cavum 1.31%. 10 patients were exposed to chewing tobacco. In addition, oral contraception was used by 34.21% of the patients, 10.52% of them had diabetics, 23.68% had hypertension, and 28.94% had obesity with a BMI over 30. The reported average age of menarche was 12.9 years, with 29 patients that were menopausal and 17 nulliparous patients at diagnosis. The average duration of breastfeeding was about 17.28 months. Regarding the circumstances of discovery the autopalpation of a breast mass came at first place with a percentage of 96.05% followed by mastodynia with 3.94%, then nipple retraction 2.63%, adenopathy 1.31% and breast discharge 1.31%. Further, mammography was done in 75% of the cases and breast ultrasound in 77.63% with the following results (ACR4: 30.26%, ACR5: 48.68%). The exams revealed right breast involvement in 42.1% of our patients and T4 tumor extension in 43.42% while 14.47% were reported as T3. Lymph node involvement were found in 55.26% of cases and 39.47% of the patients were classified in the metastatic stage. results showed that the distribution of histological types was as follows: high-grade phyllode sarcoma (2.63%), CCL (9.21%), micro papillary mucinous (1.31%), mucinous (1.31%), adenocarcinoma (1.31%), neuroendocrine tumor (1.31%),

and CCI (82.89%) with a SBR grade (GI 2.63%, GII 52.63%, GIII 36.84%). Immunohistochemically; HER2 was positive in 25%, ER (+) in 55.26%, RP(+) in 50%, the triple negative in 18.42% and the KI67  $\geq$ 20% in 64.47% of patients. 76.31% of patients received chemotherapy of which 17.1% received protocol 3FEC/ 3TXT and 39.47% received 4CA60/ 12TXL. 17.10% of patients received anti HER2, while 17 patients received adjuvant hormone therapy and 02 patients received palliative hormone therapy, 27.63% of patients received local radiation therapy and 03 patients received encephalic palliative radiation therapy and decompression, 52.63% of patients underwent patee surgery.

Breast cancer in the Tamanrasset region is characterized by late diagnosis which continues to worsen the prognosis, in addition to its occurrence at a young age, the importance of tumor size (T3, T4) and lymph node invasion; also, the important rate of tumors with a high histopronostic grade with a domination of the ICC. Breast cancer remains a serious pathology requiring multidisciplinary management, hence the interest of raising awareness and conducting screening initiatives.

**P94 Upper excretory tract tumors diagnosed on ureter-nephrectomy: about 47 cases**

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Upper urinary excretory tract tumors (ETT) are tumors that derived from the upper excretory tract either intrarenal (calyces and pelvis) or the ureter, they can be benign or malignant, epithelial or mesenchymal (WHO 2016). - In more than 95% of cases are urothelial carcinomas.

this is a retrospective study carried out on all the ETTs examined at the pathological anatomy laboratory of the



EHS DAKSI of Constantine between January 2014 and June 2021. The aim of this work is to compare the epidemiological, pathological and prognostic data of our series with those of the literature.

Frequency: renal localization ETT represent 19% of renal tumors and 23% of malignant renal tumors. Urothelial carcinoma-type ETTs account for 4% of all urothelial carcinomas. -Age: The average age at diagnosis was 60 years with extremes of 39 and 87 years. -Gender: In our series, 77% of patients are male (36 cases) and 23% are female (11 cases) which corresponds to a sex ratio of 1/3. -Histological type and variants: During the period of our study, all ETTs are urothelial carcinomas, of which 80% are of the classic type, 10% with squamous cell inflection, 4% with glandular inflection, 2% micro papillary, 2% microcystic, 2% sarcomatous. -Grade: In 81% of the ETTs diagnosed are high-grade urothelial carcinomas. -Stage: the majority of ETTs diagnosed are pt3 (35%). -localization of the tumor: The ETTs of pure renal localization (pyelocaliceal) are 35 (74%), those of ureteral localization are 2 (4%) while the multifocal ETTs (intrarenal and ureteral) are 10 (22%).

At the end of this study, the epidemiological and pathological characteristics of the tumors of our series are close to the literature data. • ETTs account for almost a quarter of kidney tumors (23%). • They are common in men than in women with an estimated sex ratio of 3. • They affect relatively old patients, over 60 years old, but they can occur at any age from 30 years old. • The macroscopic appearance is non-specific but it is a little different to other renal tumors. • High-grade invasive urothelial carcinoma is the most common histological type.

***P95* Radiation safety in an iratherapy unit : Investigation of parameters influencing the radioactive product**

**elimination in patients treated by radio-iodine**

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The aim of this study is to investigate the risk around patients treated with iodine-131 capsules, in relation to the public exposure limit (1 mSv/year). It's interesting to see whether patients become radioactive sources in terms of radiation safety. It is also essential to compare dose rates, at one metre from patients 48hours after their confinement in the nuclear medicine department, and deduce the parameters influencing the radioactive product elimination.

This work was carried out in the iratherapy department of Chahids Mahmoudi Hospital. The study was carried out on a sample of ten patients treated with radioactive iodine (I-131). The product used was in the form of 100 mCi capsules. Capsule activity was measured using a CAPINTEC.INC CRC-25R activimeter, and dose rate measurements were taken using an OD-02 Survey Meter.

The dose rate measured after 48 hours in hospital varies between 10 and 25 µSv/h. The patient's release from hospital depends directly on the dose rate measured at one meter from them. It must be less than 25 µSv/h according to internal hospital regulations and IAEA recommendations. This dose rate value is too low to reach or exceed the 1 mSv/year limit for patient attendants and relatives, if they spend few hours a day with patients. On the other hand, we have seen that the dose rate varies according to the activity administered, the elimination of the radioactive product, and the effective half-life of the product. However, the latter varies from patient to patient, and depends mainly on the patient's weight, fluid consumption and food intake.



To be able to optimize the dose to the patient's companions and relatives, we need to ensure that the dose rates measured at one meter from the patient are less than 25  $\mu\text{Sv/h}$ , before the patient is released. To guarantee this, we must accelerate the biological elimination of the radioactive product by the patient. The radio-iodine elimination depends in many factors such as the patient's weight, fluid consumption and food intake by patients.

**P96 Hypofractionated radiotherapy for breast cancer after conservative surgery :**

**A Cohort study of 111 Patients**

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The purpose of this study was to evaluate the efficacy and toxicity of the hypofractionated three-dimensional conformal radiotherapy in non-metastatic breast cancer after tumorectomy. This cohort study was conducted over a period of 5 years, from 2018 to 2022, which collected 111 non-metastatic breast cancer patients treated at The Radiotherapy department in Oran Oncology Center with hypofractionated three-dimensional conformal radiotherapy after conservative surgery to a total dose of 36Gy ( 3 Gy daily fraction ) with or without supraclavicalr and infraclavicular lymph nodes followed or not by a boost to the tumour bed(20Gy, 2Gy\*5).

The average age was 46,7 years (26–70), According to the pTNM classification, tumors classified as T1 were found in 72 patients, T2 in 34 patients, T3 in 3 patients and Tis in 2 patients. Histological lymph node invasion was found in 46.84%/52 of cases. The most common molecular subtype was Luminal A (67.6%) then Luminal B (18.9%) then Her2+ (3.6%) and Triple negative (8.1%). 83.8% of patients received neoadjuvant and/or adjuvant chemotherapy. Early

reactions grade 1 or 2 were observed in 41/111 (36.9%) patients : Skin acute toxicity in 30 cases (27 %), dysphagia in 5 cases (4.5 %), œdema in 1 case (0,009%) and pain in 5 cases (4.5 %) ; on the other hand, there were no late toxicities. The mean follow-up of all patients was 21months (range: 1-54 months), only one locoregional recurrence was observed . Survival rates at 21-months are as follows : Local recurrence free survival 99%, overall survival 99%, metastasis-free survival 100%

Our results support the implementation of hypofractionated schedules in clinical practice, and confirms that hypofractionated breast radiation therapy is non-inferior to normofractionated radiation therapy in terms of local control, overall survival, and toxicities."

**P97 Maxillary osteonecrosis: cancer patients treated with bisphosphonate**

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The current report presents cases of Maxillary Osteonecrosis (ONM) in cancer patients with bone metastases treated with bisphosphonate. We studied the characteristics of the ONM and its treatment.

We reported 10 cases of osteonecrosis maxillary occurring subsequent to dental extractions. All patients have been treated with intravenous bisphosphonate to control or prevent metastatic cancer.

six patient have healed. four unhealed patient with extension of bone necrosis.

ONM is favored by a local trauma. There is no consensus and effective management. The different treatments are random and disappointing. Therefore, a preventive approach should be favored."

**P98 Place of radiotherapy in the treatment of intracranial meningiomas:**

**Experience of the Anti Cancer Center Emir Abdelkader of Oran**

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Meningiomas are the most common non-glioma intracranial tumors in adults, accounting for approximately 30% of all central nervous system tumors. The aim of our study is to determine the epidemiological, clinical, therapeutic and evolutionary characteristics of a cohort of patients with intracranial meningioma treated with radiotherapy at the Emir Abdelkader Anti-Cancer Center in Oran.

This is a retrospective study of 44 patients during the period from 2014 to 2020. The overall survival and relapse-free survival curves were calculated using the Kaplan-Meier method.

The median age of the patients was 49 years [21-76 years] with a clear female predominance (sex ratio=2.4). The average diagnostic delay was 7 months [2 to 24 months], the circumstances of discovery of which were dominated by headaches in 54.5% of cases (n=24), visual disturbances in 40.9% (n=18) and motor

disorders 15.9% (n=7). The seat of the tumor was essentially at the level of the base of the skull in 52.3% of patients (n=23) including 29.5% (n=13) at the level of the cavernous sinus, 27.3% (n=12) at the parasagittal level and 20.5% (n=9) at the convexity. The diagnosis was confirmed surgically in 36 patients (81.8%) whose anatomopathological study returned in favor of a grade I, II and III in respectively 40.9%, 29.5% and 11.4% of the cases. Radiotherapy was indicated postoperatively in 45.5% of patients (n=20), exclusive in 27.3% (n=12) and after tumor recurrence in 27.3% of cases (n=18). The irradiation doses delivered were as follows: 50 Gy (20.5%), 54 Gy (65.9%) and 60 Gy (13.6%). With a median follow-up of 69 months, the probabilities of relapse-free survival and overall survival at 3 years are 93.2% and 95.4% respectively, whereas they are 71.2% and 80.7% at 5 years.

Meningiomas are common primary brain tumors. Most often benign but can also progress aggressively. Their treatment is essentially surgical, but radiotherapy retains its place in specific situations, allowing good tumor control and overall survival."

**P99 Radiotherapy of malignant phyllodes breast tumours at the Emir Abdelkader oncology hospital in Oran**

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Phyllodes tumours of the breast are rare tumours representing 0.3 to 0.9% of breast tumours in women. Our aim is to study the epidemiological, clinical,



therapeutic and evolutionary particularities of a cohort of patients with phyllodes tumours treated by radiotherapy at the Emir Abdelkader oncology hospital in Oran

This is a retrospective study of cases of non-metastatic malignant phyllodes tumours treated with radiotherapy during the period 2014 to 2020.

Nine patients were included in our study, with a mean age at diagnosis of 39.8 years (22-59 years), six of whom were non-menopausal. The mean time to diagnosis was 13 months (4-19 months), with a breast mass being the most common finding. The mean tumour size was 73 mm (35-130 mm). The histological diagnosis was made in most cases (89%) on preoperative biopsy and in 11% of cases on intraoperative extemporaneous examination, the anatomopathological result of which was in favour of a phyllodes sarcoma. All patients underwent radical mastectomy with axillary lymph node dissection in two patients, followed by locoregional radiotherapy to the chest wall at a dose of 50 Gy. With a median follow-up of 52 months (22-98 months), we recorded one local recurrence and three pulmonary metastases, of which two patients died.

Malignant phyllodes tumours are mainly diagnosed histologically, and are mainly treated surgically. Radiotherapy plays a key role in adjuvant treatment, reducing the rate of local recurrence but not survival."

breast cancer (LABC) is defined as inoperable breast adenocarcinoma without distant metastases. It is a biologically and clinically heterogeneous .

This is a retrospective study of 40 women with LABC treated with neoadjuvant chemotherapy in the medical oncology department of HMRUO (2022-2023). The epidemiological and anatomoclinical characteristics were studied.

The average age of patients in our study is 48.7 years with age extremes of 24 to 80 years, 27.5% of patients were under 40 years old, 10% were over 70years old. The average time between the first sign and consultation is 7.9 months (from 2 to 15 months). The histological type NST carcinoma were 95% and lobular carcinoma 5%. SBR II is found in 24 patients.

The majority of patients were classified as T4 (42.5%), 30% were T3, and 15% T2. N2 lymph node involvement is found in 47.5%, 30% were N1 and 4 patients were N3. Hormone receptors are positive in 70% of cases, 25% are HER2 positive, and 17.5% are triple negative. The average age of the patients in our series is lower than the global data. The delay in consulting seems an important factor in our series. Tumor size and lymph node involvement are higher compared to study data. The expression rate of hormone and HER2 receptors in our study is identical to the rates in the literature.

The patients in our study are affected at a much younger age, and the disease is seen at a more advanced stage."

**P100** A series of 40 patients with locally advanced breast cancer treated at HMRUOran

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**Co-author :** ADJMI.S

Breast cancer is the most common cancer in women with more than 2 million cases worldwide in 2022. locally advanced

**P101** Management of hepatic metastases from colon cancer in the University Hospital of Mostaganem. About 20 cases.

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The therapeutic management of hepatic metastases from colorectal cancer (MHCCR) has made considerable progress in recent years. This development involved several disciplines: surgery, chemotherapy, radiofrequency, portal embolization, allowing a large number of therapeutic strategies. The aim of this work is to evaluate the impact of chemotherapy in improving the resectability rate of liver metastases.

This is a descriptive retrospective study conducted on patients with colon cancer with liver metastases and treated at the level of the medical oncology department of the University Hospital of Mostaganem during the period from January 1, 2018 to December 31, 2021.

For 4 years, our study collected 20 patients with synchronous or metachronous hepatic metastases deemed resectable or potentially resectable, the average age was 49 years [from 30-69 years], sex ratio M/F=2.33, 59% of primary tumors were located in the left colon with 59% and 41% in the rectum. Abdominal CT was performed in all patients, supplemented by liver MRI in 12 patients, synchronous metastases represented 80% of cases, these were single metastases in 12 cases, the right liver was the most affected (68 % of cases), therapeutically, the XELOX protocol was the most used (90% of cases), 12 patients were treated with anti-EGFEs and 08 patients with anti-angiogenics, periodic evaluation (3 courses) according to criteria RECIST 1.1 concluded at the first evaluation an objective response rate of 70%, stability of 20% and progression of 10%. 5 patients underwent liver surgery (hepatic metastasectomy), the treatment consisted of 02 segmentectomies performed at the same time as the resection of the primary tumor, 01 enucleoresections, and 02 deferred left

lobectomy, The resectability rate at the first evaluation was 20 % (02 cases), these were two segmentectomies performed at the same time as the resection of the colorectal tumour. Beyond the first evaluation, 11 other patients were able to benefit from liver surgery.

Progress has been made in the management of HMCRC. Surgery remains the only treatment allowing a cure, the contribution of systemic treatments in particular chemotherapy and targeted therapies is considerable in the increase of the rates of resectability which allows an improvement of the survival of the patients."

**P102 Risk factors for breast cancer in elderly Algerian women**

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Breast cancer is the most common cancer in women and its incidence increases with advanced age, which is considered the major risk factor. Breast cancer in older women differs from that in younger women because of the physiological peculiarities of older women, which is reflected in the epidemiological, clinical, therapeutic and prognostic aspects. Few studies have been conducted on risk factors in older women. The objective of this work is to describe the risk factors for breast cancer in women aged 70 and over and to compare our results with data from the literature in order to highlight the particularities of our patients.

Descriptive retrospective study carried out in the medical oncology department of the medical oncology department of the university hospital center of Mostaganem (western Algeria)

during the study period from January 1, 2020 to December 31, 2023 and which included 93 breast cancer patients with an age of 70 years and older.

The average age of our series is  $77.9 \pm 5.15$  (70-93 years), the distribution by five years shows a stable frequency between 70 and 85 years (30.3% up to 24.8%) and lower from the age of 85. 35% of patients had 2 comorbidities and 23% had three or more comorbidities. 55% of patients are overweight or obese. 69.7% of the patients married at the age of 14 to 19 and 91.7% did not use any means of contraception. 16.7% of the patients in our series had less than five full-term pregnancies and 43.1% between 5 and 8 full-term pregnancies. Only 2.9% of patients in our series had not breastfed, the breastfeeding rate for more than 2 years did not exceed 6.1%. The average age of menopause is 46.7 years, of which 3.7% of patients had a late menopause (over 55 years old). None of our patients used hormone replacement therapy for menopause (HRT). Family history of cancer was present in 20.2% of cases including 12.84% 1st degree and 2.75% 2nd degree.

This study allowed us to describe the risk factors for breast cancer in elderly women in the Mostaganem area. Our patients are distinguished by a significantly higher rate of precocious puberty than the Western series, particularly American, a low rate of late menopause (over 55 years), an average age of the 1st pregnancy lower than the average reported in the literature, a higher breastfeeding rate, none of our patients had recourse to HRT, contrary to what happens in Western societies.

**P103 An evaluation of the BrainLab 6D ExacTrac-Clinac Varian IX23 system for intracranial stereotactic treatment**

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The techniques of radiosurgery (SRS) and stereotactic radiotherapy (SRT) require high precision for target positioning and irradiation. These techniques generally allow the delivery of high doses per fraction and can involve the use of small-sized beams 30 mm [SFPM 35], which necessitates special vigilance. This advanced therapeutic approach demands rigorous quality control to ensure the safety and effectiveness of the treatment. As part of the quality control of SRS/SRT treatment, a crucial aspect involves the verification and evaluation of the patient positioning system. One of the advanced tools used for this purpose is the ExacTrac BrainLab system (ET). The patient repositioning with the ExacTrac system is a process used to accurately verify and correct the position of the PTV's isocenter before each SRS/SRT treatment session. The aim of this work released in the Chahids Mahmoudi hospital is to investigate the localisation and verification accuracy performance of ExacTrac (ET) and Clinac Varian IX23 System for a group of patients.

In this study, a set of images  $n=165$  patients was analyzed and verified. Each patient has a set of values representing the shifts between the treatment isocenter position and the real positioning isocenter, which were performed by the technicians during the treatment sessions (a shift value from an initial position and a verification shift). The results will be presented in figures that represent the quantification of the correction (C) and verification (V) of the isocenter in the (X, Y, Z) planes and rotation (pitch, roll, and yaw).

The results of our study for the 165 patients who were treated using the SRS technique have demonstrated the effectiveness of the ExacTrac system in



precise patient repositioning, with values lower than 1 mm/1°.

This study has demonstrated the importance of evaluating the ET Brainlab - CLINAC Varian IX23 system for patient repositioning in SRS/SRT treatments. The implementation of the corrections and verifications ET system has minimized patient positioning errors, thereby ensuring that the dose is delivered accurately to the intended target. The results obtained indicate that the ExacTrac system is reliable and enables precise patient positioning."

**P104 Transversus Abdominis Plane Block Versus Local Wound Infiltration for Postoperative Pain After Laparotomic Colorectal Cancer Resection : A Double-Blind Randomized Study**

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Transversus abdominis plane (TAP) block and local wound infiltration (LWI) are two techniques that have been widely applied in abdominal surgery. However, these two techniques have rarely been compared in terms of their analgesic effects on patients that undergo laparotomic colorectal surgery with the ERAS program.

A randomized, double-blinded study was conducted in this study. 100 patients that underwent colorectal surgery with the ERAS program were randomly allocated to TAP block treatment (TAP group) or local wound infiltration (LWI group). All patients were assessed for their pain scores at rest and in motion at 6, 12, 24, 48, and 72 h after surgery. The administration frequency of morphine and

the use amount of rescue analgesics (parecoxib) were recorded. Finally, the patients were monitored with follow-up surveys on their postoperative function recovery, complications, lengths of stay.

In terms of the pain scores at rest and in motion, the two groups revealed a significant difference throughout the study sessions, and a difference was found in the administration frequency of morphine and the use amount of parecoxib. Moreover, the two groups demonstrated a different result in their postoperative recovery, but no significant differences were found in terms of postoperative complications.

Compared with local wound infiltration, transversus abdominis plane block is significantly advantageous for postoperative pain control and recovery in patients undergoing laparotomic colorectal surgery with the ERAS program. However, local wound infiltration might be the second choice with less technical difficulties if the ultrasound scanner is not available .

**P105 Complications of catheters with an implantable chamber: About 32 cases**

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An implantable chamber catheter (ICC) can be defined as an implantable system placed directly under the skin allowing skin access to the catheter without restriction of movement. It consists of a box implanted subcutaneously, connected to a catheter placed in a central vein. Its use is very



common in oncology to administer chemotherapy, antibiotics or parenteral nutrition via the central venous route We report an experiment aimed at studying the prevalence of complications induced by implant port catheters and the risk factors that result.

This is a prospective study over two years (from December 2021, to December 2023) including 200 patients treated in the anesthesia reanimation cancer department of our hospital and having presented complications from their port catheters implantable. Like any other medical device, CCIs can expose patients to complications. In this context, the objectives of our work consisted in studying the prevalence and nature of complications induced by CCI as well as the associated risk factors from a retrospective study of clinical patient records.

During the study period, 200 patients benefited from placement of the implantable chamber catheter. The average age is 46,72 years with extremes of 20 years and 80 years. Thirteen percent of patients had at least one complication. Those complications were mechanical in 7,5 % of the patients, infectious in 25,5 % and thromboembolic in 14,5 %. Patients experiencing complication did not differ with respect to age, insertion side of the implementation, the number of tentative .

The complications found are of variable frequencies, and are either related to infectious ,thrombotic. and/or the operative act, mechanical"

**P106 Evaluation of patient satisfaction with early breast cancer treated adjuvantly with hormonal therapy**

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Since the cancer plan, the evaluation of professional practices is essential to ensure the implementation of high quality care. Evaluating patient satisfaction is one of the pillars of high-quality care. The primary objective of the study was to evaluate the satisfaction of patients with early-stage breast cancer treated with hormonal therapy, with the secondary objective being to identify factors associated with satisfaction.

In a process of evaluating professional practices, an observational, prospective and multicenter study was carried out at the CAC SBA level among patients with early-stage breast cancer, treated as adjuvant with hormonal therapy between March and May 2023, at using a questionnaire assessing nine dimensions of satisfaction including relational skills, information provided and overall satisfaction. For each dimension, a satisfaction score between 0 (no satisfaction) and 100 (highest satisfaction) was measured.

The average overall satisfaction score of the 35 patients who responded was 61 [0–100]. The practice of an extra-professional activity was associated with higher satisfaction on several dimensions P 0.05) while it was reduced in the case of modified appetite (P 0.05). No link was shown between satisfaction and adherence.

The patients were satisfied and several factors impacting their satisfaction were identified, based on a questionnaire which must evolve to take into account the ambulatory aspect of their care. During consultations, particular attention will be paid to these factors."

**P107 EPIDEMIOLOGICAL PROFILE OF  
HEPATOCELLULAR CARCINOMA IN  
ALGERIA**

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Hepatocellular carcinoma (HCC) is one of the commonest liver cancers in the world , develops mainly in liver cirrhosis. Low socioeconomic status is a major risk factor for cirrhosis as well as HCC . In Algeria, cirrhosis is associated with a chronic viral infection B or C in 90% of cases. The prevalence of HBsAg is about 2.15% and that of HCV infection at least 1%. The aim of our study was to determine the epidemiological, etiological HCC to provide an optimal care.

It is about a descriptive prospectively study, over eight years period ,between January 2008 and December 2022, 486 HCC patients were admitted at two center : Bologhine and Tipaza Algiers Hospital .The diagnosis of HCC was based on non-invasive criteria of Barcelona or pathology

486 cases of HCC were included, 297 men and 189 women (sex ratio 1.57), middle age is  $65 \pm 11,4$  years (17-88 years) ,32,9 % patients were diabetics. Underlying cirrhosis or chronic liver disease was found in 446 cases (91.7%) and a healthy liver 40 cases (8.2%). The commonest etiology was hepatitis 66% with viral C (68 %) viral B ( 32 %) and not metabolic pathologies (5,3%). In 23 % cases the HCC was discovered during a protocol screening. The diagnosis is revealed by pain in the right hypochondrium (45%), impaired general condition (18,3%), liver tumor (27,7%), jaundice (23,6%). The alpha-fetoprotein level was above 400 ng/mL in 28,8 % of cases and tumors were already multinodular in scanner at diagnosis in

34,5 % of patients.Our CHC were in most cases stages C and D (BCLC classification).

This study reveals the late diagnosis of HCC, the time has changed little despite the application of screening recommendations and the necessity of a national program to fight against viral hepatitis."

**P108 Specificities of breast cancer in  
young women**

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Breast cancer in young women represents 6-10% of all breast cancers, known for its poor prognosis, with pejorative anatomo-clinical characteristics and a high potential for relapse. Several prognostic factors contribute to the complexity of treatment, such as genetic predisposition (BRCA1/2 mutation) and over expression of the Her2 receptor.

Retrospective study of 36 patients aged fewer than 40 with breast cancer, followed in medical oncology at the CHU Bénimessous during the period 2019-2021.The objective is to describe the anatomo-clinical, histological and therapeutic aspects and to identify the predictive factors of a complete histological response after néoadjuvant treatment.

The average age of patients is 35 years old with a family history of breast cancer 19.44%, 47% are childless, The average tumor size is 5.58cm, at stage II (44.33%) and III (55.77%) of TNM classification, without expression of hormone receptors in 47% cases, 44% are Her2+ , 38.88% basal like, Ki67 >50% in 61% of patients. Conservative surgery provided in 13.88% cases, 2 refusal of surgery. 38.23% pCR (6/34 Her2+, 6/34



basal like ,1/34 luminal B) and conversion of lymph node involvement in 40.74% cases. 35% recurrence of which 20.58% have more than two metastatic sites. 30.55% of deaths and 61% of patients alive in remission.

Our results reinforce the theory of an aggressive pathology with a poor prognosis, the identification of prognostic and a predictive factor of a complete therapeutic response is essential. Genetic predisposition remains a path of scientific research for the development of new therapies.

**P109 Experience of the ANNABA cancer center with carcinoma in situ of the breast: about a series of 53 cases and review of the literature**

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Ductal carcinoma in situ (DCIS) represents the most common histological type of breast cancer with 20 to 30% of newly diagnosed breast cancers. It is defined as a proliferation of malignant cells in the galactophoric network, without crossing the basement membrane. Its incidence is increasing in relation to the generalization of screening by mammography which has made it possible to increase the detection of breast cancer at an early stage. DCIS is often revealed by microcalcifications in 80% of cases. Survival at 10 years is estimated at 97%.

We propose through a retrospective series of 53 patients to identify the anatomoclinical particularities and the therapeutic aspects of CIS through a retrospective series of 53 patients

supported by the breast tumor committee. -Among the 1261 patients treated by the mammary tumor committee of the ANNABA maternity and neonatology center, 53 patients (4.2%) had CIS.

The average age of our patients was 48.5 years with extremes between 92 and 26 years. The discovery circumstance was the palpation of a breast nodule in 34 cases (50%). The average tumor size at diagnosis was 2.7 cm. All patients had an ultrasound mammogram which revealed a focus of micro-calcifications in 37 patients. Surgery was conservative in 64.5% of cases. Lymph node dissection was performed in 27 cases. Only one lymph node involvement was observed. Comedocarcinoma was found in 7 cases. The tumors were multifocal in 21 cases. 56.5% patients expressed hormone receptors (HR). All patients who had conservative treatment received adjuvant radiotherapy. Among patients with HR-expressing tumors, 33 patients (62.1%) received hormonal therapy. Three patients had a local recurrence which occurred after a mean time of 22 months treated by salvage mastectomy. Another patient had a lymph node recurrence 28 months after the end of treatment treated by lymph node dissection followed by chemotherapy and locoregional radiotherapy. Overall survival at 3 years was 95.8% and at 5 years 93.4%.

The frequency of screening for CIS has remained relatively low in our country despite the establishment of certain screening structures. Therapeutic treatment is based on surgery. Radiotherapy is indicated after conservative treatment. The role of hormone therapy is controversial. The prognosis is excellent, the overall survival at 5 years varies between 90 and 100%.



**P110 Clinicopathological Characteristics of Central Nervous System Tumors in Pediatric population: Analysis of 100 cases**

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central nervous system tumors (cnst) rank as the second most prevalent cancer among children and continue to pose a profound health challenge, displaying diverse clinical and histological presentations. understanding the clinicopathological attributes of these tumors is critical for refining early detection, therapeutic approaches, and ultimately, overall survival rates. this study aims to shed light on brain tumors in the algerian pediatric cohort (aged 0 to 16 years), emphasizing the predominant age groups, gender distribution, and prevalent histologic subtypes.

this study was conducted at algiers' nafissa hamoud hospital within the pathology department; it follows a retrospective and prospective design spanning six years from 2017 to 2022. a total of 100 cases involving pediatric patients were included in the study.

throughout the study duration, a total of 100 primary cns tumors cases were identified, translating to an annual average of 16.66 cases. the mean age of the patients was recorded at 7.8 years. the male-to-female ratio [m/f] was 1.38, with a slight male predominance. among the tumors, 61% were located in the infratentorial region, while the remaining 39% were supratentorial. the diagnostic spectrum comprised 25 histologic subtypes, with the most prevalent being

pilocytic astrocytoma (27%), ependymoma (14%), and medulloblastoma (14%).

our study not only aligns with global research but also correlates with a previous study conducted within our country, thereby reinforcing the consistency and validity of the observed trends. these findings provide valuable insights into the clinicopathological patterns, epidemiological characteristics, and anatomical distribution of cns tumors affecting algerian pediatric patients

**P111 GastroIntestinal Stromal Tumors: An Anatomoclinical analysis of a series of 27 cases.**

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gastrointestinal stromal tumors (gists) are the most common mesenchymal tumors of the gastrointestinal tract arising from specialized cells known as interstitial cells of cajal. understanding the diverse anatomoclinical attributes of gists is essential for accurate diagnosis, prognosis, and tailored treatment strategies. this study aims to present a detailed anatomoclinical analysis of 27 cases featuring gist focusing on pathological attributes encompassing histologic types, mitotic rate, necrosis presence, immunohistochemical profiles and progression risk stratification; and therefore enriches the comprehension of the condition's intrinsic diversities.

a retrospective study involving 27 patients was conducted in the department of pathology at nafissa hamoud hospital in algiers, spanning 7 years from january 2017 to may 2023. the classifications adopted are those of who classification of

digestive tumors (5th edition) and the miettinen classification for the assessment of the risk of recurrences.

among the 27 identified cases, the majority of patients fell within the 51 to 60-year age group. the mean age being 58 years. the male-to-female ratio stood at 2:1. primary tumor sites were most frequently observed in the stomach (40%), followed by the small intestine (33%) and large intestine (14%). tumor sizes varied, spanning from 2.5 cm to 25 cm. the prevailing histological type was spindle (85% of cases), while a mitotic rate of  $\leq 5/50$  high power field was evident in 59% of cases. notably, necrosis was absent in 67% of cases. cd117 positivity was consistently observed in all cases, whereas dog1 was negative in just one case. regarding disease progression risk, 33% of cases exhibited a high risk. cd34, desmin, s100, aml were positive at varying proportions and were useful to make differential diagnosis.

it is noteworthy that our study's findings align with existing literature data. by uncovering these aspects our study contributes to a deeper understanding of the inherent complexities within gists holding potential for refining diagnostic approaches, guide treatment choices ultimately enhancing the care and management of individuals afflicted by gists."

***P112* Extremely hypofractionated breast cancer radiotherapy practice during the COVID19 pandemic in Setif**

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During the COVID 19 pandemic crisis, access to cancer treatment reduced significantly especially for radiotherapy. We needed shorter radiotherapy courses to, safely; treat, at least, the same number of breast cancers as before the pandemic. We aim to evaluate results of the use of two hypofractionated regimens practiced in the COVID 19 pandemic in radiotherapy service of Setif.

From March to December 2020, 201 patients received a post mastectomy radiotherapy using hypofractionated regimen for a right sided T1-3 breast cancer with or without positive ALND. We excluded all patients with involved margins resection. At the end, 147 patients with ALN invasion (73%) received 36 Gy in 11 fractions and 11 days while 54 patients without ALN invasion (27%) received 26Gy in five fractions and five days. We evaluated efficacy (2 years local control) and safety (acute toxicity) of these extreme short courses in breast cancer radiotherapy

After two years follow up, we registered two local recurrences in the 36/11 arm (1.4%) and one local recurrence (1.9%) in the 26/5 arm with an OS of 94.6% and 96.3% respectively, closely the same results obtained in the American phase II and the British fast-forward trials. We also found that only one patient developed GIII skin toxicity in both arms (0.7% and 1.9% respectively in the 36/11 and 26/5 regimen) while there were 32 patients with GII skin toxicity with the 36/11 fractionation (21.8%) and 15 patients treated with the 26/5 fractionation who suffered GII skin lesions (27.7%).



During the COVID 19 pandemic crisis, two extremely hypofractionated radiotherapy protocols were tested. Both the 36/11 and the 26/5 protocols seem to be effective and safe. Furthermore, we need larger trials with longer follow up to give accurate conclusions.

### *P113* Renal toxicity of chemotherapy in elderly patients

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Elderly individuals often experience the weakening of functional reserves in various systems (cardiac, renal, etc.). Since the kidney plays a role in drug elimination, any impairment in its function can contraindicate the temporary or permanent use of chemotherapy or necessitate specific measures.

We conducted a prospective descriptive study at the Sidi Bel Abbes Cancer Center, following patients aged over 65 with colorectal and gastric cancer. The aim is to determine the frequency of renal toxicity caused by chemotherapy. Secondary objectives include evaluating the impact of this toxicity on treatment (dose reduction, modification, discontinuation) and identifying interventions related to renal insufficiency.

Our study spanned from October 1, 2016, to April 30, 2018. We gathered a sample of 58 patients aged 65 to 93 years (mean age: 75.5 years). Colon tumors constituted 39%, rectum tumors 30%, and stomach tumors 31%. The majority of patients had advanced-stage tumors. Among the patients, 40% had hypertension, 29.3% had diabetes, and

34% were smokers. Fifty-three percent of the patients had chronic kidney insufficiency, 16.1% had moderate insufficiency, and one-third had normal renal function. Kidney insufficiency was predominant among patients aged 76 to 85 years. Seventy-six percent of the patients underwent chemotherapy. In total, there were 307 treatment cycles, including 178 initiated cycles, 70 postponed cycles, and 32 cycles with dose reductions. Renal chemotoxicity accounted for 15%, while digestive toxicity was at 19%. The protocols most associated with renal toxicity were Xelox, capecitabine, and carboplatin-paclitaxel. The statistical analysis establishing the link between vomiting and diarrhea with kidney impairment showed a positive correlation, with highly significant p-values of 0.00006 and 0.0004 respectively. There were more than 10 hospitalizations in the nephrology and emergency departments due to severe kidney impairment, and 33 hospitalizations in oncology for moderate kidney impairment.

Chemotherapy-induced renal toxicity is a significant concern in elderly colorectal and gastric cancer patients. The study highlights the importance of understanding the impact of renal function on chemotherapy outcomes. The observed correlations between renal impairment and gastrointestinal symptoms emphasize the need for comprehensive patient monitoring and personalized treatment approaches.



**P114** epidemiological profile of prostate cancer in the population of southern algeria 2018-2021

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The prostate cancer is a serious public health concern, because of its high frequency, it's necessary to identify its epidemiologic profile in south population in order to know its particularities.

We realized a descriptive retrospective study, including 162 patients treated in anti-cancer center of Ouargla between 2018 and 2021

The mean age of our patients is 70,6 years, 84,28% of them are black, and 31% had a family history of hormonal-dependent cancer ; in 9% of cases, the cancer is diagnosed after a routine screening, and in 84% of cases, patients were symptomatic, the main symptom is dysuria (35,4%), with an average consultation time of 8 months ; the mean initial total PSA level is 140,41 ng/ml, and prostatic adenocarcinoma is the only histologic type found in our population ; in 38,27% of cases, cancer is discovered in a metastatic stage

Most incriminated prostate cancer risk factors are present in our population, which explains its high frequency, to improve its prognosis we must raise the population awareness about the importance of screening and early detection.

**P115** Spindle cell tumor proliferations of the lung Study of 7 cases

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Spindle cell tumors of the lung are rare, they can be benign, malignant or have uncertain potential for malignancy. They are most often of mesenchymal origin . However, in the presence of any lung spindle cell tumour, the diagnosis of spindle cell carcinoma should be considered first.

We report a series of 07 cases of lung spindle cell tumors. The samples are represented by transparietal biopsies (BTP) and a surgical resection specimen

The average age of our patients was 61 years ranging from 20 to 72 years. A male predominance was noted (sex ratio=6). Microscopic examination revealed a spindle cell tumor proliferation with varying degrees of cytonuclear atypia among different tumors. Immunohistochemical analysis (IHC) led to the following diagnoses: 03 sarcomatoid carcinomas (cytokeratin+), 02 monophasic synoviosarcomas with spindle cells (CD99+ and TLE1+), 01 solitary fibrous tumor (CD34+ and STAT6+) and 01 inflammatory myofibroblastic tumor (AML+ ). The latter was diagnosed on the surgical resection specimen. Spindle cell tumors of the lung are rare and challenging to diagnose, particularly from biopsy specimens. The IHC study is essential to make the diagnosis. These tumors are often mesenchymal type. However, it is crucial to rule out the diagnosis of sarcomatoid spindle cell carcinoma using cytokeratin staining. This diagnosis is usually the first to be considered. The lung

is the most common site of localization for synovial sarcoma after soft tissues. The definitive diagnosis relies on molecular biology, specifically identifying the characteristic reciprocal translocation  $t(X;18)(p11.2;q11.2)$  found in synovial sarcoma. Solitary fibrous tumors (SFTs) are tumors with uncertain malignant potential that can appear ubiquitously. Pulmonary localization is rare, and seeking pleural extension of SFT is important. Pulmonary inflammatory myofibroblastic tumors are rare tumors initially described in the lung. They can mimic malignant neoplasia in radio-clinical aspects. Their diagnosis is only possible through surgical resection. Although these tumors are generally considered benign, they can exhibit aggression or recurrence, especially with incomplete resection.

Pulmonary spindle cell proliferations may correspond to either carcinoma or mesenchymal tumors. The primitive nature of the latter is retained only after searching for an extra-pulmonary localization, given that the lung is a favored site for metastases.

***P116* Interest of TTF1/P40 immunohistochemical staining in the diagnosis of non-small cell lung carcinomas with solid morphology Study of 257 cases**

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Over the past 20 years, there has been a significant evolution in the therapeutic options for non-small cell lung carcinoma (NSCLC), particularly in

adenocarcinoma (ADC). Accurate histological classification is now crucial for effective management. In cases of poorly differentiated solid morphology, diagnosis relies on immunohistochemistry (IHC), with the TTF1/P40 combination being the World Health Organization's (WHO) recommended approach.

This is a retrospective descriptive study of 257 cases of NSCLC collected at the Department of Pathological department of Blida over a 24-month period (from January 1, 2020 to December 31, 2021). The samples are represented by bronchial and transthoracic biopsies, surgical resections as well as samples from various accessible metastatic sites.

Among the 257 cases of NSCLC, 112 cases (43.57%) showed a solid morphology requiring the use of IHC using the TTF1/P40 couple which made it possible to classify these tumors in: 60 cases (53.5%) of solid ADC, 32 cases (28.5%) of poorly differentiated squamous cell carcinoma (SCC), 18 cases (16%) of NSCLC with no other specify (NOS) and 02 cases (1.7%) of large cell carcinoma (CGC). Solid morphology tumors represent a significant proportion in NSCLC (43.57% in our series). These tumors require the use of the IHC study in order to classify them in an accurate histological type on which the therapeutic decision depends closely. Usually, the TTF1/P40 pair leads to an accurate diagnosis. Within these tumors, the predominant histological type in our series was ADC (53.5%) followed by SCC (28.8%). Other histological types were rare.

Recent years have witnessed an epidemiological shift in NSCLC, characterized by an increased prevalence of ADCs and a concurrent decrease in SCC frequency. This transformation can be



largely attributed to the systematic integration of IHC studies in diagnosing solid lung tumors. Previously, these tumors were long diagnosed as poorly differentiated SCC based on morphology. However, IHC using the TTF1/P40 marker combination has significantly improved their accurate classification, typically placing them within the category of solid ADCs. This advancement enables patients to benefit from a broader range of therapeutic options.

***P117* Advanced locally cervical cancer:  
A monocentric retrospective study of 35 patients**

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The incidence of cervical cancer is the second highest among gynecological malignancies; the treatment of locally advanced cervical cancer relies on exclusive radiotherapy combining concomitant chemoradiation followed by brachytherapy, The objective of our study is to determine epidemiological, clinical and therapeutic aspect of locally advanced cervical cancer Treated at the Radiotherapy department of regional military university hospital of Oran.

This retrospective study took place in the radiotherapy oncology department of HMRU of Oran in the period from September 2019 to August 2023. 35 patients are included in the study

The average age was 55 years old with extreme of 28 years and 82 years. Genital bleeding is the dominant reason for consultation found in 75% of cases; most patients are grand multiparous, 71% of women have four or more children. 33% of women were anemic at diagnosis with hemoglobin 12g/dl. Almost all patient (73% of cases) presented with a cervix bourgeon or an ulcerate bourgeon. The most represented histological type was squamous cell carcinoma in 86% of cases and adenocarcinoma was represented with (9%), the average radiological tumor size is 43.7 mm of which 64% of cases were greater than 4 cm. According to the Figo 2018 classification, stage IIB represents 42.2% of cases followed stage III (31.8%), and stage IV (26% of cases), and the average consultation time is 6.11 months. 4 therapeutic arms were used for the treatment of patients, radiotherapy used in 89.8% of cases, followed by brachytherapy in 48.5% of cases, and finally chemotherapy which 51.4% of women benefited, surgery used in 12.3% of patients.

Our study's outcomes closely mirror established literature. From the average age to clinical presentation and treatment modalities. Despite efforts for an early detection program by cervico-vaginal smear, patients arrived in locally advanced stage, and consult doctors late.

***P118* Clinicopathological study of ovarian cancers: Retrospective series of 83 cases**

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Ovarian cancer is rare, ranking 5th among female cancers. It accounts for 20% of all ovarian tumours, and generally occurs in women around the age of 60, but can be seen at any age. It is often diagnosed late. It's sporadic in 85-90% of cases. Familial cases have been reported in 05 to 10% of cases, linked to a mutation in the BRCA BRCA1/2 gene mutation. Imaging provides diagnostic guidance, and treatment is mainly surgical. Pathologically, tumors divided into the following categories: epithelial, mesenchymal and sex cord tumors, germ cell tumors, and metastasis.

This is a retrospective descriptive and analytical study over 6-years (January 2017 to December 2022) of a series of 83 ovarian cancers identified in our department of Pathology at Nafissa Hammoud Hospital (Ex-Parnet). Borderline and secondary tumours are excluded from this study. The material studied included adnexectomy, hysterectomy, cystectomy, omentectomy and peritoneal biopsies. Data were extracted from the clinical fact sheet. Samples underwent careful gross examination (size, number, appearance of lesions, sampling) and meticulous histopathological study using standard techniques. An immunohistochemical study was carried out using the following antibodies: CK7, CK20, RO, RP, P53, PLAP. The classification used is the WHO 2020 classification of ovarian tumours.

83 cases of malignant ovarian tumours were recorded. Our patients are younger than in the literature, with an average age of 55 years and a peak between 51 and 60 years. Ascites and abdominal pain were the most frequent symptoms. The predominant site is the left side (43%). Bilaterality was found in 23.5% of cases. The mean tumor size is 14.43 cm

[4-35 cm], larger in the case of mucinous tumors. Epithelial tumors are the most frequent (62%), dominated by serous adenocarcinoma, followed by stromal and sex cord tumors (17%) and germ cell tumors (8%). These results are similar to those reported in the literature. Immunohistochemical studies were carried out in 16 cases (19%), notably for differential diagnosis between primary and secondary tumors, and for histological typing of sex cord tumors or germ cell tumors.

The results of our series show that the age of our patients is younger, diagnosis is often late with large tumor sizes, and serous cystadenocarcinoma remains the most frequent histological type, in agreement with the data in the literature

***P119* Clinico-pathological study of 82 cases of ColoRectal Cancer**

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Introduction Colorectal Cancer (CRC) is very common, ranking 3rd among men and 2nd among women worldwide according to Globocan 2018 data. Certain lesions predispose to the development of CRC, such as adenomas and chronic inflammatory bowel disease (IBD). Around 10% of CRCs are hereditary and familial, and occur as part of syndromes such as Lynch syndrome (HNPCC) and Familial Adenomatous Polyposis (FAP). The clinical symptoms are diverse and can be either digestive or extra-digestive. Colonoscopy and rectoscopy are the main paraclinical

examinations, supplemented by biopsy samples. The histologic type is adenocarcinoma in 98%, while other subtypes are less common and the treatment is mainly surgical. Many advances have been recorded in the understanding of mechanisms of carcinogenesis and in treatment including targeted therapy and immunotherapy. The pathological study confirms the diagnosis and assesses the histoprognostic factors and predictive biomarkers with the gold standard being the staging pTNM. Study objective: To assess the clinical and pathological characteristics of our population and compare them with data from existing literature.

This is a retrospective study, descriptive and analytical conducted over a two-year period from January 1st 2021 to December 31st, 2022 of CRCs collected in our department. Samples are provided from the surgical departments of Kouba (60%), Rouiba, Thenia and Birtraria hospitals. The material studied is represented by partial or total colectomy and proctectomy specimens supplemented by clinical informations. All samples underwent rigorous macroscopic examination with exhaustive sampling, followed by a meticulous histopathological study using standard specimen preparation techniques. An immunohistochemical study was carried out using the following antibodies: CK7, CK20, CDX2, Chromogranin for some poorly differentiated carcinomas. The classifications used are WHO 2019 Digestive Tumors and pTNM 2018.

In our series, there are 82 cases of CRC. There is a male predominance with a sex ratio of M/F=1.3. The mean age is 56 years, ranging from 18 to 84 years. The age group most affected is between 50 and 60

years old. The most common reasons for consultation are lower gastrointestinal bleeding, occlusive syndrome, and rectal syndrome. The left colon is the predominant site (52%). Multifocality is found in 6% of cases. The ulcerated and polypoid form is the most common (81%), while the exophytic polypoid aspect accounts for 19%. Tumor size varies from 20mm to 140mm, with an average of 54mm. The most frequent histological type is adenocarcinoma NOS (89%) from which 95% were low-grade, followed by mucinous adenocarcinoma (11%). Vascular emboli are present in 48% of cases, and nerve infiltration in 31%. The tumor was classified as pT3 in 70% of cases, pT2 (15%) and pT4 (12%). Only one case (1%) of Tis was found. The number of nodes sampled ranged from 04 to 88, with an average of 24. Lymph node metastasis was absent in a half of the cases (52%), followed by pN1a and pN1b with equal values of 13.5%. Distant metastases were observed in 05 cases (6%), with a predominance of pM1a (60%).

the results of our study regarding the clinicopathological characteristics of CRC are consistent with the data reported in the literature.

**P120 Prediction of response to neoadjuvant therapy in triple negative breast cancer**

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Triple-negative breast cancer (TNBC) is characterized by heterogeneity of molecular gene expression, aggressive



clinical course, higher metastatic rate, and shorter survival. Neoadjuvant chemotherapy (NAC) produces high response allowing down staging and making breast-conserving surgery (BCS) possible. Pathologic complete response (pCR) is used as an important endpoint in the treatment of TNBC. There is an unmet need to predict which subgroup of TNBC will get benefit from NAC. The exact subtype of TNBC using immunohistochemistry (IHC) in addition to metabolic imaging using FDG-PET are among the important suggested predictive factors. The aim of this prospective study is to investigate the value of metabolic tumor parameters (assessed at baseline with FDG-PET) and immuno-histochemical markers in the early prediction of pCR and survival in non-metastatic TNBC.

A prospective study including 50 adult patients (age  $\geq 18$  years old) with non-metastatic TNBC with disease stage I to III who received NAC at clinical oncology department of Cairo University and medical oncology department at El-Tadamun hospital in Port Said in the period from December 2016 to December 2019. PET/CT was done baseline and after NAC. Biomarkers were done on the initial pathology including TIL, CK56, EGFR and AR1. Analysis of pCR with OAS and PFS was done.

The mean age was 49.7 years old, premenopausal patients represented 54%, cases with T2 were 62%, metastatic axillary lymph nodes were found in 70% most of them were N1. As regard biomarkers of TNBC, there was predominance of TILs (56%) and CK5/6 (62%), while EGFR and AR1 presented a minority (22% each). The pCR was 78%. Overall survival (OAS) was significantly affected by tumor size ( $p = 0.03$ ), high

CK5/6 ( $p=0.001$ ), and pCR ( $p=0.001$ ) while TILs, EGFR and AR1 were insignificant ( $p = 0.89, 0.07, 0.262$  respectively). PET/CT results correlates with pCR ( $p = 0.001$ ), OAS ( $p = 0.001$ ), and PFS ( $p = 0.007$ ).

OAS was significantly affected by tumor size (T) and high CK5/6, pCR and response on PET/CT.

### *P121* Diagnostic and Therapeutic Profile of Stage I and II Colorectal Cancer: A Study of 10 Cases from 2022 to 2023

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Colorectal cancer is a significant public health problem, ranking third among cancers and being rare before the age of 50. The prognosis depends primarily on the stage and timing of the diagnosis.

This is a retrospective descriptive study conducted at the Medical Oncology Department of Mohamed Boudiaf Hospital in OUARGLA, focusing on 10 patients diagnosed with early-stage colorectal cancer over a period of 2 years, from January 2022 to June 2023.

A total of 10 cases were collected:

- On clinical examination, the general condition was preserved in 90% of cases. Meteorism was noted in 50% of cases.
- Carcinoembryonic antigen levels were normal in 100% of cases.
- Tumors were palpable on rectal examination in 30% of cases.
- For TNM staging: 50% of cases were classified as Pt2n0m0, and 50% as Pt3n0m0.
- All cases underwent surgical resection, with 10% operated on as an emergency due to obstruction.
- The most frequent types of resections were right hemicolectomy (50%), left hemicolectomy (20%), and anterior rectal resection (30%).
- Surgery was oncological in 90% of cases, with 10% having inadequate resection



margins (5cm). - All cases were classified as STAGE II. - 100% showed survival without recurrence.

In our series, colorectal cancers are more frequent in younger individuals. The analysis of our results indicates that the diagnosis was made early, and surgical procedures were oncological. Colorectal cancer remains a global concern, and unfortunately, Algeria is not exempt from this trend. Therefore, adherence to screening programs is essential to improve the prognosis.

***P122* Epidemiological and Anatomopathological Profile of Stage I and II Colorectal Cancer: A Study of 10 Cases from 2022 to 2023**

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Colorectal cancer poses a significant public health issue, ranking third among cancers and being rare before the age of 50. Its incidence decreases in men (0.5% per year on average between 2010 and 2023) and slightly increases in women (0.4% per year on average between 201 and 2023).

This is a retrospective descriptive study conducted at the Medical Oncology Department of Mohamed Boudiaf Hospital in OUARGLA, focusing on 10 patients diagnosed with early-stage colorectal cancer over a period of 2 years, from January 2022 to June 2023.

Among the 10 studied cases, there were 7 men (70%) and 3 women (30%) with a sex ratio of 2.5. The age ranged from 37 to 73 years, with an average age of 55 years, peaking between 40 and 55 years. The majority of patients (60%) were of black ethnicity. Prior history of colorectal cancer was found in 2 patients. The main

presenting symptoms were rectal bleeding (5%), transit disorders (2%), pain (2%), and anemia (1%). Macroscopically, 80% of the tumors were ulcerated and polypoid, with circumferential growth. Tumors were proximal in 50% of cases and distal in the remaining 50%, including 30% in the rectum. All patients had histological evidence of malignancy, with 80% being well-differentiated adenocarcinomas, 10% moderately differentiated, and 10% undifferentiated.

Our study reveals a specific epidemiological profile characterized by a relatively young age. Sporadic carcinomas are predominantly distributed in the rectosigmoid and right colon. Colorectal cancer remains a global concern, and unfortunately, Algeria is not exempt from this trend.

***P123* Cervical cancer brachytherapy: relationship between increasing the dose of radiotherapy and local control**

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Brachytherapy is an important step in the treatment of patients with cervical carcinoma. The 3D technique allows an increase in the dose at a specific target tumor volume. The aim of this retrospective study was to assess the impact of radiotherapy with dose escalation by utero-vaginal brachytherapy 3D in HDR at more than 80 Gy in EQD2.

Between 2014 and 2020, 68 patients with locally advanced cervical cancer were treated with chemo-radiotherapy followed by a boost by three-dimensional utero-vaginal brachytherapy at high dose rate with dose escalation greater than 80Gy in EQD2 ( $\alpha/\beta=10$ ) according to GECESTRO recommendations.

The median follow-up is 37.45 months, the average age of the patients is 56.2 years, the squamous histological type is found on 90% of cases. The FIGO IIB stage is the majority in 87% of cases, and the average tumour is 41.59mm. The average dose of D90 HRCTV in association with the external radiotherapy in EQD2 ( $\alpha/\beta=10$ ) was between 80 and 85Gy in 75% of cases, between 86 and 90Gy in 20.6% of cases, and in only one case (1.5%) greater than 90Gy. The rate of tumour control was 95.6%. The probability of survival without recurrence at 5 years is  $94.9\% \pm 2.9$ . Eight patients suffered from late urinary and digestive toxicity greater than grade 2 (five digestive toxicity and three urinary toxicity grade 3).

Radio-chemotherapy followed by utero-vaginal brachytherapy with dose escalation in the treatment of locally advanced cervical cancer providing high local control rates with acceptable toxicity

***P124* Follow-up and management of patients with osteosarcoma in department of radiotherapy at the Emir Abdelkader cancer Center of Oran: about 8 cases**

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Osteosarcoma is a rare tumor, they represent 0.5 to 1% of all cancers locations combined. It is the most common bone cancer in children and adolescents. The prognosis depends essentially on the quality of the initial treatment. The aim of our study is to Report the epidemiological, clinical and therapeutic results of patients with Osteosarcoma treated in our department of radiotherapy.

This is a descriptive and analytical analysis of a cohort of eight patients treated in the radiotherapy department at the Emir Abdelkader Cancer Center of Oran between January 2015 and December 2018.

The median age is 19.5 years, including 3 children (age 13 years), 4 young adults (30 years), and one patient aged 53 years. the sex ratio (male/female) is 1. The more common reason for consultation is the pain found in 75% of cases. The tumor is located at the femoral bone (2 cases), the pelvis (02 cases), tibia (2 cases), and one case in the shoulder and rib cage (1 case). the radiological average size of Tumor is 94mm. 75% of patients (06 cases) were treated with neoadjuvant or exclusive chemotherapy, and 50% patients were able to be operated on. Radiotherapy was used in 5 patients (62.5%), used essentially in the event of an inoperable tumor or non carcinological excision. The average follow-up is 14 months, allowed us to find 50% of local and metastatic relapses with 02 deaths.

Osteosarcoma is a very aggressive malignant tumor, surgery is currently the only curative therapy, while radiotherapy is reserved to palliative cases because of its radio resistance



**P125 Complete pathological response after neoadjuvant treatment in breast cancer: about 48 cases**

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Breast cancer is a real public health problem, and the first cause of death by cancer in the world, the objective of this work is to evaluate the therapeutic effect (pathologic complete response) after a neo-adjuvant treatment in the treatment of breast cancer.

We conducted a retrospective study on 48 files, over a period of 3 years between January 2020 and January 2023, we noted the epidemiological, histo-clinical, therapeutic data (chemotherapy, targeted therapy, surgery) and the histological response after neo-adjuvant treatment. In female patients with breast cancer at Annaba UH, medical oncology department.

The average age was 46, the most affected age group is between 40-50, 21% of patients had a history of high blood pressure, and 13% had breast cancer in the family. Non-specific infiltrating carcinoma was predominant diagnosed in 81% of patients, 75% SBR 2, 25% SBR 3, The tumor was located on the right breast in 59% of patients, on the left in 36%, bilateral in 05%, The immunohistochemical profile: luminal A 13%, Luminal B 27%, triple-negative 09%, luminal Her2 25%, Her2+ 26%, stage II in 72%, 2 metastatic patients (2 sites of bone metastasis asymptomatic) . All patients received multiple neoadjuvant chemotherapy, 8 cycles of sequential anthracycline taxane chemotherapy in 93% of cases, 50% were her2+ and received it with trastuzumab, 86% benefited from total mastectomy with

lymph node dissection; on evaluation of the histological response: 84% TANA, 16% TANB; pathologic complete response: 100% of cases on histo-pathological reports.

Breast cancer remains a deadly disease with an increasing incidence, mass screening and early diagnosis remain the best way to have curable forms; the objective of putting patients on neoadjuvant treatment is to obtain a complete histological response and to greatly improve the subsequent survival of patients.

**P126 Tumor profiles of elderly patients treated during 3 years at the Medical Oncology Department in SBA**

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As the elderly population continues to grow, understanding the tumor profiles of elderly cancer patients becomes crucial for tailoring effective treatments. This study delves into the tumor characteristics, treatment approaches, and outcomes among elderly patients receiving care at the Medical Oncology Department in SBA.

A retrospective analysis was conducted on clinical records of elderly patients aged 65 and above who underwent oncological treatment at the Medical Oncology Department in SBA between 01/10/2016 and 30/09/2019. Tumor types, histology, comorbidities, performance status, treatment modalities were scrutinized.

325 patients were treated, tumor distribution revealed a spectrum of malignancies: breast 83 patients (25.5%), colorectal 67(20.7%), lung 63 (19.3%),



stomach 41(12.6% ), prostate 33 (10.1%), pancreas 18 (5.5%) and various rare tumors 20 (6,1%). Median age was 75.6 years old. Patients aged between 65-69 years were more frequent 36%. Sex ratio was 1.25. Third of patients had one comorbidity and the quarter of them had 2 comorbidities. 65% of patients had a good performans status PS 0-1. Median time to diagnosis was 8.8 months for colorectal tumor, 5.7 months for lung, 5 months for stomach tumor. 63.5% of patients had metastatic disease with 24.5% of liver metestasis and 21% of lung metastasis. 63% of patients had surgery and 79% had chemotherapy.

This study provides a comprehensive overview of tumor profiles in elderly patients treated at the Medical Oncology Department in SBA. Tailored treatment approaches considering tumor characteristics, patient-specific factors, and geriatric assessments are pivotal for enhancing patient outcomes and quality of life. The multidisciplinary approach emerged as vital for well-rounded care.

**P127 Epidemiological profiles of cancer patients operated on in visceral surgery at CHUConstantine Algeria**

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Cancer of the digestive tract, which includes colorectal, liver, digestive tract and pancreatic cancer, is one of the most widespread cancers in Algeria. Colorectal cancer leads all other types, followed by stomach cancer, according to data from the national cancer registry run by the Institut National de la Santé Publique (INSP). The aim of this study is to

establish an epidemiological profile of cases of cancer of the digestive tract in the visceral surgery A of the university hospital of Constantine (CHUC), Algeria.

The main source of data was the medical records of patients managed in the visceral surgery A between January 2023 and March 2023. A total of 307 patients underwent digestive tract surgery. The data collected concerned patient identification and epidemiological characteristics. Data entry and analysis were performed on spss.

According to the results, malignant surgery accounts for 57.84% of cases. Colorectal cancer represented 19.60%, oesogastric cancer 11.76%. According to preliminary results, the mean age of patients operated on was  $52.2 \pm 16.5$  years, with a sex ratio of 2. And the incidence of malignant surgery varied significantly with age ( $p=0.001$ ). In our work, 80.6% of patients aged over 60 underwent malignant surgery, compared with only 19.4% of patients under 60.

Cancer of the digestive tract accounts for 25% of all cancers in Algeria, with an average age of 55, in contrast to Western countries, where the average age is almost 70.

**P128 Digestive neuro-endocrine tumors Diagnostic and therapeutic particularities Experience of the anti-cancer center CHU Annaba Algeria**

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Neuroendocrine tumors are a specific tumor entity by its rarity ( 1% of all digestive tumors) and its heterogeneity both clinical and biological. Their incidence, which has been increasing over

the last decades. It would be linked to the progress of endoscopic and radiological means of investigation.

retrospective study: it was to describe the diagnostic and therapeutic management of digestive neuroendocrine tumors at the oncology center of Annaba University Hospital Algeria, through a series of 43 cases.

23 women and 20 men with a sex ratio of 0.88. The average age of discovery was 59 years. The clinical presentation was dominated by unspecific digestive symptoms. Abdominal pain was the most common symptom present in 80% of the cases, vomiting by 9,3 %, carcinoid syndrome in 6, 97% of cases, digestive bleeding by 2%, and altered general condition 2% of cases. Small intestinal localization was the most common (30.2%), followed by pancreas (20.7%); Stomach (7.5%), ileocecal location (5.6%), rectal 5.6%, and other hepatic, gallbladder, ampulla of vater, colon, appendix and mesenteric sites were less common 3,8 % for each site, a peritoneal localization of an unknown digestive primitive in 5.6%. The majority of cases (64,5%) corresponded to well-differentiated NETs according to the OMS 2010 classification, with poorly differentiated CNE accounting for 35,5%. There were 8 patients with Ki67 20% (20,93%), and 12 missing data (27,90%), there were 11 grade 1 patients (25,58%), 11 grade 2 patients (25,58%), 8 patients grade 3 (18,16%), and 13 missing data (30,23%). A minority of patients 12 patients (27,90%) had a chromogranine A dosage. When the dosage was performed, it was positive in 64% of cases and negative in 36%. It is emphasized that despite an almost systematically recommend dosage, this is not carried out in the majority of almost

systematically recommend dosage, this is not carried out in the majority of cases 31 patients (72, 10%). CT scan was performed in 100% of patients. Ultra sound endoscopy was performed in 11, 62% of cases (cases). Octreoscan was performed in 16, 27% of cases (5 patients). concerning the metastatic status at diagnosis, 27 patients (62, 8%) were metastatic against 16 patients (37, 20%) non metastatic. Among the metastatic patients 20,93% had metastases only in the liver, 62,97% had a dual hepatic and peritoneal metastatic location, 2% bone metastases, and 13,95% other metastatic locations. 48,83 % of the patients had benefited from excision surgery of their primary tumors and 4,64 % from palliative surgery. Metastectomy was performed in one patient with secondary hepatic localization. However chemotherapy was used as a palliative treatment in 10 cases (23, 25%), the protocol of choice was CISPLATIN/ETOPOSIDE or CARBOPLATIN/ETOPOSIDE. Somatostatin analogues were prescribed in 15 patients (34, 88%). a combination chemotherapy /analogue of somatostatin in 4 patients (9, 30%). Targeted therapy was used in 9 patients (20, 30%). 5 patients had received only supportive care.

The comparison of our results with those of the literature led us to conclude that our patients were treated at an advanced stage of the disease. So it is very necessary to improve our diagnostic and therapeutic approach to digestive NETs



**P129** HPV typing in the Department of Pathological Anatomy Cytology of CHU ORAN: about a series of 142 HPV tests

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Persistent infection with oncogenic human papilloma viruses (HPV) is the necessary cause for the development of cervical cancer.

We analyzed at the level of the pathological anatomy cytology department of the CHU Oran 142 cervical samples with the Digene HC2 HPV DNA test and this together with a cervical smear (Papa Nicolaou smear) in order to identify women presenting a high risk development of cervical cancer.

Among the 142 cases analyzed: 6 patients are positive for high-risk HPV, 112 cases are negative and 24 cases present invalid tests to be redone.

FCU is a simple, non-invasive, economical and easy-to-perform means for the detection of precancerous lesions of the cervix. However, it is insufficient; molecular co-testing with the high-risk HPV test would increase the sensitivity and specificity of screening.

**P130** Appendiceal neuroendocrine neoplasms: about 5 cases during the year 2023

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Appendiceal NETs are well differentiated appendiceal epithelial

neoplasms that likely arise from neuroendocrine cells, Majority (80%) of cases found incidentally, such as after a surgery for acute appendicitis, they are the fifth most frequent gastrointestinal NET with an Incidence of 0.15 - 0.6 cases per 100,000 person years. Slight female predominance and highest incidence before the age of 40 years.

During the year 2023, our CHU Oran department received 5 appendicetomies following acute appendicitis. Anatomopathological examination revealed incidentally a well-differentiated neuroendocrine tumor.

In our series, the age range was from 18 to 39 years with an average age of 29 years, women were the most affected: 4 women for 1 man, all tumors were well differentiated grade 1 with a low proliferation index.

The results of our series are identical to those in the literature concerning age of onset, female predominance and accidental discovery, and show the role of the anatomopathologist in the diagnosis and staging of these tumors.

**P131** Efficacy and Safety of Locoregional Anesthesia in Patients Undergoing Breast Cancer Surgeries

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Breast carcinological surgery can be performed under locoregional anesthesia by infiltration of the total quadrant of the breast by the ropivacaine



and xylocaine. Our objective is to evaluate the interest of regional anaesthesia for certain patients at risk for general anaesthesia.

Prospective studies of 12 ASA II, III patients and risk of difficult intubation programmed for a surgery of ductal carcinoma infiltrating the subblock breast at the level of the visceral surgery department of CHU Constantine Algeria. Evaluation of the quality of anesthesia, Evaluation of post-operative pain, morphine consumption, Analysis of the duration of analgesia were noted.

Patients with difficult intubation, patient allergic to curare, patient with ischemic heart disease fe 32% and a patient with a history of cardiac arrest in the operating theatre. The interest of locoregional anesthesia is not limited to the reduction of post-operative pain but also to the Rapid Rehabilitation After Surgery (RAC), Recent scientific data show that patients undergoing breast cancer surgery who have benefited from locoregional anaesthesia, locally have fewer tumour recurrences, but also fewer metastases at a distance.

It is a simple technique of rapid realization made in single position for the anaesthetist and surgeon with a low risk of complication, This technique, which is both analgesic and anesthetic, improves the quality of management and reduces the use of morphine and the complication of general anesthesia.

***P132* epidemiology and clinical findings of metastatic colorectal cancer in the wilaya of Batna**

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Colorectal cancer is the third most common cancer in the world in both sexes, and in Algeria it is becoming increasingly frequent, becoming a major health problem. The aim of this study is to establish the epidemiological, anatomopathological and prognostic profile of metastatic colorectal cancers in the wilaya of Batna in eastern Algeria.

this was a retrospective study included 118 cases of metastatic colorectal cancer admitted in the OM CAC Batna department between 01/01/2020 and 30/12/2021, data were taken from patients' clinical records. Statistical analysis was performed using SPSS.

Colorectal cancer accounts for 12% of all cancers admitted to our department, and ranks 1st among digestive cancers (43.8%). Patients with metastatic CR cancers accounted for 39% of colorectal cancers of all stages. The mean age of our patients was 58 years, with a slight male predominance (sex ratio: 1.03), 75.5% of colorectal cancers were left-sided colon cancers, and 24.5% right-sided colon cancers, the disease was polymetastatic in 34% of patients, 29% with peritoneal carcinosis and 21.4% with liver metastases only. Classified according to resectability of metastases after RCP discussion as follows: 69.5% definitely unresectable, 24% marginally resectable and 6.5% of metastases were easily resectable. 56% of patients had a mutated RAS profile, 44% wild-type RAS with 1.7% mutated BRAF. 90% of patients received a first-line treatment based on chemotherapy + targeted therapy according to RAS status, after progression only a third (30.4%) of patients were able to receive a second line of treatment. 3rd line was possible in 4.5% of patients, Progression-free survival after 1st line treatment was 10.5 months for

wild-type RAS patients and 8.3 months for mutated RAS patients. Overall survival was 62% at 01 years and 41.5% at 02 years.

the incidence of colorectal cancer is on the rise in our region, around 40% of CRC are metastatic, and nearly 70% of metastases are never resectable, this certainly calls for further attention to epidemiological studies, preventive planning and training on cancer.

**P133 OPTIMIZATION OF ADJUVANT CHEMOTHERAPY IN COLORECTAL CANCER: ABOUT 29 CASES**

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The therapeutic management of colorectal cancer most often requires the association of two or even three anti-cancer agents. This could lead to the occurrence of side effects drugs that can interfere with this management. Chemotherapy optimization aims to properly conduct therapy by minimizing the occurrence of adverse events to improve patient compliance and quality of life. The objective of our study is to determine how can we optimize the management of colorectal cancer in adjuvant treatment in the day hospital or in outpatient in the oncology department of the CHU of Béjaïa.

Our study is a descriptive, retrospective, monocentric study; concerning patients with colorectal cancer treated with adjuvant chemotherapy at the oncology department of the CHU of Béjaïa. The study is spread over six months, from January 1, 2022 to June 30, 2022. The collection of information was carried out on an information sheet.

The final analysis of our study was performed on 38 patients. In our study, 29 patients were hospitalized in the HDJ between January 01, 2022 and June 30, 2022. All patients included in our study received adjuvant treatment. The most used protocol was FOLFOX (31.03%), followed by CAPOX (27.59%).

Personalizing therapies in oncology, mainly in colorectal cancer, makes it possible to optimize the management of this pathology. It is important to properly inform patients about their disease and the possible adverse events of the various treatments used to better manage their experience and improve their quality of life

**P134 CLINICAL IMPACT OF THERAPEUTIC APPROACHES USED IN PATIENTS WITH OVARIAN ADENOCARCINOMA**

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Ovarian adenocarcinoma is among the leading causes of death in women both of childbearing age and postmenopausal. It can be diagnosed at early or late stages. The silent progression of the tumor towards peritoneal or lymphatic metastases hinders the complete remission of patients. Therapeutic adjustment after relapses remains unpromising.

In this retrospective study, we analyzed the records of patients (27-75 years old) with ovarian adenocarcinoma at different stages of development (G1-GIV). These patients are received and monitored at the oncology department of the Khelil university hospital center Amrane in Bejaia between the period 2016-2023. The



impact of each therapeutic procedure was judged according to clinical, radiological and biological data.

Overall, we noticed that patients in stages G1- GIV show good short-term remission (06-12 months) following complete resection, sometimes enlarged, of the tumor (including bilateral adnexectomy- hysterectomy- attached intestinal parts) followed by cures adjuvant chemotherapy based on Paclitaxel- Carboplatin (stage GI and II) or Paclitaxel- Carboplatin - Bevacisumab (stage GIII and GIV). Relapses are observed in the context of certain metastatic tumors requiring the use of new therapeutic lines based on Gemcitabine or Irinotecan, the effectiveness of which varies according to the tumor and the general condition of the patient.

The introduction of new therapeutic procedures based on PARP inhibitors and immunotherapy could counter tumor progression promoting a better life expectancy in patients.

***P135* Radiation oncology in Jordan: A brief insight into the current practice and the challenges**

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Background Jordan is a developing nation with an estimated population of 10 million in addition to hundreds of thousands of refugees. Despite its location in a turbulent region, Jordan remains current with modern medical advancements, particularly in cancer care. Cancer is a significant challenge in the country, ranking as the second leading cause of death after cardiovascular

diseases. Based on the Jordan Cancer Registry, cancer cases surged from 8,400 in 2015 to 11,559 in 2020 which denotes a yearly growth of approximately 5.3% which donates to more than double the nation's average annual population growth during the same period. The 2018 report from the Jordan Cancer Registry highlighted that the top five cancers among Jordanians are breast cancer at 1,474 cases (20.8%), colorectal at 750 cases (10.6%), lymphoma at 477 cases (6.7%), lung at 458 cases (6.5%), and thyroid at 359 cases (5.1%).

This was a descriptive observational study in which data was collected directly from official reports and stuff working in different medical organizations in Jordan. Government of Jordan Department of Statistics and Jordanian Ministry of Health reports were used to gather epidemiological data. Interviews with the relevant individuals were used to gather information for each radiation treatment department.

Around 60% of individuals diagnosed with cancer undergo radiation therapy (RT) at some stage of their disease. Out of these, roughly 40% receive RT with the intent of cure. Historically, Jordan was a pioneer in the Middle East, introducing radiation therapy early on. Currently, five centers provide RT services in the country: four are government-owned and operated, while one is private. These facilities cater not only to Jordanians but also to individuals from neighboring and underserved countries. The table that follows provides details on the staff and equipment of these centers. Notably, the King Hussein Cancer Center (KHCC) in Jordan stands out as a leading facility. Equipped with state-of-the-art technology and a focus on holistic cancer care and



research, KHCC treats approximately 2,300 patients with RT each year. Radiation Therapy Centers

**P136 A retrospective study on endometrial cancer : About 51 cases and literature review**

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**Co-author's :** Aissa Ait Benamar  
Mohammed Oukkal

Endometrial cancer affects women between 50 and 80 years old, but its occurrence among women under 40 is on the rise. This malignancy is anatomically classified into two groups: endometrioid and non-endometrioid carcinomas. A new molecular classification, comprising four prognostic risk groups (p53, MSI, POLE, NSMP) has emerged to guide surgical management and adjuvant treatment approaches. This study presents a retrospective analysis of endometrial cancer cases at the Medical Oncology Department of UHC Benimessous.

The study involves a descriptive retrospective analysis of a cohort of patients admitted for endometrial cancer management during 3 years. Inclusion criteria encompassed patients with histologically confirmed localized, locally advanced, or metastatic endometrial cancer that received therapeutic management. Exclusion criteria consisted of cases with inconclusive medical records, lack of histological confirmation, or treatment abandonment. A total of 51 eligible cases were included. Data extraction from medical records was performed using a predefined form, capturing clinical, paraclinical, therapeutic, and outcome-related characteristics. Endometrial cancer diagnosis was

established through endometrial biopsy, and the staging was determined according to the updated FIGO classification.

From January 2020 to December 2022, 51 eligible cases were included in the study. The median age was 58 years, with four cases of endometrial cancer occurring before the age of 40. Nulliparity was observed in 38.7% of women, while 61.3% were multiparous. The most common presenting complaint was metrorrhagia. All cases were discussed in multidisciplinary Team (MDT), 48 patients (92%) underwent surgery and 3 patients (8%) were considered non-resectable due to upfront metastasis. Based on the FIGO classification and molecular profiling, the initial staging revealed 23 cases (45%) at stage IA, 09 cases (18%) at stage IB, 02 cases (4%) at stage II, 21 cases (42%) at stage IIIA, 02 cases (4%) at stage IIIB, 11 cases (21%) at stage IIIC, and 03 cases (6%) at stage IV. Histologically, 28 cases were endometrioid carcinomas, 07 cases were non-endometrioid carcinomas and 16 cases exhibited atypical findings on biopsy. The surgical procedures performed on the 48 cases included hysterectomy alone (21 cases at stage I), hysterectomy with pelvic lymph node dissection (04 cases) and hysterectomy with pelvic and para-aortic lymph node dissection (23 cases). 24% of cases received Paclitaxel/carboplatin based chemotherapy (06 cycles) combined with radiotherapy, while 25% underwent curietherapy alone. The overall mortality rate was 7%, with death occurring in 4 patients. All metastatic cases received palliative chemotherapy. Notably, one young patient at stage IA underwent a conservative treatment approach with biopsy by dilation and curettage every 3 months, transitioning to hysterectomy upon completing family planning.

The prognosis of endometrial cancer hinges on grade, histological type, and the presence of lymphovascular invasion. The new molecular classification (p53, MSI, POLE, NSMP) allows a better surgical management and adjuvant treatment modalities.

**P137** MANAGEMENT OF COMORBIDITIES IN CANCER DISEASES SERIES STUDY (ABOUT 180 BOXES)  
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More and more patients have cancer and associated comorbidity, We see and will see more and more patients with concomitant malignancy and diabetes, arterial hypertension, dyslipidemia..., initiating treatment for one disease should not expose risks related to other pathologies.

We carried out a descriptive and analytical study during the period from June 01, 2021 to June 01, 2022, this study focused on a sample of 180 cases of cancer patients hospitalized in the medical oncology department of the central hospital of the army DOCTOR MOHAMED SEGHIR NEKKACHE, Algiers, Algeria.

Our results agree with those of the various studies carried out in Algeria and in the world, namely the prevalence of diabetes which remains quite high and is estimated at 95%, arterial hypertension is found in 60% of cases, dyslipidemia is found in 40% of cases, the most common

canerous localization is breast cancer with 34% of cases.

The results of our study only reinforce the importance of the systematic search for associated comorbidities in cancer patients who remain a population at risk. And this in order to allow prevention, early diagnosis and appropriate care to improve symptoms, avoid complications and ensure a better quality of life for our cancer patients.

**P138** Diagnostic and therapeutic times for digestive cancers : expérience of the M'sila public hospital, Algeria  
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The diagnostics and treatment of digestive cancers requires multidisciplinary medico-radio-surgical approach. Objective: study the delays in the diagnostic and therapeutic management of digestive cancers and identify the factors influencing these delays in order to subsequently improve the management of these patients

33 patients treated for digestive cancers between 2021 and 2023 and monitored at the medical oncology department of public hospital establishment M'sila and for which a specific anticancer treatment, curative or palliative, was implemented

-the diagnostic, therapeutic and total times were 11.39 days, 61.66 days and 71 days respectively -the diagnostic delay for cancers of the digestive tract, pancreas and bile ducts were 06.31 days, 08 days, 29.16 days respectively - treatment delays for chemotherapy, radiotherapy and surgery were 49.36 days, 86.2 days, and 59.7 days respectively



the diagnostic delay IS thé delay between the imaging and the pathology report of the biopsie, the therapeutic delay is the delay between the pathology report of the biopsy and the initial treatment - thé diagnostic delay for cancers of the pancreas and bile ducts was longer than for cancers of the digestive tract. which agrees with the data in the littérature but with a longer delay -treatment delays for cancers of the rectum and esophagus were the longest. which agrees with the data in the literature but with a longer delay -the Factors influencing the delays in Access to diagnosis and treatment are above all the tumor location, thé type of initial treatment and thé multiplicity of stakeholders.

**P139 Primary digestive tract lymphoma in east region of algeria: a rectospective study with emphasis on pronostic factors and traitemet outcome**

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The study was initiated to obtain epidemiologic data and information on anatomic and histologic distribution, clinical features, prognostic factors and treatment results in patients with primary gastrointestinal non-Hodgkin's lymphomas (PGI NHL).

We carried out analysis of 55 patients of PGI NHL during the time period from august 2021 to august 2022 at the Clinical Oncology Department, Constantine University Hospital to evaluate clinical features and treatment outcome.

The median age was 51 years and a sex ratio 1.89. Abdominal pain (72%) followed by vomiting and thinness (30 and 14%) were the most common symptoms. A total of 80% of patients had gastric NHL (PGL). Within the intestine, the small bowel and the ileocecal region were involved in 7.27% and 5.45% of the cases, respectively. Multiple gastrointestinal (MGI) involvement was in 1.81%. Approximately 63.63% of the PGI NHL was in stages I/II. Fifty percent of PGL were of large B-cell lymphoma type. 42 patients had chemotherapy with an objective response rate of 52%. Only 21% of patients had surgery. The median overall survival time was 7.4 months. Age, performance status, Ann Arbor stage, and LDH serum level were the most important significant prognostic factors. Compared to gastric lymphomas, intestinal cases occurred at a younger age, frequently with diarrhea, weight loss, and occlusion. They are more often high-grade, T phenotype and surgery is more common in this group

Stomach is the main site of PGIL in our region, intestinal lymphoma is less frequent. Recent progress in chemotherapy has allowed good therapeutic results with a conservative approach. Surgery may be performed in case of emergency or for residual lesions after medical treatment.

**P140 Pronostic factors in metastatic colorectal cancer in east of algeria: a rétrospective study of 80 patients**

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Colorectal cancer (CRC), is a public health problem in Algeria, 1st digestive

tumor localization, 3rd cancer in the world, 2nd in women after breast cancer, 3rd in men after lung and prostate cancer, There are many clinical, biological, genetic, and tissue-derived prognostic factors for CRCs. In this study, we evaluated prognostic factors in patients who were metastatic at diagnosis or progressed to metastatic disease during follow-up.

Survival data of 76 metastatic CRC patients handled in department of medical oncology in Constantine university hospital from August 2019 to August 2022 were collected and analyzed by univariate analysis and Cox proportional hazard regression model. All data were recorded using a standard data form and analyzed using SPSS version 22.0. Survival curves were calculated by the Kaplan-Meier method. The parameters evaluated were age, gender, body mass index (BMI), performance status (PS) at the beginning, location of the primary tumor, site and number of metastases, RAS status, chemotherapy regimen, response to first-line treatment and expression of tumor predictors (CEA, CA19-9).

Median age was 58 (20-86) years and the male/ female ratio was 1.1. 18 patients had tumor in the right colon, 13 in the left colon, and 37 in the rectum. 53 patients were operated, and only 5 of them underwent metastasectomy. 61 patients received targeted therapy. Statistical univariate analysis showed the positive impact of: younger age (25), better initial PS, absence of hepatic Metastasis, good response to first-line treatment and normal tumor predictor (CEA, CA 19-9) levels; while in multivariate analysis, overall survival rate was significantly better with the patients who don't have hepatic metastasis, although whom have benefitted from the first-line

therapy and whose tumor marker (CA 19-9) was not elevated.

Among the patients with metastatic CRC, those who benefited from first-line therapy, had good PS, without metastatic liver disease and had low CA 19-9 levels before the first-line therapy, showed better prognosis independent of other factors

***P141* Histoprostic factors of female breast cancer patients in Sidi-Bel-Abbes region, northwestern Algeria**

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Breast cancer constitutes a major public health issue in women worldwide. It is a heterogeneous disease encompassing different types and multiple classifications that show considerable variation in clinical behavior and therapeutic responses, and numerous prognostic factors play a principal role in breast cancer diagnosis and tumor behavior prediction. The current study aimed to determine the histoprostic factors of breast cancer in women from Sidi-Bel-Abbes region, northwestern Algeria.

A descriptive retrospective study was performed by reviewing data records of 118 females' breast cancer patients who underwent a mastectomy or tumorectomy at the level of the maternity hospital of Sidi-Bel-Abbes region, during the period 2020-2022. All data were analyzed using the SPSS 22.0 software.



The most common histological type was invasive ductal carcinoma (77.1%), followed by invasive lobular carcinoma (12.7%), SBR grade II was mainly found in 65.3% of cases, 28.8% of cases were SBR grade III, and 4.2% of cases were SBR grade I. According to TNM (Tumor Node Metastasis) classification, T2 was the main tumor size (64.4%, patients with positive lymph nodes accounted for 49.2% of cases, and 3.4% of patients had metastatic disease at diagnosis (M1).

Breast cancer is mainly diagnosed at an advanced stage and is characterized by aggressive behavior, which predicts a poor prognosis in our region. Thus, early diagnosis can lead to a good prognosis and a high survival rate for patients.

**P142 A retrospective descriptive study of breast cancer risk factors among women in northwestern Algeria**

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In Algeria, breast cancer represents the most common malignant tumor and the main cause of cancer death among women. It is a complex and multifactorial disease, in which there are various factors such as age, reproductive, family history, lifestyle, environment and genetics can affect breast cancer development. The current study aimed to determine the risk factors for breast cancer in women from Sidi-Bel-Abbes region, Northwestern Algeria.

A descriptive retrospective study was carried out by reviewing data from the medical records of 118 females breast cancer patients who underwent a mastectomy or tumorectomy at the level of the maternity hospital of Sidi-Bel-Abbes, in the period 2020-2022, and all data were analyzed using the SPSS 22.0 software (Statistical Package for the Social Sciences, IBM Corporation; Chicago, IL. August 2013).

The mean age at diagnosis was  $52.92 \pm 13.69$ , ranging from 27 to 108 years old with the most affected age group was 38-48 years (32.2%). The majority of patients were married women (88.1%) while about 10.2% were single. 82.2% of cases living in urban areas. The most common diseases recorded in patients' personal medical history were hypertension (23.7%) and diabetes (17.8%). A slight proportion of patients (9.3%) had a family history of cancer. Furthermore, the mean age at menarche was  $12.47 \pm 0.73$  years with the majority of patients having their first menstrual period at the age of 12 years old (61.9%). 53.4% of cases were postmenopausal, 12.7% of patients were nulliparous, and of 95 parous women (80.5%), 73 (61.9%) had three or more children.

In our region, breast cancer is mainly diagnosed in younger and middle-aged women, and numerous risk factors such as age, reproductive, breast benign diseases, diabetes, hypertension, and family history can increase the risk of developing breast cancer. Therefore, Better identification of breast cancer risk factors and the biological mechanisms in which they are involved can be effective in improving breast cancer prevention and early detection.

**P143 Anastrozole as first-line treatment in patients with metastatic breast cancer with hormone receptors positive and Her2neu negative**

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Introduction: Breast cancer is a major public health problem in the world by its frequency. About 75% of breast cancers are RH+HER-. Since the 1980s, hormone therapy has been used in the treatment of this subtype in a metastatic situation. It remains the standard first-line treatment in the absence of visceral crisis. Several studies have assessed the efficacy and tolerance of anastrozole, confirming its interest in postmenopausal patients with hormone sensitive advanced breast cancer, with median progression-free survival ranging from 11 to 13 months. Objective: the objective of our work was to study the efficacy in terms of progression-free survival (PFS) of anastrozole as first-line treatment in patients with locally advanced and/or metastatic breast cancer with hormone receptors positive and Her2neu negative.

To meet these objectives, a prospective observational study was conducted over a period of 5 years, from January 10, 2016 to February 3, 2021 in the Medical Oncology department of Oran. Patients over 18 years of age were included, all with locally advanced and/or metastatic hormone receptor-positive breast cancer and not overexpressing HER2Neu. Patients received anastrozole 1mg/day until confirmed disease progression. In premenopausal patients eligible for study treatment, chemical ovarian suppression with an LHRH

analogue was used at a rate of one injection every 28 days.

We included fifty-four patients with a median age of 57 years (range, 36-75). Eighty seven percent of patients had a performance status score of 0-1. Stage IV de novo was predominant (52%). All patients with recurrence were hormone sensitive. Forty-two patients had bone involvement (77.8% cases) and 35 patients had visceral involvement (64.8% cases). Metastatic sites were multiple in 31 patients (57.4% cases). Overall, we administered for all patients, anastrozole 1mg daily until confirmed disease progression. Forty-nine patients (91%) had received treatment continuously. The median duration of treatment administration was 15 months (range 1-47 months). After a median follow-up of 21.5 months, the median PFS in intent-to-treat patients was 17 months (95% CI, 12.66–21.33) with a PFS rate of 1 year and at 3 years of 69.3% and 15.1% respectively. The objective response rate was 20.4% (95% CI: 11.1-31.5) with a median duration of 25 months (11-34 months). The clinical benefit rate (CR+PR+SD≥24 weeks) was 83.3%. The median overall survival in intent-to-treat patients was 48 months (95% CI, 28.18-67.81), with a 3-year and 5-year OS rate of 59% and 38%, respectively. Musculoskeletal manifestations were the main toxicity. Grade 3 toxicities were: arthralgia (1 case) and hypertension (1 case). Thromboembolic events were noted in 3.7% of cases. Among the thirty-seven patients with at least one symptom before the start of anastrozole, clinical benefit was obtained in 31 of them, representing 83.8% of cases (57.4% of the overall population). This benefit was more frequent on pain.



Anastrozole is effective in first-line treatment in patients with RH+HER2Neu breast cancer with an acceptable safety profile. Keywords: metastatic breast cancer, RH+HER2-, endocrinotherapy, anastrozole.

**P144 DIAGNOSIS DELAY AND  
PREDICATED FACTORS OF LIBYAN  
WOMEN WITH BREAST CANCER**

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To investigate the causes of delay in diagnosis in breast cancer (BC) and to identify the factors that promote this delay and their impact on disease stages.

400 women aged 19-80 years diagnosed with BC in 2020-2021 were interviewed about the period between the first appearance of symptoms and the final histological confirmation of the diagnosis of BC. Based on the time between symptom discovery and final histologic diagnosis of BC (diagnosis-related time, DRT), our BC cohort was divided into 3 groups: (A): 6 months. All retrospective preclinical and clinical data were collected by interviewing consenting BC patients and from their medical records.

The median DRT was 6 months and the maximum was 25 months. In 40.5% of patients, the diagnosis was made in a period of less than 3 months after the onset of symptoms, and in 10.3% of patients in a period of 3 to 6 months. 49.2% of patients were diagnosed in a period longer than 6 months. The patient-related delay time was determined by

several factors: Symptoms were not considered serious enough in 18% of patients. Alternative therapies were used in 17.7% of patients, and fear and shame prevented patients from seeing a physician in 7.7% and 4.3%, respectively. Patient-related delay time was also related to advanced age (p 0.0001), rural residence (p 0.0001), illiteracy (p 0.0001), comorbidity (p 0.0001), women who had taken the pill for more than 5 years (p 0.0001), with unawareness of BC (p 0.0001), with women who reported no monthly self-examination (p 0.0001), with initial breast symptoms that did not include a lump (p 0.0001), and with a history of benign fibrocystic disease (p=0.049). Physicians' failure to act on the present findings and inappropriate reassurance that the nodule was benign was an important reason for prolonging the systemic treatment period. At the time of diagnosis, the distribution of stages was as follows: 13.0% stage I, 27.5% stage II, 47.2% stage III, and 12.3% stage IV. Diagnosis-related delay time was associated with larger tumour size (p 0.0001), positive lymph nodes (p 0.0001), and higher rates of advanced stages (p 0.0001).

The association between late diagnosis and advanced stage is highly statically significant in our study. Late diagnosis of BC in Libya is still a major health problem. Late diagnosis is related to a complex interaction between patients and systemic predisposing factors leading to a high risk of advanced stage with lower survival. Therefore, public awareness and general practitioner training programs are strongly recommended to reduce BC mortality rates by promoting early detection.

**P145 The Effectiveness of a counseling program to reduce psychological stress among Women with breast cancer in Aden City/Yemen-2023**

**Author : Holda Abdulgabbbar Ahmed  
Almansoob NOC-AdenYemen**

Breast cancer is one of the diseases that cause psychological stress in women, its presence creates a kind of anxiety and fear, especially with the use of chemo and radiotherapy doses that increase hair loss and fading of the outer skin of women, which is what most women do not like about their external appearance, which exacerbates the matter and increases psychological pressure they have

The current study aims to know the effectiveness of a counseling program to reduce psychological stress among women with breast cancer in the National Center for Oncology in Aden. The primary study sample consisted of (40) randomly chosen patients. The selection of (20) female patients who obtained the highest scores on the scale, through the application of an indicative program for pre- and post-measurement on the female patients Aden. The researcher used two tools to verify the validity of the question: a behavioral guidance program and a psychological stress scale, both of which were prepared by the researcher, and she followed the semi-experimental and descriptive approaches in her study.

There was the arithmetic mean of the degrees of psychological stress in a sample of women with breast cancer in the pre-measurement of (2.92) with a relative weight of (73%) indicates that they suffer a level of severe psychological stress, i.e. before entering the behavioral counseling

program, but through the arithmetic mean of the degrees, The psychological pressures of a sample of women with breast cancer in the post-measurement of (2.16) with a relative weight of (54%) indicates that their level of psychological stress is medium after entering the counseling program, with a large difference in the relative weight of (19%).

After analyzing the results of the study, the following conclusion was reached the behavioral counseling program proved its effectiveness and positive impact in reducing psychological stress among women with breast cancer at the NOC of Aden.

**P146 BRONCHO-PULMONARY CANCERS, ABOUT A SERIES OF 100 CASES**

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Brocho-pulmonary cancer is the most common cancer in the world. It is the leading cause of cancer mortality. The prognosis is bleak with a 5-years survival estimated at less than 10% due to late diagnosis. The objective of the work is to carry out a descriptive epidemiological and histopathological study to highlight the extent of morbidity of bronchopulmonary cancers.

This is a series study of 180 cases of primary bronchopulmonary cancers collected in the Department of Anatomy and Cytology Pathologies at the Sidi Bel Abbes Hospital University from January 2010 until December 2020.

The diagnosis was made on biopsies in 117 cases (66%), pleural fluid in



61 cases (33%) and surgical specimens in 02 cases (01%). There is a clear male predominance, 73% for the male and 27% for the female. The distribution by age shows a peak frequency between 68-77 years with extremes ranging from 24 years to 82 years. Histopathologically non-small cell lung cancer (98%) predominates largely in small cell lung cancer (02%). Squamous cell carcinomas (79%) and adenocarcinomas (17%) are the most frequent.

This study gives an overview of the distribution of lung cancers in the Department of Pathology at the Sidi Bel Abbés Hospital-University, which declares late, hence the importance of developing a screening program and appropriate management for those with advanced cancer.

**P147** **Diagnosis Delay and Predicated factors of Libyan women with breast cancer.**

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**Co-author's :** Mamduh Gaber, Abuageila Atneisha , Fakraia Omar, Salem Elsehab Mohamed Elfagieh, Magbula Kaziri , Adem Elzaghid, Mourad Assidi, Abdelbaset Buhmeida

To investigate the causes of delay in diagnosis in breast cancer (BC) and to identify the factors that promote this delay and their impact on disease stages.

400 women aged 19-80 years diagnosed with BC in 2020-2021 were interviewed about the period between the first appearance of symptoms and the final histological confirmation of the diagnosis of BC. Based on the time between symptom discovery and final histologic diagnosis of BC (diagnosis-related time,

DRT), our BC cohort was divided into 3 groups: (A): 6 months. All retrospective preclinical and clinical data were collected by interviewing consenting BC patients and from their medical records.

The median DRT was 6 months and the maximum was 25 months. In 40.5% of patients, the diagnosis was made in a period of less than 3 months after the onset of symptoms, and in 10.3% of patients in a period of 3 to 6 months. 49.2% of patients were diagnosed in a period longer than 6 months. The patient-related delay time was determined by several factors: Symptoms were not considered serious enough in 18% of patients. Alternative therapies were used in 17.7% of patients, and fear and shame prevented patients from seeing a physician in 7.7% and 4.3%, respectively. Patient-related delay time was also related to advanced age (p 0.0001), rural residence (p 0.0001), illiteracy (p 0.0001), comorbidity (p 0.0001), women who had taken the pill for more than 5 years (p 0.0001), with unawareness of BC (p 0.0001), with women who reported no monthly self-examination (p 0.0001), with initial breast symptoms that did not include a lump (p 0.0001), and with a history of benign fibrocystic disease (p=0.049). Physicians' failure to act on the present findings and inappropriate reassurance that the nodule was benign was an important reason for prolonging the systemic treatment period. At the time of diagnosis, the distribution of stages was as follows: 13.0% stage I, 27.5% stage II, 47.2% stage III, and 12.3% stage IV. Diagnosis-related delay time was associated with larger tumour size (p 0.0001), positive lymph nodes (p 0.0001), and higher rates of advanced stages (p 0.0001).

The association between late diagnosis and advanced stage is highly statically significant in our study. Late diagnosis of BC in Libya is still a major health problem. Late diagnosis is related to a complex interaction between patients and systemic predisposing factors leading to a high risk of advanced stage with lower survival. Therefore, public awareness and general practitioner training programs are strongly recommended to reduce BC mortality rates by promoting early detection.

**P148 Solid Pseudopapillary Tumor of the Pancreas, A Case report of a rare pancreatic tumor**

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Pseudopapillary solid tumour of the pancreas (SPT) is a rare neoplasm of the exocrine pancreas with low malignant potential that most commonly affects young women.

We report the case of a 37-year-old woman who presented with an abdominal mass over the left hypochondrium, imaging concluded to be a cystic tumour of the pancreatic tail. The patient underwent a caudal splenopancreatectomy. Macroscopic examination of the surgical specimen revealed a multilocular cystic formation with serous content.

The pathological examination allowed the diagnosis of a SPT due to the pathognomonic microscopic aspects and the nuclear positivity of the tumour cells to the anti-B catenin antibody

SPT is a low-grade epithelial neoplasia. The histogenesis is still unknown and the prognosis is excellent after surgical removal.

**P149 Importance of quality control in mammography**

**Author :** Louelh Ryma , Hopital Chahids Mahmoudi Algeria

**Co-author's :** A.Arab, S.Ait chikh, B.Metchat, L.Boumaza, S.Bencheikh, A, Toutaoui

With nearly 14,000 new cases each year, breast cancer is the most prevalent type of cancer in Algerian women, occurring on average nearly twenty years earlier than in Western women, and affecting women in their early forties[1]. The first step, as in every pathology, is diagnosis, and the most appropriate and relevant examination is mammography; unfortunately, almost 20% of examinations carried out, whether as part of screening campaigns or routine examinations, are false negatives[2], this delays the diagnosis, and the risk incurred is reaching treatment at an advanced or even metastatic stage. It is for these reasons that mammography quality control is an obligation.

A GE SENOGRAPH Essential ""APPOLON"" mammography unit installed at Chahids Mahmoudi Hospital and two phantoms simulating the breast with two different approaches: - CIRS MODEL 18-222 which has a well-defined geometry and parts that allow global control of the mammograph. - PURE B. Simulate which presents a realistic structure of the mammary gland with four artifact groups ranging from 106 to 354 microns. Both phantoms were imaged with the mammograph using the same acquisition protocol. For data analysis, the images obtained were first presented to several radiologists, to overcome the constraint of inter-operator subjectivity. The data is then analyzed using software, using two international protocols to



evaluate the results: IAEA Protocol[3] and ACR Protocol[4].

The results obtained for the CIRS phantom are almost the same for all radiologists, giving us a quantitative assessment of our imaging system, whether on film or monitor. For the PURE B. Simulate phantom, we can distinguish two different results depending on the medium used: On film, it's a negative mammogram, with no distinction of lesions. Whereas on the digital image presented on monitor with the possibility of changing brightness and contrast, on average two out of four clusters of microcalcification were identified.

For the CIRS phantom, the results obtained with the two analysis systems show that mammography quality control is within the recommended tolerance, in contrast the analysis of the PURE.B Simulate phantom's image led to a false negative result, highlighting the importance of using both phantoms for mammography quality control. The PURE.B Simulate phantom lets you put yourself in a real-life situation, and look for lesions in the middle of a mammary gland. Microscopic calcifications were only visible after image processing, and particularly the smallest cluster, which is not very visible. This phantom clearly demonstrates the superiority of digital imaging in enabling better diagnosis under conditions as close as possible to reality."

**P150 Optimization of MRI image acquisition parameters for the stereotactic radiotherapy**

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**Co-author's :** HAMEDI Kamel , TOUTAOUI Abdelkader - LOUELH Ryma - AIT CHIKH Sounya - BENCHEIKH Samir

Stereotactic radiosurgery (SRS) is a modern treatment modality that involves delivering high doses of radiation with submillimetric precision to tumor lesions or specific anatomical targets using of small-sized beams 30 mm [SFPM 35], while minimizing exposure to surrounding healthy tissues. The precision required by this treatment technique demands meticulous contouring of the target volumes to be treated and the organs at risk to be preserved. In this context, the use of the Magnetic resonance imaging (MRI) as an imaging tool in the countering of SRS treatment has become crucial. In comparison to other imaging modalities such as computed tomography (CT), MRI offers excellent contrast within soft tissues, enabling better visualization of certain pathologies and allowing for precise delineation of these. However, the susceptibility of this imaging modality to geometric distortions hinders its optimal use in the planning of stereotactic radiotherapy.

this work released in the Chahids Mahmoudi hospital aim to find a way to optimize the acquisition parameters of a 3 Tesla GE MRI images in order to minimize these geometric distortions and obtain usable images for stereotactic radiotherapy. And to quantify various image parameters such as signal-to-noise ratio, spatial resolution, as well as geometric distortion, all of this with standard acquisition parameters on and optimized parameters using specific and modified phantoms.

**P151 Preventive Gynecology: Novel Approaches to Reduce the Risk of Gynecological Cancers**

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Gynecological cancers pose a significant health challenge for women worldwide, with varying incidence rates across regions. Preventive gynaecology has gained momentum as researchers and clinicians seek innovative strategies to mitigate the risk of developing these malignancies. This presentation delves into the context, methodology, findings, and conclusions of the latest research on preventive approaches in gynaecology to reduce the risk of gynaecological cancers.

This presentation is based on a comprehensive review of recent literature, clinical trials, and epidemiological studies about preventive approaches for gynaecological cancers. A systematic search was conducted across medical databases, yielding a wealth of relevant publications. Various preventive strategies were analyzed, ranging from lifestyle modifications and chemoprevention to genetic counselling and early detection through screening.

The review highlighted a range of promising approaches to reduce the risk of gynaecological cancers. Lifestyle modifications, such as maintaining a healthy weight and engaging in regular physical activity, emerged as fundamental strategies that modulate hormonal influences and metabolic pathways linked to cancer development. Chemopreventive agents, including hormonal therapies and targeted drugs, demonstrated potential in mitigating cancer risk, although their long-term safety and efficacy require further investigation. Additionally, genetic counselling and testing advancements empower individuals with genetic predispositions to make informed

decisions regarding risk-reducing surgeries and intensive surveillance. Incorporating emerging technologies in screening, such as liquid biopsies and molecular markers, offers new avenues for early detection and intervention.

Preventive gynaecology represents a promising frontier in the battle against gynecological cancers. A multidisciplinary approach encompassing genetics, lifestyle modifications, chemoprevention, and early detection strategies can significantly reduce the incidence and burden of these malignancies. Continued research, collaboration, and public health initiatives are essential to translating these novel approaches into effective preventive measures for at-risk women. By embracing these strategies, we can move closer to a future where the impact of gynaecological cancers is substantially diminished, improving women's overall quality of life and well-being.

**P152 Testicular cancer, diagnostic and therapeutic particularities , experience of the medical oncology department  
Annaba Cancer Center.**

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Testicular tumors: retrospective study of 23 cases from the medical oncology Annaba Testicular cancer represents 1% of adult neoplasm's and 5% of urological tumors . At diagnosis 1-2% of cases are bilateral and the predominant histology is germ cell tumors (GCT) 90 -95 of cases . Cryptorchidism is the main risk factor for testicular cancer. Multidisciplinary care can improve survival rates, and the prognosis is generally good, especially for localized tumors.



We report a retrospective study of 23 patients with testicular cancer treated in medical oncology department Annaba from 2019 to 2023 .

The average age of our patients is 22 to 76 years. The most common symptom in our patients was abdominal pain, which occurred in 15 patients ( 65 % ) , followed by testicular enlargement in 5 patients ( 21 % ) , Two patients had a hydrocele , and one patient was diagnosed after a scrotal trauma. All of our patients undergo scrotal ultrasound 100% . 17 patients( 74 % ) were diagnosed with an early stage tumor, while 6 patients had a metastatic tumor. Pure seminoma was the most common histological type in 14 cas ( 60 % ) , followed by non-seminoma tumors : 4 yolk sac tumors, 2 spermatic cord tumors, 1 embryonal carcinoma, 1 mixed germ cell tumor, and 1 epididymal adenocarcinoma . The LDH level is elevated in 54% of cases, BHCG is elevated in 3 % of cases, and alpha FP is elevated in only 4 patients . The management of our patients is discussed in the multidisciplinary tumor board (MDT) in 100% of cases. Surgical management was the most common approach, occurring in 99% of cases (orchidectomy). Only one patient was a candidate for supportive care. 07 (30%) patients received surveillance, 09(39%) patients received adjuvant chemotherapy, and 06 (26%) received palliative chemotherapy. The protocols used varied depending on the stage, ranging from a single course of carbopatine in two patients to four courses of BEP or EP. Tolerance was generally good.

Testicular cancer is the most common cancer in young adults (98% of our patients). The prognosis is linked to the stage of diagnosis (74% of our patients are at an early stage). The management depends on the histological type, the stage, and the tumor markers. The discussion in the multidisciplinary tumor board (MDT) (100% of our patients) allows

us to propose the best personalized therapeutic plan for each case."

*P153*

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Prostate cancer is the most frequent cancer in men. The etiology is still unknown, but many environmental and occupational factors have been suggested in the pathogenesis of such cancer. Many studies have focused on agricultural workers and pesticides exposure. The aim of this study was to determine environmental and occupational risk factors in the development of prostate cancer.

a case-control study has been conducted by January to July 2023. Controls were age-matched. We determined crude odds ratios and confidence interval of 95% using logistic regression.

Fifty eight prostate cancer histologically diagnosed and 50 controls were enrolled in this study. Mean age at diagnosis was  $71,76 \pm 8,25$  years, with minimum 49 and maximum 90 years old. No significance has been found with smoking, cereal or corn crop having a garden in the house. However, rural residence, and living in a farm where risk factor of prostate cancer with OR 2,956, 95%CI (1,291-6,768),  $p=0,009$ , and OR

2,260, 95%CI (1,044-4,893),  $p=0,037$  respectively. Occupational risk factors represented by picking grape and pesticides use were also associated with prostate cancer respectively OR 2,76, 95%CI (1,090-7,003) ;  $p=0,029$  ; and OR 4,433, 95%CI (1,969-9,984) ;  $p=0,000$ .

This study has shown association of prostate cancer and environmental risk factors as rural residence and living in a farm in one hand. Occupational factors such as pesticide exposure in agricultural fields and picking grapes in the other hand. Such results have been reported by many authors. Other studies are necessary to determine which specific chemical types are implicated in prostate cancer.

**P154 Management of Recurrent ORL Cases: Dosimetric Study and Quality Control of a Nasopharyngeal Carcinoma Case**

**Author :** AIT CHIKH SOUNYA HOPITAL CHAHIDS MAHMOUDI Algeria  
**Co-author's :** Ryma Louelh Dr DRIF BOUALEM , BILLEL METCHAT , SAMIR BENCHEIKH , TOUTAOU ABDELKADER

The management of recurrent nasopharyngeal carcinoma presents a complex clinical challenge. It is important to note that each case of recurrence is unique, and the treatment plan will be specifically tailored to the clinical situation of each patient. Managing cancer recurrences is complex, involving meticulous contouring and a precise, detailed dosimetric evaluation of the recurrence, using advanced treatment planning techniques to determine the best treatment strategy. It is crucial to ensure that the recurrence is accurately targeted while minimizing doses to surrounding healthy tissues, taking into consideration the previous treatment received.

In our study, we present the case of a patient with recurrent nasopharyngeal carcinoma who had already received a dose of 70 Gy two years ago. Currently, the patient is admitted to Chahids Mahmoudi Hospital for re-irradiation. A simulation CT scan is performed using a dedicated thermoformed mask for the stereotactic technique. Image fusion with MRI has been used to delineate the target volume and organs at risk. A treatment plan is proposed following the published recommendations for re-irradiation of head and neck cancer. Quality control of the treatment plan is carried out, and validation with the radiation oncologist is conducted. During treatment setup (and daily), imaging is performed using the Extract system to ensure the precise positioning of the patient.

For now, there are no side effects emerging, and there is no ocular blindness.

An improvement in his condition has been observed, and a follow-up appointment is scheduled.

**P155 Breast Cancer in Borj Bou Aridj (BBA), Algeria: an epidemiological profile from hospital in BBA.**

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Breast cancer is recognized as a major public health problem in developing countries. The aim of this study was to investigate the epidemiological and to assess principal characteristics of breast cancer in Borj bou aridj, Algeria.

Retrospective study focused on patients diagnosed with breast cancer (BC) in the period from 01 January 2020 to 31



august 2023 in whom therapy was initiated at oncology unit (Hospital of BBA).

In total, 159 cases of BC confirmed were included in this study. The age at diagnosis for the cases ranged from 27 to 94 years; with a mean of 52.49 (SD = 12.47) years. 45–54 years old were most affected (34%). Many breast cancer patients have coexisting chronic diseases or comorbidities at the time of their cancer diagnosis, specifically obesity (47%), diabetes, and hypothyroidism. 46% had a family history of cancer. The most common morphology of breast cancer was invasive ductal carcinoma (72%). Scarff Bloom Richardson II was the main (70%) grade. HR-positive/HER2-negative BC was more frequent, followed by HR-negative/HER2-negative. 32% of patients benefited from surgical treatment first before oncology consultation Patients presented with: T2: (40%), and mostly (32%) had T4 tumor, (88%) were T4d. Diagnoses at stage III was the more frequent. The frequency of stage IV was 25.8% (27%) of patients were treated with primary surgery followed by adjuvant chemotherapy. Radical mastectomy was performed in 89%. Participants also had the following treatments: adjuvant chemotherapy (52.5%), Neoadjuvant Therapy (29%).

Most of the women studied developed the disease in advanced stage. However, Most of them were treated with primary surgery followed by adjuvant chemotherapy. These findings may be helpful in developing screening and diagnostic strategies. Keywords: Breast cancer, Women, Epidemiology, Borj Bou Ariridj, Algeria.

**P156 Epidemiological profile of colon cancer : A retrospective study 2022-2023.**

**Author :** Saadali Fatima Zohra EPH  
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Colon cancer is a common cancer it's the second cancer in Algeria, it's a public health problem, early diagnosis allows to receive a curative treatment, the therapeutic choice depends on the tumor location, the stage of the disease and the molecular biology (RAS testing and MSI).

A retrospective study of 24 patients with colon cancer treated and followed up in our unit of medical oncology of the EPH of Ghardaia during a period of two years from January 1st, 2020 to September 1st, 2023, we were able to classify each tumor according to its site, the stage of the disease as well as the RAS testing.

The average age was 67.5 years (27-80), with a female predominance of 70% against 30% of men, the most frequent tumor site was digestive (90%) (intestinal (50%) pancreas (20%) colon (20%) and pulmonary (10%). The most frequent histological type was TNE 90%, CNE 10%. Histological grade: G1 (10%) G2 was predominant (70%) G3 (20%), Ki67:  $\leq 3\%$ : 10%, 3-20%: 70%,  $\geq 20\%$ : 20%, IHC: Chromogranin and Synaptophysin: were positive in 80%, Disease stage: Located 10%, Metastatic 90%, Treatment: 30% of patients have benefited from surgical treatment including 10% on the primitive and 20% on the primitive and metastases. 70% received chemotherapy including 50% Capecitabine Temozolomide somatuline, 20% etoposide Carboplatine, and 20% received Somatuline alone, the therapeutic evolution was: a partial response in 40%, stability in 20%, progression in 30% and death in 10%.

Colon cancer is a common cancer of which the treatment depends of stage of the disease, The management must be multidisciplinary.

**P157 Rectal plastic linitis: 03 cases report.**

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**Co-author's :** S. Gacem, S. Benachour, N. Ait Benamer CHU Blida

Plastic linitis/cat ring rectal cancer is an uncommon histological variant, accounting for less than 1/1000 of all colonic and rectal cancers. More frequent in young men (SR: 1.3), with a highly aggressive character.

To describe the observation of kitten-ring cell rectal cancer in 3 young patients aged 39, 45 and 56 with no personal or family history of cancer.

Primary rectal plastic linitis: rare. Accounts for less than 1/1000 of all colonic and rectal cancers. More frequent in younger men. Non-specific symptoms: transit disorders, intestinal obstruction, abdominal pain, weight loss or rectal discharge. Endoscopic investigation: integrity of the mucosa ++ with narrowing of the lumen or impassable stenosis. Biopsies: negative in 50% of cases, deep biopsies, even surgical ++. Search for a primary focus is imperative → only its negativity affirms the primary nature of the lesion. Extension: lymphatic (86%), pelvic and peritoneal. Hepatic metastases: rare. Prognosis of primary rectal linitis: poor. Survival varies from one month to two years.

Primary rectal linitis: a rare but extremely aggressive tumour. Diagnosis: usually delayed, with a very poor prognosis. Diagnosis of certainty is mainly histological, obtained on deep biopsies. Only early management can improve prognosis.

**P158 Epidemiological profile of neuroendocrine tumors : A retrospective study 2020-2023.**

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**Co-author's :** Reciou Abdellah EPH Ghardaia

neuroendocrine tumors are rare and heterogeneous , originating from the diffuse endocrine system; they develop in more than 70% of cases in the digestive tract.

A retrospective study of 10 patients with neuroendocrine neoplasma followed up and treated in our unit of medical oncology of the EPH of Ghardaia during a period of three years from September 1st, 2020 to September 1st, 2023, we were able to classify each tumor according to its site ,immunohistochemical profile by the study of chromogranin and synaptophysin receptors, histological grade, as well as the tumor proliferation index kei67.

The average age was 67.5 years (27-80), with a female predominance of 70% against 30% of men, the most frequent tumor site was digestive (90%) (intestinal (50%) pancreas (20%) colon (20%) and pulmonary (10%). The most frequent histological type was TNE 90%, CNE 10% . Histological grade : G1 (10%) G2 was predominant (70%) G3 (20%) , Kei67: ≤3% : 10% , 3-20% : 70% , ≥20% : 20% , IHC : Chromogranin and Synaptophysin :were positive In 80% , Disease stage : Located 10%, Metastatic 90% , Treatment : 30% of patients have benefited from surgical treatment including 10% on the primitive and 20% on the primitive and metastases. 70% received chemotherapy including 50% Capecitabine Temozolomide somatuline, 20% etoposide Carboplatine , and 20% received Somatuline alone, the therapeutic evolution was : a partial response in 40% ,stability in 20%, progression in 30% and death in 10%.



The support of neuroendocrine tumors that are rare and heterogeneous is varied, the therapeutic choice depends on the tumor location, the histological grade and the stage of the disease, the management must be multidisciplinary.

**P159** the epidemiological, clinical and therapeutic profile of breast cancer in young women, experience of the medical oncology department of eph sidighiles

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breast cancer is the leading cancer among women in the world and in Algeria; with a higher prevalence in developed countries and an average age of onset between 50 and 65 years, however, breast cancer in young women has more particular clinical and prognostic characteristics, hence the aim of our study.

this is a retrospective study concerning 38 patients aged 40 and under, in whom the diagnosis of breast cancer was made between January 2020 and June 2021, and it was carried out on the files of patients treated for this cancer with this age group within the medical oncology department of eph sidighilès

104 cases of breast cancer were recorded during this period, 33 of which were aged 40 and under (31.7%). the average age was 34.91 years old 27% had a family history of cancer. 34% of patients were not married. 70% of patients took oral contraception. 66% of patients had right-sided breast cancer. the tumor was immediately metastatic in 39% of cases

and the metastatic sites were mainly bone and liver. the most common histological type was infiltrating ductal carcinoma with SBR grade II and III in more than 95% of cases. the expression of hormonal receptors was noted in more than 58% of cases 19% of tumors that overexpressed HER2. treatment consisted of chemotherapy in 64% of patients and local surgery which was performed in 37.7% of cases.

the incidence of breast cancer in young Algerian women is low but the frequency increases from year to year which coincides with the westernization of the latter (frequent oral contraception, increase in the age of marriage, etc.). other larger studies should be carried out to confirm these epidemiological factors, notably genetic and environmental, as well as the systematic search for brca gene mutations in familial cases.

**P160** The profile of the use of panitumumab in the EHDm oncology department

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**Co-author :** A-BENSALEM

Panitumumab is indicated for the treatment of patients with metastatic colorectal cancer wild type, It is the first fully human monoclonal antibody directed against the epidermal growth factor receptor (EGFR). Cetuximab a half-human, half-murine antibody is also known for its EGFR blocking effects. The EGFR plays an important role in all kinds of tumors and is one of the most important targets for growth-promoting hormones. Panitumumab occupies the EGFR, thereby preventing binding of the endogenous ligands epidermal growth factor (EGF) or transforming growth factor-alpha.

Retrospective study of patients treated in our department for "" metastatic colorectal cancer wild type "" during the period 2018 – 2022. The parameters studied: sex, age, histological type and tumor location, type of metastases, the panitumumab line in the treatment, type of side effect and the survival.

79 patients were included, we found 11 patients receiving panitumumab. It had a male predominance in 44.54% of cases (06 Men, 05 women). The mean age was 52 years (range: 37 to 80 years), adenocarcinoma was the histological type found in all patients (100%). The tumor was localized at Colon in 54.54 of the cases, the rectum in 18.18 of the cases, the recto-sigmoidal hinge in 27.27% of the cases. Pulmonary metastases were found in 54.54% of cases. Hepatic metastases were found in 36.36% of the cases. Panitumumab was used in 1st line in 18.18% of cases; in 2nd line in 45.45% of cases, in third line in 27.27% of cases., in 4th row in 9.09% of the cases. It had side effects type skin reaction in 18.18% of cases, 01 lost patient seen, only 01 patient has past the way 03 years after diagnosis.

Panitumumab is a pure antagonist and induces internalization of EGFR. The intracellular processes triggered by activation of EGFR (dimerization, autophosphorylation and signal transduction) are prevented by panitumumab, leading ultimately to increased apoptosis, reduced proliferation of tumor cells and reduced angiogenesis. Tumor growth and development of metastases are prevented.

***P161* What represent The Sister Mary Joseph's Nodule ? multiple Cases report**

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Sister Mary Joseph nodule or Sister Mary Joseph Sign refers to a palpable nodule bulging into the umbilicus as a result of metastasis of a malignant cancer in the pelvis or abdomen. The Sister Mary Joseph, was the first person who observed that the patients with advanced abdominal-pelvic malignancies, frequently presented a periumbilical palpable nodule. Here, we present a case of Sister Mary Joseph nodule as a gastric cancer metastasis, its diagnosis, treatment and follow-up.

Umbilical metastases of intra-abdominal neoplasia appear late and are generally of pejorative significance. It seems interesting to us to report five 05 cases of umbilical cutaneous metastases collected in the general surgery department of Blida University Hospital.

The most common origins of Sister Mary Joseph nodule are gastrointestinal (52%), gynecologic (28%), stomach (23%) and ovarian (16%) carcinomas. About 15-29% of all cases have an unknown origin (as depicted by the presented case) and 3% originate from the thoracic cavity. Primary tumors in many other sites like gall bladder, uterus, liver, endometrium, small intestine, fallopian tube, appendix, cervix, penis, prostate, urinary bladder, breast, lung and kidneys have also been reported to cause Sister Mary Joseph nodules. Histology of the metastatic umbilical tumor usually reveals adenocarcinoma but rare reports of umbilical metastasis from sarcomas, mesotheliomas and melanomas have also been seen [2-4]. CT Scan



(abdomen and chest) and Fine Needle Aspiration Cytology (FNAC) of the tumor are invaluable in the diagnosis of Sister Mary Joseph nodule and help to exclude a primary benign umbilical neoplasm. In 14-33% of cases, umbilical metastases lead to the diagnosis of previously occult neoplasms [5]. In 40% of patients with a known neoplasm the nodule was an early sign of relapse [6]. Spread of metastatic carcinoma to the umbilical region has been hypothesized to occur by either contiguous spread of peritoneal cancer, hematogenous spread through arterial and venous systems or lymphatic spread (mainly pancreatic carcinoma) with extension along ligaments of embryonic origin (round ligament of liver, urachus, vitello intestinal duct remnant and the obliterated vitelline artery).

conclusion, the presence of SMJN is a rare and often poor prognostic sign of a disseminated malignancy. SMJN needs to be considered as a differential diagnosis of an umbilical nodule in order to make a prompt identification of the primary lesion. Conflicts of interest: The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

***P162* ERIBULIN (HALAVEN) in metastatic breast cancer Experience of medical oncology department BLIDA anti-cancer center**

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**Co-author's :** FEKIR Dr HAIDECH Dr MERROUKI Pr BOUNEDJAR BLIDA anti-cancer center

HALAVEN® (eribulin) is a microtubule dynamics inhibitor belonging to the class of halichondrin-type antineoplastic agents (chemotherapy). It is indicated for the treatment of patients

with locally advanced or metastatic HER2-negative breast cancer who have previously received at least two chemotherapeutic regimens (second-line). FDA and AMM approves HALAVEN since 2014 (initial marketing authorization in 2010 in the third line). This new anticancer agent has been available at our department and used for about one year, so it is time to study her efficacy.

It's a retrospective study about 14 cases of HER2-negative metastatic breast cancer that received this molecule (HALAVAN) in second line and more for treatment since its availability in our department. Five cases under Eribuline were excluded from this study because they did not have enough follow-up (having received only 1 to 3 cycles). Primary objective: To assess the evolution of patients under the biosimilar and PFS. Secondary objective: To evaluate toxicity .

Our series includes 2 cases of lobular carcinoma and 27% of mixed carcinoma, the rest are CINOS (55%). 54% of our patients have a triple-negative molecular profile and RH-positive are found in only 46% of cases. Eribulin was used in 18% of cases in the second line, and in more than 63% of cases beyond the fourth line. Disease control has been found in 54% of cases, with PFS not yet . patients Still under treatment . A median PFS is 4 months in patients with disease progression. There was 1 case of death under Eribulin, no lost to follow-up, 80% of our patients who progressed are alive and under another line of treatment. Toxicity dominated by grade III and IV neutropenia found in 27% of cases, 1 single case of allergic reaction, the rest very good tolerance

Despite the observation of non-response to eribulin, we have disease

control to our date in more than half of our patients, This low PFS can be explained by the use of this molecule beyond the 5th line. We conclude that this is an interesting product and it must prove its efficacy with a longer follow-up"

**P163 Epidemiology of Cancer in Young Women under 40 CAC Blida Algeria in 2022**

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**Co-author : PR BOUNEDJAR A CAC BLIDA Algeria**

Cancer statistics for adolescents and young adults (AYAs) (aged 15-40 years) are often presented in aggregate, masking important heterogeneity. The objective of this study is to provide an update on the epidemiology, socio-economic level, entecedents and prognosis of cancer in young women

The study included breast cancer patients between the age of 15 and 40 years treated at our center from January 2022 to December 2022. Data were analyzed retrospectively from case records

About 104 cases of young people cancer were identified in women under 40 years of age.the cancers most frequently observed in our study are breast cancer 69 cases (66%), sarcoma 10cases (10%), colorectal cancer 8 cases(8%), ovary cancer 7cases (7%), nasopharynx cancer 3cases (3%), gastric cancer 2cases (2%), lung cancer 2 cases (2%), larynx cancer 1 case (1%) Epidemiology according to age groups [ 15-20[ 4 cases 4%, [20-25[ 1 cases1%, [25-30[ 7 cases7%, [30-35[ 34 cases33%, [35-40] 58 cases56% 56%of patients present family history of cancer (59 cases), 32% 1st degree ,25% 2nd degree, 42% 3rd degree , metastatic disease is present in26% with 82% synchronous metastasis and 18%

metachrone , 42% of patients has the diagnostic in delay  $\leq 3$  months , 60% of patient are in remission, 22% are receiving treatment, 14% are dead, 3% are lost to follow up

Cancer in adolescents and young adults represents a substantial and growing proportion of oncological diagnoses, It need to be diagnosed at an early stage to improve survival There is still much to be researched within this categorie witch have been growing gradually and on a small scale

**P164 Association ovarian cancer and breast cancer. About four cases**

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Breast and ovarian cancer accounts for 5-10% of all breast and ovarian cancers. The majority of cases occur sporadically. But, there is an inherited predisposition to cancer caused by a mutation of the BRCA1 and BRCA2 genes

It is a retrospective study including patients treated for double localization breast and ovarian cancer, collected at our service. Our goal is to describe the characteristics of these patients.

We identified 4 patients who were treated for breast cancer by surgery, chemotherapy, radiation. The histological type was essentially infiltrating ductal carcinoma. For three patients, metastatic changes in the skin, bone and lung were noted just after completion of the adjuvant treatment. After an average free interval



of 18 months, ovarian cancer was diagnosed. The average age is 60 years. The circumstances of discovery were the appearance of an ascite for two patients, the exploration of a pelvic mass and during a check-up. The diagnosis was confirmed by biopsy. The histological type is cystadenocarcinoma. The treatment was surgical hysterectomy type plus biannexectomy and omentectomy for a patient followed by adjuvant chemotherapy Paclitaxel-Carboplatin type. It is always followed in the control consultation. A palliative treatment was proposed in polychimiotherapy (2 patients with Paclitaxel-Carboplatin base and monotherapy type Carboplatin for a patient).

After the mutation of the BRCA1 and BRCA2 genes was discovered in 1994, the risk of cancer increased. These cancers are often early, they are more aggressive, hence the need for screening adapted to this particular risk or prophylactic surgeries. "

**P165 REAL WORLD EXPERIENCE OF TREATING YOUNG ADULTS PATIENTS WITH BREAST CANCER CAC BLIDA ALGERIA IN 2022**

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Breast cancer is the most frequently diagnosed neoplasm and principal one responsible for most death in women, specially under the age of 40. Breast cancer in young adults is rare and accounts for 5 to 6% of all cancers in this age group. We conducted the present study to look at the demographic features, clinical and histological presentation , treatment and outcomes in this group of patients treated at our center

The study included breast cancer patients between the age of 15 and 40 years treated at our center from January 2022 to December 2022. Data were analyzed retrospectively from case records

About 69 cases of breast cancer were identified in women under 40 years of age. The age group most affected is [ 35-40] 62%. The right breast was affected in 38 cases (55%).The presence of a family history of cancer was noted in 42 young patients 61% ; 59% breast cancer antecedents 64% of young women take oral contraceptives 63% breastfed their children The circumstances of discovery of the breast cancer was by self-examination in 71% of cases 16% by inflammatory sign 4.3% by axillary lymph nodes 1.4% by screening. Histologically, 62 cases (89%) were invasive carcinoma of no special type (NST), 3 cases (4.3%) were invasive lobular carcinoma and 2 cases (3%) mucinous carcinoma, and 1 case (1.4%) was squamous cell carcinoma and 1 case (1.4%) lymphoma. There were 1 case (1.4%) of grade I, 53 cases (77%) of grade II, and 13 cases (19%) of grade III. Molecularly, there were 35 cases (51%) of Luminal B subtype, 16 cases (23%) of luminal her2 subtype, 11 cases (16%) of triple-negative and 5 cases (7%) of Luminal A subtype, 2 cases (2.8%) of HER2-enriched subtype . Young women also exhibit larger tumors 56%  $\geq$  T3, with more frequent nodal involvement 81% . 20% present metastatic disease with 78% synchronous metastasis. 55% of patients underwent surgery mastectomy with axillary lymph nodes, 14% had a PCR , 67% of patients are in remission , 20% are receiving treatment, 12% are dead , 1.4% are lost to follow up

Breast cancer in young women is very common and is clearly increasing throughout the world. its is more

aggressive with higher grades, advanced stages Heredity is mainly the risk factor in young breast cancer patients"

**P166** étude descriptive de 211

**Tumeurs neuroendocrines diagnostiquées au service d'anatome et cytologie pathologiques EHU Oran**

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**Co-author :** hacene Fatima

Neuroendocrine tumor (NET) are rare and ubiquitous tumors, their behavior (functional or non-functional), treatment and prognosis depend mainly on the histological grade of the 2017 WHO classification revised in 2019 and 2022. The challenge for any pathologist is to make the diagnosis of NET, first to recognize on histological examination and then to confirm in immunohistochemistry. The purpose of the study is to make a descriptive anatomoclinical study of these tumors

this is a descriptive study with prospective collection of all NETs diagnosed in the pathological anatomy and cytology department of the EHU Oran.

Among the 211 cases, we retained 197 cases of confirmed NETs (the 14 other cases not retained after the recommended double reading). 102 cases of digestive localization and 87 extra digestive cases. The age of our patients was between 14 and 90 years old with an average of 53.77 years and a standard deviation of 15.537. The median age was 55 years old. 110 men (56%) and 87 women (44%), with a sex ratio of 1.26. In our series, we found that the organs most affected in the digestive localization are the ileo-caecal junction and the ampullary region The rectal localization is rare in our series 2 cases with a clear male predominance. - For extra-digestive localization, the lung ranks first

with 22 cases, followed by the bladder and the prostate. In our study, NETs that fall within the scope of multiple endocrine neoplasia were diagnosed.

Neuroendocrine neoplasms are subdivided into NET and CNE which are two different treatment and prognosis groups, the 2017 WHO classification allows them to be differentiated, it is correlated with the pTNM classification. Double reading is recommended in case of doubt of NET, based on histology and immunohistochemistry, and printed count of KI67. Associations with MEN have been proven in our study. "

**P167** Treatment outcome of ovarian tumors following isotopic treatment of differentiated thyroid cancers

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Ovarian cysts are common in women of childbearing age. In most cases, they are functional cysts that resolve spontaneously, requiring only simple ultrasound monitoring. On the other hand, organic ovarian cysts vary widely in histology: benign tumors (serous and mucinous cysts +++, endometriomas, dermoid cysts), malignant tumors and borderline tumors.

In this pathological context, we report 4 observations of female patients aged between 28 and 49 diagnosed and treated surgically for ovarian tumours following isotopic treatment of differentiated thyroid cancers, marked by the recent discovery of an ovarian cyst classified as organic during regular



abdomino-pelvic ultrasound surveillance. In view of the warning signs, CT scans and biological tests were carried out, indicating the need for surgical treatment. Time to onset ranged from 6 to 9 years.

Anatomopathological findings revealed 3 malignant tumours and one benign tumour. Post-treatment course The evolution of the malignant tumors ranged from death under chemotherapy to stability or even remission. For the benign tumour, the evolution was favourable with a follow-up of 7 years.

Pelvic ultrasound surveillance is mandatory in the monitoring of differentiated thyroid cancers in order to detect suspicious ovarian lesions. The advent of ultrasonography and diagnostic or operative laparoscopy has changed the operative approach to ovarian tumours, enabling the diagnosis of benignity or malignancy prior to surgery. Oncogenetic investigation should be offered to all women with ovarian cancer before the age of 70. The use of expert centers is important for the management of ovarian cancer."

***P168* Metaplastic breast carcinoma**

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**Co-author's :** A. Bentouati, N. Azzouz, Y. Yacoubi, N. Belmekki, F.Z. Boudinar, B. Larbaoui EHS Emir Abd El Kader Oran

metaplastic breast carcinomas are a rare entity (0,1%) which includes the pure squamous form and the associated with a ductal component form, it is a very aggressive with negative hormone receptors, Her 2 usually negative and is refractory to common therapies, its treatment is not well codified, however platinum salts can find a place.

we report here the data from a series of twelve women followed and treated in the medical oncology department of the Emir Abd El Kader Establishment of Oran-Algeria between 2014 and 2023, the selected cases would not have a cutaneous invasion (nipple, skin) and do not have another distant squamous cell cancer (cervix, lung...)

the age varies between 43 and 68 years with an average of 58,3 years, two patients had a personal history of ipsilateral mammary infiltrating ductal carcinoma, the clinical presentation is interesting (photos) hormone receptors are negative in eight cases and Her 2 is also negative in ten cases, IHC shows expression of high molecular weight cytokeratins 5/6, 14 and 17, treatment is based on total or partial breast surgery with or without lymph node dissection and radiotherapy, 5FU and cisplatin are effective in this situation but the prognosis is poor with locoregional recurrence rate of 50 % and OS at 2 years in 66 %.

Overall, squamous cell carcinoma of the breast is a rare tumor, its prognosis is poor with a peak of mortality at 2 years, its clinical presentation is particular and its management is based on surgery, it is chemo and radioresistant and the limited number of published series do not allow the evaluation of therapeutic protocols and the adoption of a standard of care."

***P169* Are surgical site infection and obesity risk factors for arm lymphedema ?**

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Lymphedema secondary to breast cancer treatment is defined by an increase of  $\geq 5\%$  in the comparative measurements of the two arms using a graduated tape, it remains one of the most feared major late complications after breast surgery and locoregional radiotherapy which can inhibit lymphatic flow. Among the factors incriminated: obesity and post operative surgical site infection have been reported.

We recruited all the files of women followed between 2014 and 2019 to select the documented lymphedema, post operative surgical site infection and obesity or overweight (IMC)

1217 cases of breast cancer of which 1050 had breast surgery (partial or total mastectomy) with or without lymph node dissection, the average age is 55 years with extremes of 28 and 80 years In our data, 18% of patients presented minimal to moderate lymphedema and 32% presented a postoperative infection requiring antibiotic treatment, also all patients who presented lymphedema received locoregional radiotherapy and weithet overweight or obese.

Postoperative surgical site infection seems to be a risk factor of lymphedema as well as obesity or at least overweight, however more prospective studies have to be done to identify all risk factors and to prevent these complications. "

***P170* Epidemiological, histo- clinical and therapeutic characteristics of lung cancer in the medical oncology department Annaba.**

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Lung cancer presents a major public health issue and an enormous burden on society in Algeria, because of its increasing incidence and high mortality. The aim of our work is to carry out a retrospective epidemiological study to determine the histo-clinical, pathological and therapeutic characteristics to highlight the extent of the morbidity and mortality of lung cancer in our department.

Retrospective descriptive case series study of 87 cases of primary lung cancer collected in the medical oncology department of the Annaba cancer center, starting in January 2021.

We treated 87 lung cancer patients of all sexes (78 men and 9 women) with a mean age of 66 years (range 32-85 years), current smoker in 71,266% with an average consumption of 43.5 packets/year. There were 3 cases of work-related exposure. The main symptom was cough in 35%, followed by chest pain and dyspnoea in 31% and 20.60%, bone pain and pleurisy in 16% and 12.6% respectively. All of these polymorphous symptoms occurred in the context of a deterioration in general condition in 59% of cases. The average consultation time was 3 months, with a maximum of 6 months after the appearance of the first symptoms. Diagnosis was based on thoracic CT in all patients. Histological confirmation was obtained by lung biopsy in 92%. The main histological type of non-small cell lung cancer (NSCLC) was adenocarcinoma in 74,50% while squamous cell accounted for around a fifth of all lung cancers, and small cell



carcinoma for 4,6%. 66.66% of patients were diagnosed as stage IV, 24% as stage III, 7% as stage II and 2.2% as stage I. The majority of metastatic sites are bone metastases (40.6%), followed by brain, liver and adrenal metastases (25.4%, 23.7% and 16.9% respectively). Among patients who received curative treatment (33.20%), two-thirds progressed to distant disease. Of the 56.30% who received first-line palliative chemotherapy, a partial response and stability were observed in 25.7% and 32.8% respectively, compared with progression in 41.5% of cases. 10.3% ineligible for specific treatment with a poor PS index (3-4) received BSC.

Despite advances in our understanding of risk, development, immunologic control, and treatment options for lung cancer, it remains the leading cause of cancer death. Tobacco smoking remains the predominant risk factor. In this era of molecular targeted therapies, new agents are constantly undergoing pre-clinical and clinical testing with the aim of targeting the molecular pathways thought be involved in etiology and pathogenesis of lung cancer."

**P171 EPIDEMIOLOGICAL STUDY OF PROSTATE CANCER AT DIDOUCHE ONCOLOGY DEPARTMENT From January 2022 to June 2023**

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Prostate cancer is the second most frequent cancer diagnosis made in men; it may be asymptomatic at the early stage. It is rare before 40 years old, The incidence and mortality of prostate cancer correlate with increasing age; 1 man of 8 has the risk to have a prostate cancer.

Descriptive and analytical and retrospective observational study, the population comprised 57 patients with prostate cancer at EHDH from JANUARY 2022 to JUNE 2023 The parameters studied were: the Age, the histologic type, toxic habits, reason for consultation, Gleason score and TNM at diagnosis and metastases. Objectives: The main objective is to describe the epidemiologic characteristic of prostate cancer and to identify the average age of the patients with prostate cancer in this period and identify major symptoms and also diagnosis methods.

During the period of study there were 57 new cases diagnosed with prostate cancer at EHDH, the age of the patients at diagnosis was between 50 years old and 95 years old with the average age of 69 years old. 41 % between 66 and 75 years old , 27 % between 76 and 85 years old , 19 % between 56 ET 65 years old and 6 % between 45 and 55 years old and 3 % between 86 and 95 years old ; For toxic habits 72 % are alcoholic or smokers, For consultation reason 57 % had symptoms and 43 % had a biologic elevation of PSA. For Gleason score 77% of patients had an ADK not differentiated (8 - 10) and 13 % (5 AND 7 ) had a moderately differentiated ADK For TNM 53% is T4 at diagnosis so with extension to other organs 27 % of this population Is T3 7 % T2 And 13 % Is TX For metastases 97 % are metastatic at diagnosis. 3% are localized. Depending on response to treatments 53 % responded. Discussion: The risk of prostate cancer increases with age and it is metastatic in most cases so we must insist on screening.

Early detection to improve prostate cancer outcome and survival

remains the cornerstone of prostate cancer control."

**P172 Epidemiological and pathological profile of colorectal cancer in southern of Algeria about 50 cases**

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**Co-author's :** Ayas moufida, Dr Boualala keltoum, Dr Iachachi imen, Dr bournan assia, Dr Guelil imen Dr Ketfi hadjer CLCC Adrar, department of oncology

Colorectal cancer (CRC) is increasingly becoming a major public health problem in Algeria. Several treatments are being developed to reduce the risk of CRC mortality and to improve overall survival

Our study is based on an epidemiological profile and the anatomopathological aspect of colorectal cancer cases in the Adrar CLCC. We carried out a descriptive epidemiological study of 50 colorectal cancer patients seen in the oncology department of Adrar Center over a three-month period (March-May 2023), based on a personal and clinical information sheet filled out for each patient, as well as the anatomopathological characterization of a few colonic tumors based on macroscopic examination and microscopic examination of histological slides of this cancer under an optical microscope

Our epidemiological data reveal that the most affected age group is between 45-65 years, with an overall mean age of 60 years, with a predominance of females, giving a sex ratio of 0.67. This cancer is located in either the colon or the rectum, with the most frequent sites being the ascending colon and the lower rectum. The main clinical signs of diagnosis were

abdominal pain and impaired transit (34%), plus rectal discharge (28%). Sigmoidoscopy- colonoscopy was the most frequently performed diagnostic test in our patients. This diagnosis was made at advanced stage III or VI. From a treatment point of view, radiotherapy and chemotherapy are most commonly used at the Adrar CLCC. Microscopic histology showed a colonic adenocarcinoma characterized by cubic or cylindrical cells with irregular and hyperchromatic nuclei. We note the lack of colorectal cancer surgical specimens in the anatomopathological department of the Adrar CLCC, due to the absence of a surgical physician in Adrar center.

This study merits further study to identify the risk factors for this cancer better so that patients can be cared for. Our patients must be made aware of the need for early diagnosis and control of eating habits. This could reduce the incidence of colorectal cancer, and consequently mortality and morbidity from this type of cancer."

**P173 Clinical profile and outcome of radioiodine refractory differentiated thyroid cancer**

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Total thyroidectomy, radioiodine are principal treatments for metastatic differentiated thyroid cancers. This approach confers a favourable prognosis in the majority of cases, closely linked to intense uptake of radioiodine at local and metastatic tumour sites. A small



proportion of these cancers escape isotopic treatment due to a reduction or disappearance of this uptake and become refractory within 3 to 5 years Treatment is principally based on tyrosine kinase inhibitors, and the prognosis is generally poor.

In the aim of understanding the clinical and evolutionary characteristics of radioiodine refractory differentiated thyroid cancers, we present the case of 15 patients, treated surgically and isotopically and referred to medical oncology for treatment with tyrosine kinase inhibitors based on the Resist 1,1 criteria.

Over 66% of patients were female. Average age 66.33 years (48-84 years). 46% were papillary cancers. 80% had a T stage greater than or equal to pT3. 73% had cN0 status. Over 86% have M1 status with bone and/or lung metastases, sometimes associated with brain metastasis. The ATA 2015 classification is high risk for more than 73%. AJCC/TNM risk group: IVb at over 73%. 100% of patients were classified as having a structurally incomplete response to treatment, with mean cumulative activity over 536mCi.

The prognosis for differentiated thyroid cancer is good. A minority of these cancers become refractory with a poor prognosis, despite all the treatments principally with tyrosine kinase inhibitors. Age, female gender, T stage beyond T2 and M1 stage, ATA high-risk, AJCC/TNM Group IVb and persistence or progression of lesions with high levels of Iodine-131 activity appear to be factors predisposing to refraction.

**P174 Trastuzumab biosimilar in metastatic breast cancer Experience of**

**medical oncology department BLIDA anti-cancer center**

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Trastuzumab (HERCEPTIN=princeps) is a humanized monoclonal antibody. He doesn't have a generic version, but biosimilars, which have been used in our department since 2015. Switching from the princeps to biosimilars has allowed us to treat more patients with the same cost. These biosimilars have obtained marketing authorizations based on solid studies demonstrating that their quality, efficacy, and safety are similar to the princeps. What about real life? What about practice? Our modest work consists of an experience on the use of biosimilars in clinical practice in our department

This is a retrospective study of 19 cases of synchronous metastatic breast cancer HER2 positive who received a trastuzumab biosimilar between January 2022 and December 2022. Primary objective: the evolution of patients under the biosimilar. Secondary objective: to evaluate toxicity and tolerance profile.

The age of the patients ranged from 34 to 77 years, with 52% young women (45 years old). The vast majority of cases were HER2+3, with only one case of HER2+2 with amplified gene. Only 11% were HER2 enriched, while the majority, 89% were RH positive. The sites of metastases were, in increasing order of frequency: brain, lymph nodes, lungs, liver, and bone metastases is the most common. Disease control has been found in 37% of cases, with PFS not yet . The median PFS for patients with disease progression was

approximately 14 months. There was 1 case lost to follow-up, 26% of deaths, and 69% of patients were alive and still under treatment.

Our department still uses trastuzumab biosimilars, which has allowed us to treat more patients at a lower cost with results that are comparable or even more favorable than those reported in the literature. Our study illustrates real-life experience and current practice of treatment and the evolution of our patients under trastuzumab biosimilars with an excellent safety profile."

**P175 Management of brain metastases and surgical indications:**

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**CHUORAN**

**Introduction:** Cancer is an anarchic proliferation of tumor cells within one or more tissues of the body leading to their destruction, migration in the form of an embolus in the blood or lymphatic network, and transplantation into another organ is required. the origin of metastasis

**Patients and methods:** In our study we collected 50 cases of patients benefiting from surgery for multiple brain metastases, the total number of files processed is 111 files, including 37 cases of single brain metastasis (operated and not included in the study) and 24 cases or the indication for surgery was ruled out during CPR (treated with chemotherapy and radiotherapy).  
**Clinic:** Our patients were symptomatic in 96% of cases; ICH in 10% of cases; with headache in 43 patients (86%); motor deficit like hemiplegia in 26 patients (52%). 12 patients had epileptic seizures

(24%), language disorder like dysarthria in 8 patients (16%). Behavioral disorder in 6 patients who presented frontal lesions (12%); visual disorders in 4%; and sensory disorders in 6%. Patients who presented secondary lesions of the FCP sometimes associated with hydrocephalus presented a cerebellar syndrome in 22%. Additional tests : 100% of our patients benefited from CT without and with injection. 100% of our patients benefited from an MRI without or with gadolinium injection, T1, T2, axial and sagittal sequences, 3D sequences. Chest CT in all patients with bronchopulmonary cancer (32%); as part of an extension assessment (unknown cancer (14%). Mammography in 14 patients with breast cancer (28%). Abdominopelvic CT was performed in 15 patients.

**Results :** After a median survival of 18 months, the crude control rate at 6 months is 78%; the regional control rate (of the operated lesion) is 82%. A complete response in 7 patients or 14%; partial response in 17 patients or 33%; and lesion stability in 20 patients or 40%. 6 patients presented local progression on control MRI.  
**Discussion :** The work that we carried out was designed to highlight the role and place of focal treatment by a surgical approach to brain metastases, and for this a comparison was necessary not only with foreign series but also with series local, with an analysis of the files of patients treated by oncology and radiotherapy services, who have not benefited from surgery.

**Conclusion :** The spontaneous evolution of a secondary cerebral localization is responsible for most of the deaths of patients, whatever the primary cancer; in our series this death rate (linked to brain metastasis) is 60%; We conclude that controlling the brain lesion is



imperative to hope to improve the overall survival rate and quality of life of cancer patients with brain metastasis."

**P176 Clinical profile and outcome of radioiodine refractory differentiated thyroid cancer**

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Total thyroidectomy, radioiodine are principal treatments for metastatic differentiated thyroid cancers. This approach confers a favourable prognosis in the majority of cases, closely linked to intense uptake of radioiodine at local and metastatic tumour sites. A small proportion of these cancers escape isotopic treatment due to a reduction or disappearance of this uptake and become refractory within 3 to 5 years Treatment is principally based on tyrosine kinase inhibitors, and the prognosis is generally poor.

In the aim of understanding the clinical and evolution characteristics of differentiated thyroid cancers refractory to iodine-131, we present the case of 15 patients, all treated surgically and isotopically and all referred to medical oncology for treatment with tyrosine kinase inhibitors based on the Resist 1,1 criteria.

Over 66% of patients were female. Average age 66.33 years (48-84 years). 46% were papillary cancers. 80% had a T stage greater than or equal to pT3. 73% had cN0 status. Over 86% have M1 status with bone and/or lung metastases,

sometimes associated with brain metastasis. The ATA 2015 classification is high risk for more than 73%. AJCC/TNM risk group: IVb at over 73%. 100% of patients were classified as having a structurally incomplete response , with mean cumulative activity over 536 mCi.

The prognosis for differentiated thyroid cancer is good. A minority of these cancers become refractory with a poor prognosis, despite all the treatments principally with tyrosine kinase inhibitors. Age, female gender, T stage over T2 and M1 stage, ATA high-risk stage, AJCC/TNM Group IVb and the failure to clear or progression of the disease with high levels of radiiodine activity appear to be factors predisposing to refraction.

**P177 What treatment for Squamous cell carcinoma ? Pierre and Marie Curie Center experience**

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The squamous cell carcinoma (SCC) is the primitive cutaneous malignant epithelial tumors which express a squamous differentiation. The main risk factor is the total dose of uv received during life. The risk of developing SCC is influenced by the phototype. Some carcinogens are identified: tobacco for actinic cheilitis and spinocellular for the lower lip, HPV for cutaneous genital or anal SCC.

We have 18 patients (pts) treated during the period from January 2017 to December 2020 for a squamous cell carcinoma in the center Pierre and Marie Curie .

We have 18 patients including 15 men and 3 women The average age is 54 [ 23-84 ]. The circumstances of discovery : skin lesion n=9, cervical or inguinal adenopathy n=5, nodule or cutaneous mass n=3 These tumors developed on precancerous lesions in 9 pts: chronic ulcers n=7, thermal burn n=1 , scar n=1. The site of the tumors is: face/neck n=11, scalp n=3, chest wall n=1, lower limb n=3. Surgery was performed in 11 pts, adjuvant radiotherapy in 3 pts, chemotherapy : adjuvant n=2; neoadjuvant n=4; palliative n=7 with a minimum of 2 lines of chemotherapy .Targeted therapy in 5 patients whose protocol is 5 fluorouracil+cisplatin+cetuximab. The Overall rate response is 44,44 % in 8 pts , a median duration is 30 months. And overall survival is 42 months,4 patients died .

Surgery is the treatment of choice of squamous cell carcinoma. It allows the histological confirmation of the diagnosis, obtaining a very high rate of local control and the cure of a large majority of patients. Chemotherapy with cetuximab plays an important role in locally advanced forms and in metastatic forms. .Actually Immuno-Oncology is approved in SCC as Cemiplimab "

### *P178* Bilateral synchronous breast cancer

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Bilateral synchronous breast cancer was a fairly common pathology. Its incidence varied from 1.5% to 3.5%, depending on the diagnostic interval chosen by the authors [1-13]. For most of them, the second tumor had to be diagnosed within six months. Women treated for unilateral breast cancer are at

high risk (five to seven times) of developing a new cancer in the contralateral breast [1-7]. This risk factor justifies lifelong surveillance of all women treated for breast cancer, with annual clinical examination and mammography

This is a retrospective study of bilateral synchronous breast cancer cases managed at the CAC of Blida; medical oncology department, over 3 years from 2020 to 2023; During this period more than 1000 patients were treated for breast cancer ; 20 patients had bilateral synchronous breast cancer . Variables collected in this study included age at diagnosis, parity, menopause, use or non-use of oral contraceptives, family history of breast cancer, tumour location, TNM clinical stage, histological type, SBR histological grade, hormone receptors and Her2 and Ki-67 proliferation index. We also studied the therapeutic management of patients, including the administration of neoadjuvant chemotherapy, the surgical procedure performed (lumpectomy, mastectomy, axillary procedure) and adjuvant treatments (chemotherapy, radiotherapy, hormone therapy). Variables were collected using a standard form, and results were analyzed using R software.

20 patients included, it was 2% of breast cancers followed up over the same period, the age of our patients ranged from 43 to 82 years, with an average age of 54.7 years, 8 patients had genital activity, it s meen 40% of patients, 70% of patients had a family history, unfortunately, BRCA status was not assessed for these patients, the diagnosis of cancer was mainly clinical following autopalpation, in 80% of cases it was a NOS carcinoma, while only 20% of patients had an infiltrating lobular carcinoma. Ostrogen receptor (OR) was positive in 95% of cases, and HER2 was



positive in 5% of patients. 45% of patients were metastatic. Bilateral mastectomy with bilateral curage was performed in 35% of patients. 20% who had unilateral curage, sentinel lymph node is performed in 10% of patients. Only 50% of patients received curative radiotherapy. 75% of patients received chemotherapy. 80% were treated with hormonal therapy.

Bilateral breast cancer is a fairly rare entity. The most frequent histological type in our department is infiltrating ductal carcinoma, contrary to what has been described in the literature. The important role of mammography screening in high-risk patients enables early detection of lesions. The role of breast MRI in the diagnosis of subclinical lesions. The sentinel node technique is a major asset in the therapeutic management of bilateral synchronous breast cancer.

**P179 Determination of mic-RNA 21 and 155 before and after surgery in breast cancer patients and management at EHOU: Preliminary study.**

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Breast cancer is both the most common and the deadliest cancer in women. Tissue and serological markers are available both for diagnosis and as predictive and/or prognostic factors. Liquid biopsy has emerged as a new non-invasive opportunity for detect and monitor cancer from biological fluids such

as blood. The circulating tumor cells (CTCs), circulating tumor DNA (ctDNA). mRNA and microRNAs are important sources of genomic information reflecting all Sub-clones present in primary and metastatic lesions: allowing continuous surveillance of disease progression. One of the Major benefits of using microRNAs as biomarkers is stability exceptional of these nucleic acids.

This work was carried out at the gyneco-obstetrics department, laboratory of biology of development and differentiation (LBDD). at the levels of sarle wiragen with the aim of measuring mic-21 and mic - 155 in women with breast cancer before (D0) and after tumor(D10) removal. we performed RNA extraction from sera then we dosed by RT-PCR. We took samples with illuminated concentrates signed by the patients.

The ten patients selected for our study had invasive ductal carcinoma with mean age = 58.9 old years. Seven patients were postmenopausal. Nine were RE+, eight RP+, five HER2+. Nine Ki67+. Four tumours were luminal A, five luminal B and one triple-negative (TN). At D0 eight cases are positive ((Mic ARN 155+), six cases are positive(Mic ARN 21+),(Mic ARN 155+)/(Mic ARN 21+):four cases. (Mic ARN 155+)/(Mic ARN 21-) : four cases. (MicARN 155-)/(Mic ARN 21+): two cases, and (Mic ARN 155-)/(Mic ARN 21-): no cases. At D10, all results were negative.

The results of our preliminary study are in line with those reported in the literature. This favours the use of micRNAs as biomarkers, in addition to the major advantage of their use which is the exceptional stability of these nucleic acids."

**P180 Apocrine tumours in breast cancer: Relationship between androgen receptor status and some other histological markers.**

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Breast cancer expresses tissue biomarkers that are prognostic and/or predictive factors for response to systemic therapies. They are also used to give a phenotypic molecular profile of the tumour [1]. Androgenic receptors (ARs) expressed by apocrine tumors, CK5/6 and HER1 are not routinely used as routine predictors unlike estrogenic receptors (ER), progesterone receptors (PR), HER2 and Ki67[2,3]. The objective of this study is to investigate the relationship between androgen receptor expression and some histological markers of breast cancer. : estrogenic , progesteronic , HER1, HER2 and CK5/6 receptors

This is a descriptive study conducted at ORAN from January 2017 to December 2022 involving 370 polymorphic ductal carcinomas. We searched for the expression of these markers by immunohistochemistry and for HER2 score 2 we used CISH.

The AR status is positive in 43.24% of cases including 68.75% positive PR, 47.61% ER+, 18.75% HER1+, 37.5% HER2+, 68.75% Ki67+ and 68.75% CK5/6+. The AR/RP relationship is very significant ( $X^2 = 34.16$ ,  $p = 0.000$ ); RA/ER is non-significant ( $X^2=03.79$ ,  $p=0.05$ ); RA/HER1 is significant ( $X^2=04.76$ ,  $p=0.0291$ ), RA/HER2 is non-significant ( $X^2=0.01$ ,  $p=0.09$ ); RA/Ki67 is very significant ( $X^2= 27.94$ ,  $p=0.00000$ );

RA/CK5/6 is very significant ( $X^2= 27.94$ ,  $p=0.0000$ ). These results show the disparity of breast cancers of the same histological type on the phenotypic molecular level which could explain some therapeutic failures in addition to inter- and intra-tumor heterogeneity.

In our study the expression of androgen receptors challenges the phenotypic molecular classification since luminal tumors and HER2 express AR while it is a characteristic of apocrine tumors that are basically triple négatives. de part of this study we propose to add androgen receptors, HER1 to routine markers in order to better classify tumors and adapt a personalized treatment. -[1] D.MOLNAR-STANCIU, V. GUIMAS, A. Bensalem, Theiry-Vuillemin, Thérapie ciblée et cancer du sein : état de l'art, Pathol biol, 60,2012, P254-263 [2] A. VUILLET, H. CILES, A. LAGARDE, J. BUXERAUD, L'hormonothérapie anticancéreuse, Actualités pharmaceutiques, 53, 2014, P 25-29. [3] D. SLAMON, Adjuvant trastuzumab in HER2 positive breast cancer, N Eng J Med, 365, 2011, p 1273-1283.

**P181 Evaluation of the R-CHOP protocol in localized large B-cell non-Hodgkin's lymphoma**

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We retrospectively collated the records of localized stages of large B-cell Non-Hodgkin's Lymphoma (NHL) to describe their clinical presentations, the therapeutic results of the R-CHOP protocol and assess survival according to prognostic factors.

From January 2017 to 2021, we collected 229 cases of Large B-cell NHL; among them 70 cases (30.6%) were localized stages, of which 55 cases (78.6%) were treated with the R-CHOP protocol. These included 22 women and 33 men, sex ratio = 2.13; mean age = 53 years (16 - 87). The mean time to diagnosis was 5.4 months (1 - 18). A family history of cancer was found in 16 cases. General signs were noted in 23 cases (41.8%). ECOG 2 in 47 cases (85.4%). Patients were classified into localized stages: I: 15 cases (27%), Patients were classified into localized stages: I: 15 cases (27%), II: 40 cases (72.7%) with contiguous involvement in 05 cases. Prognostic factors: low IPI: 48 cases (87.2%) and low intermediate: 07 cases (12.7%). Immunohistological analysis clarified the NHL phenotype in 35 cases (63.6%): 21 cases (60%) were centro-germinative NHL and 14 cases (40%) non-centro-germinative. A review was carried out in June 2022. Of the 55 cases, one is non-evaluable and 54 (98.2%) are evaluable.

The good responder rate (CR and RCU) was 81.4%, the PR rate 7.4% and the failure rate 11.2%. Outcome: Relapse: 04 cases. Survivors: 44 cases (43 in CR, 1 on TRT), PDV: 08 cases (3 in CR) and 02 deceased. Median overall survival (OS) and progression-free survival (PFS) were not achieved. Analysis of median survival in patients 60 years, low IPI vs intermediate IPI, ECOG >2 VS 2 and according to LDH

level is unmet and without significant difference.

In our study, high-grade NHL is more frequent in young patients; the same data are noted in two national studies (Oranaise and CPMC), where the median age is respectively 57 years (24-89) (1) and 53 years (16-76) (2); the median age is higher in Western countries, 65 years in North America, 61 years in Europe, whereas in Africa, it is 44 years (3). In Algerian series, weak IPIs predominate over strong IPIs (1). The CR rate in case of R-CHOP protocol is 74% in our series vs. 74% in the CPMC study. (2). Overall survival at 5 years was 67% in the 1st Algerian study (1) vs. not reached in our study. The results obtained are satisfactory, especially in subjects under 60 years of age for whom the median overall survival is not reached, but there is still room for improvement in terms of early diagnosis and treatment. Intensification in patients with unfavorable prognosis to improve therapeutic results.

**P182 Urothelial carcinoma of the urinary bladder in young adults under 40 years: Epidemiological and pathological features of 25 cases.**

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Bladder cancer is the tenth most common cancer in the world and the thirteenth leading cause of cancer death. Urothelial carcinoma is the most common histological type representing more than

90%. Bladder tumors affect typically people aged between 50 and 70 years. Nevertheless, we are witnessing an increasing attack of young subjects, certainly due to an influence of the environment and a change in lifestyle.

Our study focused on all urothelial tumors of the bladder in patients under the age of 40 registered in the pathological anatomy and cytology laboratory of E.H.S Daksi, Constantine, over a period of 7 years and 06 months (from January 1, 2015 to June 31, 2022).

The frequency of young subjects under 40 compared to all patients with a urothelial bladder tumor was 2.9%. The average frequency is 3.33 cases per year. The average age of our patients was 33.84 years, while the extremes were 22 years and 39 years. Our serie includes 21 men (84%) and 04 women (16%), characterized by a clear male predominance and a sex ration (male / female) of 5:1. 60% of cases presented a low-grade carcinoma at the time of diagnosis. Two patients had a tumor infiltrating the bladder muscle. The recurrence rate was 31.25% for stage Ta tumors and 14.28% for stage T1 tumors. Only 02 cases had a stage progression from pT1 to pT2 and 03 cases had a progression from low grade to high grade.

Our results generally agree with those in the literature. Bladder tumors affect rarely people under 40. Two groups are distinguished : Patients under 30 whose urothelial tumors remain superficial, low grade malignancy, excellent prognosis and whose evolution is often favorable. Patients between 30 and 40 years old whose histological and evolutionary profile is similar to that of the elderly subject."

**P183 Gastrointestinal Stromal Tumours (GIST): Experience of the Medical Oncology Department of the Military University Regional Hospital of Oran**

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Gastrointestinal stromal tumours (GISTs) are the most common mesenchymal tumours of the gastrointestinal tract, originating from Cajal cells in different sites of the digestive tract. They are characterized by an overexpression of C-kit in immunohistochemistry and by activating mutations of tyrosine kinase receptors. Targeted therapies against these receptors such as IMATINIB and then SUNITINIB have transformed the management and prognosis of advanced and metastatic forms The aim of the study is to report on epidemiological, clinical, histological, and therapeutic characteristics of GISTs

A retrospective study was carried out in the medical oncology department of the Military University Regional Hospital of Oran, collecting 09 patients with a gastrointestinal stromal tumour during the period from April 2013 to April 2019.

Among the 09 patients, there were 05 males (55%) and 04 females (45%) with a median age of 53 years (range, 47–79 years). The main symptoms were abdominal pain (55%) and hemorragia (28%). The The most common sites were the stomach in 05 cases and duodenum in 02 cases. KIT was positive in the majority of cases (66%). At the end of the radiological and histological assessment, the diagnosis of localized GIST was retained in 03 cases, locally advanced in 01 case and metastatic



in 05 cases. Surgery was performed in 03 patients. All patients received treatment with IMATINIB. The most common side effects were: \* Asthenia: observed in 100% of patients. \* Hematotoxicity: 33% \* Digestive: vomiting and nausea occurred in 20% of patients The follow-up of our patients. 3 years survival was 80%, progression in 37,5%, stability under treatment in 44%, total remission in 22,2%, 2 cases of death.

The management of GISTs has considerably evolved during the last years. Surgical resection, which remains the mainstay of treatment, was indicated in the majority of patients. Imatinib indicated in metastatic and unrespectable forms."

**P184 Abiraterone acetate in metastatic castration resistant prostate cancer : Experience of the Medical Oncology Department of the university regional military hospital of Oran**

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Prostate cancer is an important public health problem due to its high incidence and mortality. Androgen blockade is the standard treatment in advanced prostate cancer. Abiraterone acetate (AA) is a selective inhibitor of extracellular and intracellular androgen. AA is indicated for the treatment of metastatic CRPC (mCRPC) in adult men after failure of androgen deprivation therapy before or after a docetaxel based chemotherapy regimen. The purpose of this study is to report the clinical experience obtained from mCRPC patients managed on AA in our department, and compare the results with literature

A retrospective study was carried out in the medical oncology department of the Military University Regional Hospital of Oran, including patients with mCRPC who initiated treatment with AA, before and after a docetaxel-based chemotherapy regimen, between April 2015 and December 2020. Treatment consisted of 1,000mg AA and 10mg prednisolone once daily. Outcomes of interest were prostate-specific antigen (PSA) response, radiological and biochemical progression and overall survival (OS).

Overall, 68 consecutive patients managed on AA were identified, with median age 77 (45-88) years, 21 patients were naïve of chemotherapy and 47 patients were postdocetaxel treated. Bone was the most common organ sites of metastasis (93%). At the baseline, the majority of the patients (69.8%) had ECOG performance status as either 0 or 1. More than 50% of the patients had a Gleason score of 8 or more at diagnosis. Patients had median PSA 119 (45,5-176,4) ng/mL. Median time of treatment with AA was 6,8 (0,53-33,2) months. PSA response was achieved in 53% of patients. Median time to biochemical and radiological progression was 5,1 (3,0-6,9) and 7,0 months (5,1-8,1), respectively. Progression free survival (PFS) was 9.4 months (5.96-12.0). PFS for pre- and post-docetaxel group was 12.5 and 9 months, respectively. OS was 13.5 months (9.55-16.6). When comparing pre- with post-docetaxel treated group, median survival for patients on prechemotherapy and postchemotherapy was 15.6 (12.8–18.2) months and 11.4 (7.2–14.8) months respectively. The most common adverse events were reported (urinary-tract infections, cardiac disorders, nausea and vomiting, arthralgia/bone pain and decompensated diabetes), but only 5

patients (07%) permanently discontinued AA due to toxicity.

Our experience with AA in the routine management of patients with mCRPC demonstrates an efficacy and tolerability compared with clinical trial, despite an older and predominantly post-chemotherapy population in our study. AA should be considered to be initiated in earlier stages of metastatic prostate cancer

**P185 BREAST CANCER IN PREGNANCY:  
A RETROSPECTIVE CLINICAL STUDY**

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The discovery of cancer after having just started a pregnancy, or a pregnancy during cancer treatment, is a nightmare for all women concerned. The treatment involves a multidisciplinary consultation formed by gynecologists, radiologists, oncologists and radiotherapists. It must take into account the psychological, social and spiritual suffering of the patient.

This is a retrospective study of 08 cases of breast cancer associated with pregnancy observed at the EH AIN MLILA medical oncology department over a period of 04 years (2019–2023). use of patient files so as to specify epidemiological, clinical, anatomopathological and therapeutic data.

Epidemiologically, we collected 08 cases of cancer associated with pregnancy in women between 2019 and 2023. The age of the patients varies from 26 to 38 years, with an aver age of 30.75 years. According to the family history at the 1st

degree of his cancer was found in (04 cases). 03 cases were diagnosed with cancer during pregnancy, 05 pregnancies were carried to term, therapeutic termination of pregnancy was performed in 02 cases, there were 01 spontaneous abortions during the first trimester The histological type was specified in All our patients, non specific ductal carcinoma was the most frequent histological type in 06 cases (75%), lobular carcinoma in two case (25%). 100% grade III; The aver age tumor size was 4.3 cm, The lymph node status showed 04 cases (50%) of lymph node infiltration, hepatic, bone and brain metastases in 01 patient (12,5%). 37.5% of the tumors were RH + , 37.5% of tumors overexpressed HER2 and (37.5%) were triple negative . Surgical treatment consisted of Patey in 04 cases, 03 (37.5%) cases received chemotherapy, 02 patients (25%) received trastuzumab and 50% received radiotherapy, and 25% respectively received hormone therapy. 02 patients refused to receive treatment. The evolution was marked by 01 deaths (12.5%) and 01 relapses (20%). Lack of awareness is responsible for the high incidence of cases in rural areas. Our study on a small sample can only be descriptive but leads us to reflect on the impact of pregnancy on tumor development (unfavorable prognosis of the 03 patients diagnosed during the 2 nd and 3 rd trimesters in addition to the tumor stage and triple negative character Pregnancy could have an independent unfavorable role on cancer (decrease in immunity, vascular modification, modification of tumor phenotype).

Breast cancer associated with pregnancy characterized by the young age of the patients, diagnostic and therapeutic difficulties, a longer period of development, a larger clinical and



histological size. Surgery should not be delayed. There is more SBR grade III, more negative hormone receptors, and overexpression of her2, which explains a less favorable prognosis. "

**P186 Adaptation of chemotherapy doses in cancer patients with renal failure**

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**Co-author's :** N. Regaiguia, S. Mimoune, H. Yalaoui. "Regional university military hospital of Constantine

Chronic kidney failure (CKD) is a common pathology in oncology (50% of cancer patients) with serious consequences and a deleterious impact on the overall survival of patients. It causes changes in the pharmacokinetics of drugs and increases the toxicity of chemotherapy by 50% in proportion to its severity.

To avoid drug overdose, the need to adapt dosage and anticancer drugs in this population is a paradox!

The objective of our presentation is to show how to access reliable and up-to-date sources of information to prescribe the right dose, optimize and standardize practices and management strategies for cancer patients with renal failure.

The assessment of renal function is essential in oncology, in order to adapt the dosage of chemotherapy to guarantee a favorable benefit/risk balance. CKD does not exclude chemotherapy, by adjusting doses at all stages of CKD."

**P187 How to properly manage kidney toxicity from chemotherapy**

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In oncology we see everything, renal toxicity is frequent and with the introduction of targeted therapies we are witnessing new renal pathologies due to chemotherapy. The attitude towards renal toxicities is not well codified, left to the discretion of the therapist.

The objective of our presentation is to make the information as accessible as possible to reduce or avoid this toxicity by implementing preventive measures and respecting certain contraindications, according to the risk/benefit balance, with monitoring. close clinical and biological.

Good knowledge of medications at risk of nephrotoxicity as well as prevention measures is essential.

Collaborative network work between oncologist, pharmacist and nephrologist allows the right decision to be made to implement good practices depending on the severity of the toxicity caused."

**P188 Gallbladder cancer: Histo-Epidemiology in Oran 2020**

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Gallbladder cancer (GBC) accounts for 0.6% of all global cancer diagnoses, and 0.9% of all cancer deaths, According to GLOBOCAN 2018 data. It's the 24th most frequently diagnosed cancer in the world, with more than 115,949 new cases and approximately 84,695 deaths. It's incidence is estimated at 1,3/100000 in Oran. Adenocarcinoma is the most common histological type. No clinical sign is pathognomonic for cancer developed on the gallbladder. The objective of this study is to establish an epidemiological and histological profile of cases of gallbladder cancer treated at the Oran university hospital establishment during the period from January 2020 to December 2020.

The data were obtained from one year of registration (2020) as part of the cancer registry of Oran University Hospital Establishment. The central coding is carried out using the supports of CIMO2 and CIM10. Results were obtained with Epida analysis

In total, 78 cases of Gallbladder cancer were registered during the period of study. The average age of patients is 65,4±2,08 years old. A slight female predominance is noted with a sex ratio of 0,73. The most frequent histological type is adenocarcinoma; the diagnosis of this cancer is often based on pathological examination.

Gallbladder cancer is the most common cancer among biliary tract cancers; in our study population, this cancer mainly affects subjects aged over 60 years with a female predominance. The prognosis of this cancer whatever its histological nature is dark, Early diagnosis

and treatment remain the only means to improve the prognosis. Key words: Gallbladder cancer, Epidemiology, histology, registry

**P189 Epidemiology and evolution of Non Hodgkin Lymphoma in Oran 2020-2021**

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Non-Hodgkin Lymphoma is a cancer of the lymphatic system, mainly originating from B lymphocytes. It is characterized by its clinical, morphological, immunological and genetic heterogeneity. It represents 3.0% of malignant tumors diagnosed worldwide in men. Increase of incidence is noted in recent years, it is estimated at 7.7/100,000 in Oran in 2020. It preferentially affects subjects aged over 65 years. Non-Hodgkin lymphomas are aggressive in 60% of cases, the most common of which is diffuse large cell lymphoma. The objective of our work is to describe the epidemiology and progression of Non-Hodgkin Lymphoma.

The data were obtained from two years of registration (2020-2021) as part of the cancer registry of Our University Hospital Establishment. The central coding is carried out using the supports of CIMO2 and CIM10. Results were obtained with Epida analysis



In total, 110 cases of Non-Hodgkin lymphomas were registered during the period of study. The average age of patients is  $55.5 \pm 17.7$  years old. A male predominance is noted with a sex ratio of 1.84. The most commonly diagnosed type is large B cell lymphoma 41.5%. Stage IV predominates with a proportion of 52.0%. Only 3 patients relapsed after treatment and 5 deaths were recorded.

A better knowledge of the epidemiology of Non-Hodgkin lymphomas will help to put in place measures of control and prevention and contribute to the better health of population. Key words : Non-Hodgkin lymphoma, Epidemiology, evolution

### *P190* Multimodal Treatment Of Osteosarcoma : Single Centre Experience

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Osteosarcoma is a primary tumour of bone characterized by the production of osteoid matrix produced by malignant cells, it accounts less than 1 of all cancers. There is a bimodal age distribution, in the adolescent and young adults (AYA) the peak of incidence is between 13 and 16 years, in adults, the peak of incidence occurs over the age of 65 years. Its outcome is dramatically improved after the introduction of multimodal treatment.

Retrospective study of 15 cases of osteosarcomas treated between 1st January 2018 and 31 December 2019 in the oncology department of the military hospital of Constantine. We analysed: age, tumour subtype, tumour site, staging, primary treatment, surgery, response to the treatment, post operative treatment, radiation therapy, and overall survival.

The median age of the population is 29.3 years. 66.6% of patients had conventional osteosarcoma (46.6% of osteoblastic, 13.3% chondroblastic, 6.6% of fibroblastic); 6.6% of small cell osteosarcoma, 13.3% of periosteal osteosarcoma, and 13.3% of low grade central osteosarcoma. 12 patients (80%) had their tumours in the extremities (upper and lower limbs). 20% had their tumours in the other bone (pelvis: 2 patients and chest wall: 1 patient). Only 03 patients had initial lung metastasis. 66.6% of patients received initial chemotherapy based on doxorubicine-cisplatin regimen, followed by surgery for 53% of patients. 33% had a good response to chemotherapy, 20% had no response to induction chemotherapy. The post operative chemotherapy was changed in 6.66% (1 patient). 13% didn't get surgical solution, but treated by radiation therapy, those whom had pelvic tumours. 13.33% had surgical treatment without chemotherapy. For the metastatic patients, they received chemotherapy, based on doxorubicin-cisplatin regimen, with radiologic assessment, and palliative local radiation therapy. Overall survival after 3 years of following showed 80% of overall survival in patients with a good response to chemotherapy and surgery versus 45% in patients with no response. For patients whom didn't get surgery, overall survival is 40%. Discussion: The median age of our population is different of the literature, due to the specificity of this hospital which is a military hospital. Different subtypes of osteosarcomas are reported in this study. Chemotherapy is used to reduce tumour burden, and to assess the tumour response which is an important outcome determinant. The response to chemotherapy is assessed by tumour necrosis (90% of tumour necrosis

is necessary to talk about a responsive tumour). In some anatomic sites, the surgery is difficult or impossible (pelvis, skull base...), than chemotherapy can be used to reduce tumour burden and followed by curative radiation therapy. Some subtypes are not responsive to chemotherapy, like chondroblastic osteosarcoma, so ablative surgery is highly recommended. In the metastatic situation, chemotherapy is the main treatment. Palliative radiation therapy can be used on bone tumours to reduce pain or compression.

Osteosarcoma is the most common bone cancer. Combination of different treatments helps to improve the outcome of these patients. Surgery stays the main treatment when it is possible."

***P191* EPIDEMIOLOGICAL AND PATHOLOGICAL FEATURES OF BREAST CANCER : A REPORT OF 204 CASES.**

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Breast cancer is the most widespread cancer in women worldwide according to the GLOBOCAN database .In this study we review the clinical and physical characteristics that impact the future outcome among a typical group of individuals.

A descriptive, retrospective, analytical study was conducted to examine the epidemiological and pathological features of breast cancer, our study population was restricted to patients diagnosed with breast cancer

between January 2020 to March 2023 treated in the medical oncology department of military regional hospital of Constantine Algeria and registered in a database.

204 patients were included ,the average age of patients was 56 years, 26.5% were under the age of 40 and 15.2% over 70 years .We observed a clear female predominance with 195 female cases and 9 male cases ,a sex ratio of 0.046.36.3 % of them had a family history of cancer.45% of the women were menopausal and 55% were genitally active. About the stages of the diagnosis 2.9% were carcinoma in situ, 40.7% at early stages (I and IIA), 32.8% locally advanced (IIB to IIIC), 23.5% metastatic. Regarding the histological aspects 82.3% were ductal histology, lobular in 15.2% and 2.5 % other types as sarcomas, 11.3 % were grade I, followed by 56.7 % grade II, and 31.2 % grade III. Concerning the biological subtypes, 55.88 % were luminal, 14.2% luminal Her positive, 12.6% pure Her 2 positive and 17.2 % triple negative.

Breast cancer is the most common cancer in Algeria and affects mainly the female sex. our findings align with prior reports within the national cancer registry, reflecting the need for urgent establishment of a large breast cancer screening programs. **KEYWORDS** Breast cancer, epidemiological and pathological features.



**P192** Neo-adjuvant chemotherapy for triple negative breast cancer: single centre experience

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Triple negative breast cancer (TNBC) is a subtype of breast cancer with lack expression of estrogen receptor (ER) progesterone receptor (PR) and human epidermal growth factor receptor, it accounts about 15% of all breast cancer cases worldwide. Unlike other subtypes of breast cancer, there is no targeted therapy available for non metastatic TNBC. Its outcome seems to be improved by neo-adjuvant chemotherapy with a pathologic complete response (PCR)

Retrospective study of 23 cases of non metastatic TNBC followed in the oncology department of the military university hospital, since 1st January 2019 until 31 December 2021 treated by antracyclin-taxane based chemotherapy followed by capecitabine in case of residual tumour We analyzed: age, staging, clinical response, pathological response, disease free survival, overall survival

Median age of diagnosis was 43.4 years, 63% of patients was stage III, 37% stage II. All of them had received antracyclin-taxane based neo-adjuvant chemotherapy. Tumour shrinkage is obtained in 75% of patients, 25% had a complete clinical response. 25% had no clinical response. 90% of patients underwent a surgery, only 5% of them had breast conservation. Pathological response was assessed by Sataloff score. 25% had a complete response: Sataloff: TANA. 75% were treated with capecitabine

in post operative. After three years of follow up, 20% had tumour recurrence. No patient with complete response had tumour recurrence. The site of tumour recurrence was axillary in 10%, lung in 80% and bone in 10%. Two patients (10%) are dead after two years of diagnosis. Discussion: Neo-adjuvant chemotherapy is an interesting treatment choice for patient with non metastatic TNBC. AC-T protocol is the standard of care in this option, but platinum based regimens can be considered in patients with no clinical response or a progressive disease. Clinical complete response is not always associated with pathological complete response. The low rate of PCR after neo-adjuvant is a continuing challenge, but adding capecitabine for six months after radiation therapy in case of no PCR is a standard of care, it improves OS and DFS. The PCR is associated with an improvement of the OS and the DFS.

TNBC is an aggressive type of breast cancer which requires more investigation to improve its outcome. "

**P193** Phenotypic profile by flow cytometry of Indolent Non-Hodgkin Lymphomas.

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The diagnosis of Indolent Non-Hodgkin's Lymphoma (IHLN) is based on cytological analysis, immunophenotyping by flow cytometry (CMF), a histopathological study and in certain cases on cytogenetic analysis. We

performed 804 cases of immunophenotyping by CMF of which 484 cases (60%) are Chronic Lymphoid Leukemia (CLL), 300 cases (37.5%) are NHLH and 20 cases (2.5%) are Hairy Cell Leukemia (HCL): We will analyze the phenotypic profiles of LNHI excluding LLC and HCL.

After cytological analysis, immunophenotyping by CMF was carried out on a blood sample in 263 cases (87.7%), on a bone marrow sample in 13 cases (4.3%), lymph node juice in 24 cases (8%) (puncture: 22 cases and trituration: 02 cases), on pleural fluid in 06 cases and on cerebrospinal fluid in 01 cases, using a large panel of monoclonal antibodies targeting B, T and NK lymphoid populations; the acquisition and analysis are carried out on a flow cytometer. The results are expressed by the Matutes score, the percentage and the intensity of the positivity of the monoclonal markers. We analyzed 300 cases of LNHI: These were 201 men and 99 women; Sex ratio (M/F) = 2.03. Average age is 62.8 years (29 - 93). After a cytological study, the diagnosis of CLL was suggested in 83 cases (27.7%), and that of LNHI in 217 cases (72.3%).

Immunophenotyping by CMF: B NHL in 269 cases (89.7%) and T NHL in 31 cases (10.3%). Flow cytometry data: 1st group (Blood and BM): NHL B: 245 cases: Matutes score: 0/5: 20 cases (8.2%), 1/5: 71 cases (28.9%), 2/5: 101 cases (41.3%), 3/5: 45 cases (18.3%), 4/5: 6 cases (2.5%) and in 02 cases, the score is 5/5 in Lymphocytic leukemic NHL. Predominance of the expression of the Kappa light chain in 49%, Lambda in 36% and it is not expressed in 14%. The distribution of LNHI is as follows: Manteau: 100 cases (40.8%); Marginal zone: 60 cases (24.5%); Villeux:

30 cases (12.3%); Follicular: 14 cases (5.7%); Pro-lymphocytic leukemia: 06 cases (2.5%); SLPC B: 32 cases (13%); Lymphocytic NHL: 03 cases (1.2%) (Initially isolated lymph node involvement). 2nd group: Analysis of lymph node juices: 24 cases: Lymphocytic: 06 cases, Follicular: 05 cases, Marginal Zone: 06 cases, Mantle: 03 cases, Prolymphocytic: 02 cases and small B Cell NHL: 02 cases. 3rd group: NHL T: 31 cases: one SLPC T: 15 cases; Sezary syndrome: 07 cases; LGL T CD8+: 5 cases; LPL T: 02 cases; NHL T  $\alpha\beta$ : 01 cases and NHL T  $\gamma\delta$ : 01 cases. 4th group: analysis of CSF and pleural fluid: the CMF concluded that it had a meningeal location in the case of relapsed mantle NHL, and the CMF found a pleural location in 03 cases

CMF was contributory in the diagnosis of NHLH, specifying the monoclonal lymphomatous nature of the populations typed in the majority of cases. Thus, immunophenotyping by flow cytometry must be systematic in all LNHI because it has diagnostic interest."

**P194 Evaluation of the R-CHOP protocol in Large B-cell Non-Hodgkin Lymphomas in extensive stages**

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We retrospectively collected the files of large B-cell non-Hodgkin's lymphoma (NHL) stages extended to determine their clinical characteristics, the



therapeutic results of the R-CHOP protocol and the prognostic factors.

From January 2017 to December 2021, we collected 229 cases of large B-cell NHL; among them 159 cases (69.4%) are of extended stages of which 121 cases (76%) were treated by the R-CHOP protocol. There are 53 women and 68 men, sex ratio = 1.2; average age = 53 years (18 - 80). The average time to diagnosis is 6.2 months (1-48). In 34 cases (28%), we found the notion of familial cancer. ECOG 2 in 86 cases (71%) and  $\geq 2$  in 35 cases (29%). Patients are classified into localized stage: III: 35 cases (29%), IV: 86 cases (71%) with involvement of two or more organs in 24 cases (23%). Immunohistological analysis clarified the phenotype of NHL in 68 cases (56%): 25 cases (36%) are Centrogerminative NHL and 43 cases (64%) Non-Centrogerminative. Application of prognostic factors: weak IPI: 59 cases (48.8%) and strong: 62 cases (51.2%). Therapeutic: Non-evaluable cases: 17 cases and evaluable cases: 104 cases (86%). The update was taken in June 2022.

The rate of good responders (CR and RCU) is 70%, that of RP 10.5% and the failure rate is 19.2%. R-CHOP: 108 cases: CR: 63 cases (60.5%), RCU: 10 cases (9.6%), PR: 11 cases (10.5%), failure: 20 cases (19.2%). Outcome: Relapse: 16 cases (15%). Living: 67 cases (CR: 64 cases, RP: 01 cases, under TRT: 02 cases), PDV: 22 cases (CR: 7 cases) and deceased: 12 cases (CR: 1 case). Median overall survival (OS) is 51 months and progression-free survival (PFS) is 27 months. Median OS is not reached for subjects  $\geq 60$  years ( $p=NS$ ), for EFS is 27 months for subjects  $\geq 60$  years ( $p=NS$ ). Median OS for ECOG 2 is not reached vs 29 months in case of ECOG  $\geq 2$  with ( $p=NS$ ), for

EFS is not reached for ECOG 2 vs 24 months for ECOG  $\geq 2$  with ( $p=NS$ ). Median OS for normal LDH is not reached vs 24 for LDH ( $p=0.0001$ ), for EFS is not reached for normal LDH vs 18 months for high LDH ( $p=0.0001$ ). Median OS for weak IPI is not reached vs 24 months for strong IPI with ( $p=0.001$ ), for EFS is not reached for weak IPI vs 18 months for strong IPI with a significant difference  $P (p=0.001)$ .

Comments We note that 58% of our NHLs are young; in Algeria NHLs are more common among young people, a fact confirmed by another study where the median age is 50 years (19-81) (1) and by the literature where the median age is 44 years in Africa (2). Our IPI by contribution to the Algerian study carried out on (104 vs 62 cases): weak 48% vs 22%, strong 51% vs 78%. The CR rate for RCHOP is 60% in the other series it is 59% with a relapse rate of 41% (1). Conclusion The CR rate is 70% with 15% relapse rate. The median overall survival is 51 months, insufficient results hence the need for therapeutic intensification, especially in the event of poor prognostic factors. "

### ***P195* Oncosurgical management of gastric adenocarcinomas: experience of the CCA CHUO service**

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Gastric cancer is still one of the leading causes of cancer death worldwide despite the decrease in its incidence with the advent of several therapeutic arms.

We conducted a retrospective descriptive study in the surgical clinic "A" of Oran University Hospital over a period of 3 years (2019-2022). This study aims to

describe the onco-surgical management of gastric adenocarcinomas.

57 cases of Gastric Adenocarcinomas were collected. The average age was 58 years [32-70 years] with a male predominance. Risk factors were found in our patients, dominated by: smoking in 21 patients, a diet rich in salt and nitrites in 18 patients, and Helicobacter pylori infection in 10 patients. Regarding precancerous conditions, we note the presence of chronic atrophic gastritis in 8 cases followed by gastric ulcer in 5 patients.

A multimodal therapeutic approach is the cornerstone of the treatment of gastric adenocarcinoma. In addition to surgery, perioperative chemotherapy has been shown to reduce tumor stage, R0 resection rates, complete regression and Improved overall survival for patients with potentially resectable gastric cancer."

**P196 Breast Cancer patients aged 70 and over in Borj Bou Aridj (BBA), Algeria: Epidemiology, Risk Factors, clinical characteristics and treatment from hospital in BBA.**

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Breast cancer incidence in the elderly is rising with overall increased life-expectancy. The aim of this study was to verify tumor characteristics in patients 70 years and older, and compare tumor characteristics, treatment options to those of younger subgroups

From 01 January 2020 to 31 August 2023, breast cancer patients of 50 years old or over whom therapy was initiated at oncology unit (Hospital of BBA) were assessed in this study. Patients were categorized into 2 groups: those aged 70 years or older, and those between 50 and 69 years old. The data provided patients demographics, such as age at cancer diagnosis; history of other cancer. Their clinical characteristics including subtypes, histologic grade, LN status, and stage were collected. Treatments that patients received were reviewed.

**P197 The nutritional assessment of head and neck cancer patients**

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Adequate nutrition assessment plays a crucial role in the management of patients with head and neck cancer. Various tools and methods have been developed to evaluate nutritional status accurately. The aim of this work is to try to determine which nutritional test should be used routinely to detect a risk of malnutrition in patients with head and neck cancer.

This is a prospective study carried out in the medical oncology department of the military hospital of Oran between September 1, 2022 and March 1, 2023. all patients diagnosed with head and neck cancer were prospectively included, A total of 56 patients were enrolled in this study. Anthropometric measurements, biochemical markers, dietary intake, and clinical parameters were collected and analyzed. Three widely used nutritional assessment tools, including the Patient-Generated Subjective Global Assessment



(PG-SGA), the Mini Nutritional Assessment (MNA), and the Nutritional Risk Screening (NRS 2002), were applied to each patient.

Among the 56 patients, the mean age was 62 years, with a male predominance (38 males and 18 females). The performance of the MNA, NRS, and PG-SGA in identifying malnutrition was compared. The MNA demonstrated a sensitivity of 72.5% and specificity of 76.5%, while the NRS showed a sensitivity of 65.0% and specificity of 69.4%. The PG-SGA exhibited the highest sensitivity (87.5%) and specificity (82.4%) for malnutrition detection. ROC analysis revealed an area under the curve (AUC) of 0.79 for the MNA, 0.73 for the NRS, and 0.88 for the PG-SGA, indicating superior accuracy of the PG-SGA in identifying malnutrition.

In this prospective study of 56 head and neck cancer patients, the Patient-Generated Subjective Global Assessment (PG-SGA) emerged as the best tool for nutrition assessment. These findings highlight the importance of using comprehensive tools, such as the PG-SGA, in the nutritional evaluation of head and neck cancer patients. Further research with larger sample sizes is necessary to validate these results and explore additional factors influencing nutrition assessment in this patient population."

***P198* The implementation of the TRS483 protocol in the use of small feilds in stereotactic treatment**

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The treatment of cancer (primary tumor or metastasis) currently uses different innovative radiotherapy techniques. such as IMRT/VMAT and Stereotactic to improve the quality of treatment and patient prognosis stereotactictreatment, mainly indicated for the irradiation of small tumors, aims to increase the dose to the tumor, while limiting the irradiation of the OAR, with a limited number of sessions. This technique uses small segments and small feilds which generate a strong dose gradient and low lateral electronic equilibrium. Treatments of small tumors using stereotaxy require very high precision and better control of the dose gradient created by small feilds. This technique requires a lot of measurements with suitable detectors using the TRS 483 protocol. Current detectors used for beam calibration disrupt the precision of dose measurement for such small fields due to their size, cavity and type of wall material. This disturbance is due to the lack of lateral electronic balance and the variation in energy spectrum. As the field dimensions decrease, the uncertainty increases.

We measured the output factors (OF) on a linear accelerator (Agility 160 leaf) using different ionization chambers (cc13 and Farmer) and a diode (razor) in comparison with calculations made on the TPS. We took different field sizes of 1\*1, 2\*2, 3\*3, 4\*4, 8\*8, 10\*10, 15\*15 and 20\*20. A comparison was made of the results obtained with and without corrections suggested by the TRS 483 protocol.

For fields less than 2x2 the diode is the appropriate detector for making measurements and gives more or less precise results For medium fields 3x3, 4x4, 8x8 cm the cc13 is the most compatible

detector For measurements of fields 15x15, 20x20 the Farmer is the most suitable detector.

The dosimetry of small fields represents a major challenge linked to their physical properties: Source occlusion, loss of lateral electronic equilibrium and detector volume. The appropriate choice of detector used in the measurement of small-fields ensures good treatment quality and better dose quantification and minimizes errors and risks linked to innovative techniques, especially for hypofractionated (stereotaxy) treatments."

**P199 Descriptive Observational Study on the Characteristics of Advanced and Metastatic Melanoma in Iraq**

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Melanoma is a malignant neoplasm originating from melanocytes, the pigment-producing cells in the skin. It is known for its aggressive nature and potential to metastasize to distant organs, leading to a high mortality rate. While melanoma has been extensively studied in various populations, there is limited information on its characteristics in the Iraqi population, especially regarding advanced and metastatic cases. Investigating the clinical and demographic features of advanced and metastatic melanoma in Iraq can enhance our understanding of the disease and provide

valuable insights for tailored prevention strategies and treatment protocols

This study employed a descriptive observational design to analyze the characteristics of advanced and metastatic melanoma cases in Iraq. Data were collected from multiple centers in Iraq, and revision of medical records was used for data collection. Patients diagnosed with advanced and metastatic melanoma within a specified period were included in the study. The sample size was determined based on the available data during the study period. Demographical, clinical, and pathological variables were analyzed.

One hundred cases of advanced melanoma were included in this study. The mean age of the samples was  $55.8 \pm 15.5$  years old. Male to female ratio was 0.79. Around 31% received palliative radiotherapy and 54% of the samples were still alive at the end of the study. The most prevalent disease presentation was tumor metastasis (57%), followed by recurrent metastasis at 33%. The most common sites of metastasis encountered in this study were the lungs (47.1%), the bone (35.3%), and lymph nodes (32.9%). Concerning the survival probability of the melanoma cohort in our study; it was found that 85% survived in the first 6 months of diagnosis, it got decreased to 74% in the first year, and further reduced to 54% after two years of diagnosis.

The findings of this study contribute to the existing body of knowledge on melanoma, specifically within the Iraqi population. The results revealed important demographic patterns, such as age distribution and gender prevalence, which may aid in identifying high-risk groups. Furthermore, understanding the anatomical locations of primary tumors and the presence of



metastasis and its sites can guide clinicians in the early detection and appropriate staging of melanoma cases."

**P200 Evaluation of Pembrolizumab Efficacy for the Treatment of Locally Advanced / Metastatic Melanoma in Iraq, a Country with Drug Supply Problems**

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Pembrolizumab, an immune checkpoint inhibitor, has demonstrated remarkable efficacy in treating melanoma in various regions. However, in countries with a non-continuous drug supply, ensuring consistent access to pembrolizumab becomes a critical concern. This study aims to assess the effectiveness of pembrolizumab as a therapeutic option for locally advanced/metastatic melanoma in Iraq, where irregular drug availability is a prevalent issue.

A retrospective analysis of medical records and treatment outcomes of patients with locally advanced/metastatic melanoma receiving pembrolizumab was conducted. The evaluation considered the challenges associated with interrupted drug supply, including treatment delays, number of cycles, missed doses, and potential impact on treatment outcomes. The main focus of the study was on overall survival. Data was collected from multiple oncology centers across Iraq. Kaplan-Meier survival curves and Cox regression were used in the evaluation of Pembrolizumab Efficacy.

One hundred cases of advanced melanoma were included in this study. The mean age of the samples was  $55.8 \pm 15.5$  years old. Male to female ratio was 0.79. The 2-year survival probability was 42% for the entire cohort. Those with interruption of treatment had significantly lower survival than those without (38% vs. 51%, log-rank = 0.082). On the other hand, cases with 10 cycles of Pembrolizumab or more had better survival than those with less than ten (62% vs. 27%, log-rank 0.001).

In conclusion, factors like smoking history, having a shorter period of follow-up, receiving fewer Pembrolizumab treatment cycles, and experiencing treatment interruption, which could result from the noncontinuous or limited drug supply in low and middle-income countries, significantly decrease the 2-year survival probability and might put the patient at a higher risk of death from advanced/metastatic melanoma. "

**P201 Lung cancer in the elderly, reduced thérapeutiques options**

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Traitement of thé elderly patients with lung cancer represents still a challenge for higher risk of comorbidity, détérioration in physical,organ,and cognitive fonctions

A rétrospective study of 40 patients âgés 75 years and over with lung cancer from 01/01/2020 to 31/12/2022

Médiane age:78,5%,male dominated 92,5%,smokers represent 87,5%,65%patients with comorbidity,clinical signes:dyspnea35%,cough47,5%chest

pain 27,5%, hemoptysis 20%, incidental (COVID) 20%, stage of disease AT diagnostics IV 65%, IIIc 5%, IIb 25% IIIA 2,5%, IIb 2,5%, histological type NCCLC 75%  
Treatment: radiotherapy 10%, surgery 0%, BSC 22,5% palliatif chemotherapy 67,5%  
Thé médian survival IS 10,1 months.

The résultats of our study are in line with literature concernant treatment with chemotherapy, with thé Hope of improving survival with the New thérapies curtently available."

**P202 Management of papillary thyroid carcinomas at the Surgical Clinic -A- (Oran University Hospital Center)**

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**Co-author's : H.Remouche S.Koriche K.Belkharoubi surgical clinic "A" CHUORAN**

Papillary and follicular cancers of the thyroid are differentiated cancers of follicular origin, of which they retain certain morphological characteristics and functional. Their incidence is steadily increasing, due to better detection, represents approximately 80% of thyroid cancers, it is multifocal and bilateral in 20% cases and very lymphophilic. This cancer occurs most often in the form of a nodule. Only 5% of nodules are of cancers and fine needle aspiration is the most common examination more efficient for their diagnosis. The initial treatment is currently standardized, and includes thyroidectomy total, with in the case of papillary cancer, a dissection of the central compartment of the neck, followed by iodine treatment 131 in case of incomplete excision, distant metastases or poor prognostic factors. Papillary cancers below centimetric, micro carcinomas, unifocal and intra thyroids are treated with surgery alone, and iodine 131

is not indicated. The aim of the study is to describe the intake in charge of papillary thyroid cancer at Oran University Hospital

Retrospective study concerning a series of patients treated in our "A" Surgical Clinic; period spread over 3 years from 2019 to 2023 during which we recorded 49 cases of papillary carcinomas of the thyroid

papillary carcinoma represents 75% of cases female predominance 80%; average age of 35 years; diagnosis established by cervical ultrasound with respect to nodules and lymph nodes; cytopuncture of nodules returned in 1/3 of contributory cases but this is the examination pathology which was positive in almost all cases. The actions taken were a total thyroidectomy with dissection ipsilateral lymph node followed by treatment of irra therapy. surgical revision concerned patients whose examination extemporaneous pathology was not available for totalization and lymph node dissection. The hollowing out lymph node involved 4 cases distant from a Primary thyroidectomy for recurrence

Thyroid cancer is most often a slow-growing cancer with a favorable prognosis. His catch in multidisciplinary charge is the subject of recommendations regularly updated. The particularity of cancer papillary thyroid surgery keeps a place important in its initial management and this through the total thyroidectomy and lymph node dissection and this guided by extemporaneous anatomopathological examination. Surgery is also indicated in recurrences or residual lymph nodes. Surgery should always be the most complete possible because it is the survival of the patient and his quality of life."



**P203 Treatment of colon cancer in occlusion at Oran University Hospital**

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**Co-author's : H.Remouche S.Koriche K.Belkharroubi surgical clinic ""A"" CHUORAN**

The emergency management of colonic cancers in occlusion remains debated, poses several difficulties: on the one hand the emergency and its complications (perforation ++), on the other hand the choice of surgical tactic because several attitudes have been proposed and the diagnosis of cancer already at an advanced stage which involves the prognosis.

From January 2004 to December 2022, 198 cases of occlusive colon cancer were treated in the department. All patients were operated on urgently, in an occlusion picture defined by clinical criteria with a complete cessation of the transit of materials. The approach used is a median laparotomy or elective left iliac route

From 2004 to 2022, 198 laparotomies were performed for colon cancers, 75% complicated for acute occlusion and 25% for peritonitis. The average age is 60 years old with extremes of 27 -98 years old]. Male predominance sex ratio=1.5 The majority of patients presented to the emergency room with a low occlusion picture. An abdominal mass was perceptible in 4 cases; an unprepared abdominal X-ray was performed in 100% of patients. The scanner was only performed on 64 patients. All patients were operated on and surgical exploration revealed a tumor process whose site was left colic in 63.6% then right colic in 26.2%, the transverse colon in 10.2%. Locations at the colonic angles in 4 cases (3 on the right and

1 on the left). There was a diastatic perforation of the cecum in one patient. Metastatic spread was noted in 45 patients (22.7%) (hepatic only in 28 cases, peritoneal in 11 cases, peritoneal and hepatic in 6 cases). Local invasion in 2 cases. The surgical procedure consisted of a segmental colectomy without restoration of continuity (54.5%), a segmental colectomy with immediate restoration of continuity in (20.5%), a discharge stoma in (20.5%), a total colectomy in (2.25%) and an internal diversion in 2 cases. Operative mortality was 10.2% linked to an age greater than or equal to 59 years in 7 cases, to high comorbidity (ASA Score 3 in 6 cases) and to a major septic context (66.6%) with multiple failure. visceral (DMV). The main causes of death were sepsis and multi-organ failure in (66.67%); heart failure in (22%). Specific morbidity (Clavien-Dindo grade III and IV) represented 3.4% marked by surgical revisions for deep suppuration (01 case), colonic necrosis (01 case) and loosening of anastomosis (1 case). Four patients presented with wall sepsis treated with dressings. All patients were referred to chemotherapy.

The outcome of the treatment of colonic cancers in occlusion is not linked only to technical aspects, but above all to the patients and their disease. The incidence of septic complications is also closely linked to the overall prognosis because they delay access to chemotherapy."

**P204 FERTILITY AFTER BREAST CANCER**

**: Retrospective study in the obstetrics gynecology department of the EHU of Oran**

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To evaluate the fertility in 40 patients, non-menopausal and treated at the department of Gynaeco-obstetrics of the EHU O-Attentive ductal carcinoma

Retrospective study on records and questionnaires from January 2019 to December 2019. Carried out at the level of the Gynecology Service, Medical Oncology Service of the EHU of Oran and the Laboratory of Developmental Biology and Differentiation.

40% of the patients were aged between 35 and 40 years, 30% were treated by chemotherapy against 25% by chemotherapy and hormonal therapy, 25% by immunotherapy and 20% by the three systemic treatments. Only 10% of these women were able to have a full term pregnancy.

These results are a draft of a preliminary study to be completed by fertility tests and on a larger number of patients Key words: fertility, breast cancer, toxicity, hormone therapy.

**P205 Prognostic and predictive factors of breast cancer in a population of patients hospitalized at EHU Oran, year 2021- 2022**

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The origin of breast cancer is related to a change in the normal state of hormonal status in a woman, knowing that

a woman's body goes through hormonal changes during the pre-pubertal, pubertal and post-pubertal periods, and even during the menopause. It is a hormone-dependent disease whose risk depends on the levels of estrogen and progesterone, which are, in turn, influenced by other genetic and environmental factors. Thus, several factors related to reproduction are cited as risk factors in the literature

Retrospective descriptive study in the gynecology department and the medical oncology department of the Hospital and University Establishment of Oran (EHUO) over a period of 2 years. Collection of information according to a form with all the variables to meet our objective : Personal characteristics (age), Characteristics of the tumor, biological elements

Our study collected 240 cases of female breast cancer managed at the EHUO. Among the clinical factors studied, the average age is  $51.4 \pm 2.4$  years with a range of 60 years. The youngest patient is 23 years old and the oldest is 83 years old. Among these women 64.3% are already menopausal. The characteristics related to the reproductive life studied, the average age of menarche is  $13.8 \pm 0.5$  years with a regular menstrual cycle in 42% of the cases and irregular in 14% of the cases. The average age at first marriage was  $24 \pm 1.8$  years, with the upper limit for this variable being 33 years. The 63.3% were on contraception. The average duration of use was  $9.9 \pm 3$  years. The 55% mentioned the notion of breastfeeding with an average duration of  $10.5 \pm 3.6$  months. The age at first pregnancy was  $24 \pm 3$  years. The study of tumor size revealed that T2 and T3 represent 56.8% of cases. The anatomopathology established shows that polymorphic ductal carcinoma with



epithelial forms is the most common (93.9%). The 68.2% are of T2 anatomical size with a SBR11 grade of 61.3% and lymph node involvement of 58%. Regarding biological factors, 32.2% are RE+, 47.4% are RP+, 46% are HER2+ and Ki67+.

Adherence to treatment should be tailored to each case based on prognostic and predictive factors. This approach reduces the risk of recurrence and mortality from this disease. Prognostic and predictive factors are often jointly discussed. Some biological factors, including ER, PR, and HER2, are both prognostic and predictive factors."

**P206** **Oncosurgical management of liver metastases from colorectal cancers (review of the literature and feedback from surgical clinic "A")**

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In colorectal cancer, approximately 50% of patients have or will have one or more liver metastases. MH are already present at the time of diagnosis of the primary tumor in 25% of cases. These lesions are not immediately resectable in 85% of cases. Today, exploration methods (CT and MRI) have been refined. Liver surgery has progressed and lesions previously considered non-extirpable are now so. The development of a therapeutic arsenal and its integration into possibly repeated surgical strategies explain the progress observed. The objective of this work is to describe the current modalities of management of MHCCR in this new diagnostic and therapeutic environment and a review of the literature

Descriptive study carried out over a period of three years from January 2020 to May 2023 on patients discussed in multidisciplinary consultation meeting treated for liver metastases of colorectal cancer at CHUOran.

We noted a male predominance of 62%, the average age: 58 years. Imaging was carried out on all patients (CT/MRI), study of kras status to adapt the targeted therapy. patients are referred to oncology for chemotherapy, targeted therapy, and in certain cases surgery. A tailor-made treatment for each metastasis. This has made it possible to transform liver metastases considered inoperable into operable metastases. The review of the literature has showed a recent meta-analysis was carried out to evaluate the effectiveness of onco-surgical management of liver metastases from colorectal cancers. This meta-analysis included a large number of studies and showed that surgical resection of liver metastases was associated with a significant increase in overall survival compared to non-surgical treatments (HR: 0.48; 95% CI: 0.37-0.63; p 0.001). Additionally, the meta-analysis also found that patients who underwent surgical resection had better progression-free survival compared to other treatments (HR: 0.56; 95% CI: 0.44-0.71; p 0.001). However, the meta-analysis also highlighted the importance of appropriate patient selection for surgery.

The management of liver metastases from colorectal cancers involves several therapeutic attitudes which increases their resectability and this through a personalized treatment plan. Finally, the metastatic disease of colorectal cancers (CRC), formerly perceived as the

entry into palliative care, is seen today as an evolving complication."

**P207 Comparative Study of the Contribution of IMRT and VMAT in the Treatment of Breast Cancer about 13 Cases**

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Innovative techniques in external radiotherapy aim to deliver the maximum dose to the tumor volume while sparing the surrounding healthy tissues. For breast cancer, the basic technique is 3D-CRT, but treatments such as IMRT (Intensity Modulated Radiation Therapy) and VMAT (Volumetric Modulated Arc Therapy) are used for complex cases. The objective of this study is a comparative analysis of the dosimetric contribution in terms of target volume coverage, reduction in OAR (Organs at Risk) toxicity, and treatment plan complexity between VMAT and static IMRT in the context of breast cancer irradiation.

Our study focused on 13 patients with invasive breast carcinoma who underwent chemotherapy followed by mastectomy surgery and then external radiotherapy with a standard dose of 50 Gy in conventional fractionation. Ballistics and dosimetry were carried out using the Monaco TPS (Monte-Carlo). Two treatment plans were created for each patient: static IMRT technique and VMAT technique. The comparison parameters included coverage of clinical target volumes (CTV) and planning target volumes (PTV), where the dose

prescription followed ICRU 83 guidelines. Additionally, two indices, homogeneity (HI) and conformity (CI), were evaluated, along with assessing constraints on organs at risk (OAR) according to SFRO 2022 guidelines.

The VMAT technique provided better coverage of the CTV by 4% and the PTV by 3%, and improved their conformity by 0.2; however, homogeneity was similar between the two techniques. The risk to OAR varied from one organ to another, but IMRT reduced the risk of late cardiac (Dmean = 0.77 Gy vs. Dmean = 4.15 Gy) and pulmonary (Dmean = 13.2 Gy vs. Dmean = 14.5 Gy) effects, as well as the risk of radiation-induced contralateral breast cancer (Dmean = 0.61 Gy vs. Dmean = 2.46 Gy). Regarding the number of MUs, VMAT beams were more modulated than IMRT (Nmean MUs = 501.97 vs. Nmean MUs = 291.16).

The numerous segments in VMAT allow us to deliver a homogeneous and conformal dose to tumors with good coverage of the target volume, but with lower doses and less preservation of organs at risk, which increases the risk of side effects or may lead to radiation-induced cancer."

**P208 What benefit the addition of bone anti-resorptives in bone metastatic prostate cancers?! : about a serie of 50 cases**

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Bone anti-resorptives such as bisphosphonates and receptor activator of nuclear factor kappa B ligand (RANKL)



inhibitors are used as supportive therapy for bone metastases from solid tumors, to prevent and delay skeletal events such as pathological fractures, spinal cord compression, hypercalcemia and possibly delay surgery and bone radiotherapy, particularly in metastatic prostate cancer ( mPC ). These events are responsible for morbidity and an alteration of the quality of life which can delay or contraindicate specific treatments beneficial to patients with prolonged survival associated with a better quality of life.

Our serie of fifty (50) evaluable patients, all followed for bone CPM over a period of 02 years, who received one of the bone anti- resoptives ; denosumab or zoledronic acid , all had a pre-therapeutic dental assessment and phospho-calcium and renal assessment, were all supplemented with calcium and vitamin D orally. We were interested in epidemiological , clinical and therapeutic data.

From the data of our series, we had 10 cases of bone-only metastatic prostate cancer, 20 bone and lymph node cases, 13 bone and visceral cases, 7 bone cases and multiple metastatic sites, the average age of which was 73 years. the type of bone metastases either osteo-condensing or mixed in the majority of cases (osteolytic and osteo- condensing ), the patients who have also had bone anti-resoptive , or new generation hormone therapy in addition to the analogue LHRH, or systemic chemotherapy, the majority side effect was hypocalcemia, the number of cases of mandibular osteonecrosis is 2, the clinical benefit was marked in practically all populations for pain, and stability of the bone evolution.

The great progress in targeting the bone by bone anti-resoptives:

bisphosphonates or anti -RANKL in metastatic prostate cancer has marked the treatment in supportive care in oncology, with effectiveness on the symptoms of the bone disease, a clear improvement in the quality of life of these patients with fewer bone complications and manageable side effects. Key words: prostate cancer, anti-resoptives, bone metastases

***P209* Retrospective and analytical epidemiological study of 32 cases of colon cancer in Azzaba, Algeria**

**Author : Hermouche sarra EPH Azzaba Algeria**

Colorectal cancer is a public health problem, ranking first among digestive cancers in both men and women. This analytical study was carried out to enhance the cancer register in the wilaya of Skikda. A retrospective descriptive clinico-pathological epidemiological study of 32 cases of colon cancer treated at the azzaba unit between 2021 and 2023.

In this study, the age at diagnosis ranged from 30 to 79 years, with an average age of 60. 59% of cases were diagnosed in women. 71% of cases had no personal or family history of cancer. The most frequent reason for consultation was abdominal pain (31%), followed by occlusive syndrome (15.6%). The preferred site was the left colon (53.1%) with a histological predominance of Liberkuvian adenocarcinoma (87.5%). 40.6% of cases were diagnosed as stage 3 (TNM 2018), and 21.9% as metastatic, with similar RAS status between wild-type and mutated patients, with a rate of 50%. 71.8% of cases received curative treatment (including 9.4% with metastatic recurrence), and 15.6% of cases received palliative treatment.

The results of this study are broadly compatible with the literature on colon cancer."

***P210* Contribution of using optimized volumes in nasopharyngeal carcinoma treatment: a case study with 30 patients at Annaba radiotherapy department**

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The use of volumetric modulated arc therapy (VMAT) technique in the treatment of different types of head and neck cancer is considered a standard of care. This technique aims to improve the quality of treatment with a minimum of side effects.. However, in current clinical practice, head and neck cancers are known for their complex anatomy and the high dose of radiation delivered (70 Gy).

This motivated us to introduce optimized volumes to improve dose conformity and target coverage, with respecting dose constraints for organs at risk. To achieve this goal, we conducted a comparative study of 30 patients with nasopharyngeal carcinoma (UCNT) treated with VMAT at the Annaba radiotherapy department with a total dose of 70 Gy. A p-value of less than 0.05 was considered statistically significant

Our results showed the effectiveness of optimized volumes in the management of side effects. by reducing the isodose volume in the posterior part of the patient. The statistical analysis revealed a highly significant difference (p 0.05) between the target volume conformity index values among the two

applied methods, with a moderate contribution to target coverage and dose constraints for organs at risk

In conclusion, the developed method can be considered an effective solution for reducing side effects when using a high dose for different human body localizations"

***P211* Real life experience of patients with locally advanced gastric and gastroesophageal junction adenocarcinoma treated with neoadjuvant chemotherapy**

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The use of neoadjuvant chemotherapy has significantly improved the prognosis of locally advanced (LA) gastric cancer. The aims of this study were to determine efficacy of neoadjuvant chemotherapy in patients with LA gastric and gastroesophageal junction (GOJ) cancer in daily clinical practice.

We retrospectively analysed patients with LA gastric cancer who were offered neoadjuvant chemotherapy from January 2015 to December 2022. Clinical outcomes included response, disease-free survival (DFS), overall survival (OS), and toxicity.

A total of 41 patients were Collected. Median age was 55 (range: 22-69) and 73% (30/41) of patients were male. At diagnosis, 29.3% of patients were classified as stage II and 70.7 % stage III. Neoadjuvant treatment regimens CF, FOLFOX/XELOX and FLOT were applied in 61%, 17% and 22% of cases respectively.



Thirty-nine patients (93%) completed neoadjuvant chemotherapy, 25 (61%) underwent R0 resection, 5 (12%) had exploratory procedure and 16 patients (39%) completed adjuvant chemotherapy. Post-operative complications were observed in one patient (anastomotic leakage). Disease control rate was achieved in 68.3 % of cases, down-staging in 46.3% and 17% had a pathologic complete response (pCR). 5-years OS was 47% for the whole population and 76% for patients treated with surgical resection. No relapse was observed in patients with pathological complete responses. The median OS was 33 months after 68 months of median follow-up.

Our study is limited by the retrospective design. However, we have provided evidence that the neoadjuvant treatment approach is important both to facilitate surgical procedure and to evaluate efficacy of systemic treatment.

**P212 Venous vascular resection in pancreatic adenocarcinomas: retrospective study.**

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Pancreatic cancer represents the 4th cause of cancer death, with a poor prognosis with a 5-year survival varying from 12 to 27%. Only 20% of patients are resectable at the time of diagnosis. R0 surgery is the only curative treatment. This is only possible in certain cases at the expense of an associated vascular resection. The objective of this study is to

evaluate the risks and benefits of mesenteric-portal venous resections during cephalic duodenopancreatectomy.

From May 2014 to February 2023, 225 patients underwent cephalic duodenopancreatectomy. Among them, 32 benefited from associated venous resection. The demographic and operative data of these patients were analyzed retrospectively. The endpoints were for operative risk, major morbidity Clavien Dindo >3 and mortality at 30 and 90 days and for benefit, the R0 resection rate.

Major morbidity is 35.7% for DPC alone and 34.37% for DPC with venous resection. Postoperative mortality at 30 and 90 days is 11.39% (22 patients) and 15% (29 patients) for the 193 DPC alone. For the 32 DPC with venous resection, the operative mortality is 09% (03 patients) and 12.5% (04 patients) respectively. The R0 resection rate is 97% for DPC alone and 75% for DPC with venous resection

R0 surgery is the only curative treatment for pancreatic tumors. When the latter are locally advanced, surgery remains possible by extending the resection to adjacent vessels. This approach is feasible and reliable by expert surgeons. It makes it possible to increase the number of patients operated on and above all to improve the R0 resection rate.

**P213 Paclitaxel-Carboplatin-Bevacizumab Combination in Inoperable and / or Metastatic Local Non-Epidermal Non-Small Cell Lung Cancer"**

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The addition of Bevacizumab to a platinum-based doublet in the treatment of non-small-cell lung cancer (NSCLC) has led to statistically significant increases in overall survival rates, progression-free survival and therapeutic response compared to chemotherapy alone. Objective: the primary objective of our study was to evaluate the efficacy in terms of progression-free survival (PFS) of the combination of a chemotherapy based on Carboplatin and Paclitaxel, and Bevacizumab, as first-line treatment in patients with non-squamous, non-resectable and / or metastatic NSCLC. The secondary objectives were therapeutic response, safety and overall survival.

a prospective observational study was conducted from January 2014 to July 2018 in the Medical Oncology department of the Oran University Hospital Center. Patients over 18 years of age with confirmed histology of non-small epidermoid non-resectable and / or metastatic non-small cell lung cancer were included. Treatment based on Paclitaxel at a dose of 175 mg / m<sup>2</sup> combined with Carboplatin (AUC 6) and Bevacizumab at 15 mg / kg on D1 every 3 weeks were administered. In responder or stable patients, Bevacizumab was maintained as monotherapy every 3 weeks until unacceptable progression or toxicity

We included fifty patients whose average age was 55.5 ± 8.7, and a sex ratio of 5.3. Ninety-four percent of the patients had a performance status of score 0-1. The predominant stage was stage IV (88%). A total of 500 cycles of Paclitaxel-Carboplatin-Bevacizumab were administered, with an average of 10.4 ± 6.4 cycles [95% CI, 8.8-12.2] and extremes of 2 and 27. Thirty-one patients (62%) had received

maintenance treatment with an average of 7.8 ± 5.7 cycles [95% CI, 6-9.9] and extremes from 1 to 21. After a median follow-up of 14, 3 months [95% CI, 10.8 - 16.8], the median PFS in patients intending to treat was 10.2 months [95% CI, 9.2 - 11.3] with a rate of SSP at 12 months of 30%. The objective response rate was 37.5% [95% CI, 25 - 52.1], with an average duration of 11.7 months (95% CI, 8.9 - 14.2). The disease was controlled in 91.66% of the cases [83.3 - 97.9]. The median overall survival (OS) was 15 months in ITT (95% CI, 11.1-18.9), with a rate of OS at 12 months, 18 months and 24 months respectively of 60%, 28% and 18,8%. The main grade 3-4 toxicities were: neutropenia (18%), febrile neutropenia (6%), thrombocytopenia (8%) and sensory neuropathy (10%).

The Paclitaxel-carboplatine\_Bevacizumab combination, is effective in first-line treatment in patients with non-squamous NSCLC with an acceptable tolerance profile. "

**P214 Evaluation of Histological Response of HER2-Positive Breast Cancer after Taxanes-Based Therapy with Trastuzumab**

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Breast cancer is the most common cancer and the first leading cause of cancer death among women worldwide; its incidence is increasing, and the objective of this work is to evaluate the role of neoadjuvant trastuzumab in the management of breast cancer.

In a retrospective study; on 33 files; Collected between 2018 and 2023,



we noted epidemiological, histo-clinical, therapeutic data (chemotherapy, targeted therapy, surgery, radiotherapy) and the evolution of patients with breast cancer after neoadjuvant treatment combining taxanes with trastuzumab.

The population in our study was 100% female, with an average age of 47 years (between 45 and 60 years), 23% of patients had evidence of breast cancer in the family, non-specific infiltrating carcinoma was the most common with a percentage of 82%, SBR2 presents 65%, SBR3: 27%, the tumor was located in the right breast in 51% of patients, in the left breast in 49%, the immunohistochemical profile: luminal Her2: 64%, Her2: 36%, the associated prognostic factor: Ki 67  $\geq$  40 is found in 42% of cases, neoadjuvant treatment concerned 100% of patients, and the use of trastuzumab with taxanes in the number of 04 courses was in 100 % of the cases studied, 85% retained a total mastectomy with lymph node dissection, 88% complete therapeutic response, 12% non-complete response on the anatomo-pathological study.

Breast cancer remains a fatal disease with an increasing incidence; massive screening and early diagnosis remain the best way to have curable forms; the objective of placing "

**P215 Correlation between compassion fatigue and affective and cognitive empathy among Tunisian oncology healthcare professionals**

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Research is clear regarding the importance of empathy in the

development of effective relationships between care providers and clients, and in successful health care provision. Although empathy plays an important role in making human interactions work, it can also lead to negative consequences as a result of the costs involved for the one who empathizes. The aim of this study was to investigate the relationship between empathy and quality of working life for staff working in oncology departments.

A descriptive, cross-sectional, multicenter study was carried out among Tunisian oncology healthcare staff working in several departments caring for cancer patients (Carcinology Sousse, Monastir, Sfax, Institut Salah Azaiez and Ariana). The instrument used to measure CF is the Professional Quality of Life (PRO-QOL version5), which is made up of 3 subscales: Compassion Satisfaction (CS), Burnout (BO) and Secondary Traumatic Stress (STS). The instrument used to measure empathy is the 31-item Cognitive and Affective Empathy Questionnaire (CAEQ). The QCAE is composed of five latent components of empathy: Online simulation, Perspective taking, Proximal responsivity, Peripheral responsivity and Emotional contagion. The correlation between the different dimensions is based on Pearson's coefficient (r).

A total of 120 healthcare workers completed the questionnaire. The mean of affective empathy score was  $20 \pm 4,49$  and the mean of cognitive empathy score was  $28 \pm 6,53$ . Affective Empathy was positively correlated with BO ( $r=0.364$ ;  $p=10^{-3}$ ) and STS ( $r=0.429$ ;  $p=10^{-3}$ ). Cognitive empathy was positively correlated with SC ( $r=0.232$ ;  $p=0.012$ ) and STS ( $r=0.220$ ;  $p=0.01$ )

Being in contact with frail and end-of-life patients and developing feelings of empathy increases the risk of developing

compassion fatigue among oncology department staff. Understanding the different links between compassion fatigue and empathy developed by oncology healthcare professionals will be necessary for prevention. "

***P216* Compassion fatigue in Tunisian oncology healthcare workers: Results of a multicenter study**

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Compassion fatigue (CF) concerns health care workers in charge of people in distress. Exhaustion and deep moral pain result from excessive preoccupation and stress in response to the suffering of the person being cared for. Learning to recognize it is the first step in a process aimed at prevention. The objective of this study was to measure compassion fatigue in staff caring for cancer patients.

A descriptive, cross-sectional, multicenter study was carried out among oncology professionals working in several Tunisian departments caring for cancer patients (Carcinology Sousse, Monastir, Sfax, Institut Salah Azaiez and Ariana). The instrument used to measure CF was the "Professional quality of life" (PRO-QOL version 5), which is composed of 3 subscales: 10 items to measure compassion satisfaction (SC), 10 items to measure burnout (BO) and 10 items to measure secondary traumatic stress (STS).

A total of 120 health personnel responded to the questionnaire. The average age of the participants was 36.13±8.06 with a female predominance (sex ratio=0.29). More than half of respondents were physicians (55.9%). The

mean CS score was 33.57±6.24, which is consistent with an average level of CS. However, 13.3% of the staff had a high SC score. The mean PE score was 29.88±5.12, which corresponds to an average level of PE. Only 10.9% had a low PE score. The mean STS score was 33.16±7.56, which corresponds to an average level of STS. However, 17.5% had a high STS score.

Compassion fatigue can contribute to negative consequences for individual healthcare workers, patients, and organizations. Our study showed that Interventions to mitigate CF in Tunisian oncology healthcare staff are required. "

***P217* Evaluation of the R-CHOP protocol in localized large B-cell non-Hodgkin's lymphoma**  
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We retrospectively collated the records of localized stages of large B-cell Non-Hodgkin's Lymphoma (NHL) to describe their clinical presentations, the therapeutic results of the R-CHOP protocol and assess survival according to prognostic factors.



From January 2017 to 2021, we collected 229 cases of Large B-cell NHL; among them 70 cases (30.6%) were localized stages, of which 55 cases (78.6%) were treated with the R-CHOP protocol. These included 22 women and 33 men, sex ratio = 2.13; mean age = 53 years (16 - 87). The mean time to diagnosis was 5.4 months (1 - 18). A family history of cancer was found in 16 cases. General signs were noted in 23 cases (41.8%). ECOG 2 in 47 cases (85.4%). Patients were classified into localized stages: I: 15 cases (27%), Patients were classified into localized stages: I: 15 cases (27%), II: 40 cases (72.7%) with contiguous involvement in 05 cases. Prognostic factors: low IPI: 48 cases (87.2%) and low intermediate: 07 cases (12.7%). Immunohistological analysis clarified the NHL phenotype in 35 cases (63.6%): 21 cases (60%) were centro-germinative NHL and 14 cases (40%) non-centro-germinative. A review was carried out in June 2022. Of the 55 cases, one is non-evaluable and 54 (98.2%) are evaluable.

The good responder rate (CR and RCU) was 81.4%, the PR rate 7.4% and the failure rate 11.2%. Outcome: Relapse: 04 cases. Survivors: 44 cases (43 in CR, 1 on TRT), PDV: 08 cases (3 in CR) and 02 deceased. Median overall survival (OS) and progression-free survival (PFS) were not achieved. Analysis of median survival in patients 60 years, low IPI vs intermediate IPI, ECOG >2 VS 2 and according to LDH level is unmet and without significant difference

In our study, high-grade NHL is more frequent in young patients; the same data are noted in two national studies (Oranaise and CPMC), where the median age is respectively 57 years (24-89) (1) and 53 years (16-76) (2); the median age is

higher in Western countries, 65 years in North America, 61 years in Europe, whereas in Africa, it is 44 years (3). In Algerian series, weak IPIs predominate over strong IPIs (1). The CR rate in case of R-CHOP protocol is 74% in our series vs. 74% in the CPMC study. (2). Overall survival at 5 years was 67% in the 1st Algerian study (1) vs. not reached in our study. The results obtained are satisfactory, especially in subjects under 60 years of age for whom the median overall survival is not reached, but there is still room for improvement in terms of early diagnosis and treatment. Intensification in patients with unfavorable prognosis to improve therapeutic results."

***P218* EPIDEMIOLOGICAL AND  
 PATHOLOGICAL FEATURES OF BREAST  
 CANCER : A REPORT OF 204 CASES.**

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 Regional Hospital of Constantine Algeria**

**Co-author : A DEKKOUMI**

Breast cancer is the most widespread cancer in women worldwide according to the GLOBOCAN database .In this study we review the clinical and physical characteristics that impact the future outcome among a typical group of individuals.

A descriptive, retrospective, analytical study was conducted to examine the epidemiological and pathological features of breast cancer ,our study population was restricted to patients diagnosed with breast cancer between January 2020 to March 2023 treated in the medical oncology department of military regional hospital of Constantine Algeria and registered in a database.

204 patients were included ,the average age of patients was 56 years, 26.5% were under the age of 40 and 15.2%

over 70 years .We observed a clear female predominance with 195 female cases and 9 male cases ,a sex ratio of 0.046. 36.3 % of them had a family history of cancer.45% of the women were menopausal and 55% were genitally active. About the stages of the diagnosis 2.9 % were carcinoma in situ, 40.7% at early stages (I and IIA), 32.8% locally advanced (IIB to IIIC), 23.5 % metastatic. Regarding the histological aspects 82.3% were ductal histology, lobular in 15.2% and 2.5 % other types as sarcomas, 11.3 % were grade I, followed by 56.7 % grade II, and 31.2 % grade III. Concerning the biological subtypes, 55.88 % were luminal, 14.2 % luminal Her positive, 12.6% pure Her 2 positive and 17.2 % triple negative.

Breast cancer is the most common cancer in Algeria and affects mainly the female sex.our findings align with prior reports within the national cancer registry, reflecting the need for urgent establishment of a large breast cancer screening programs."

**P219 CETUXIMAB IN THE TREATMENT OF METASTATIC COLORECTAL CANCER: COST EFFECTIVENESS STUDY IN THE MEDICAL ONCOLOGY DEPARTMENT OF BLIDA**

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The fight against metastatic colorectal cancer (CCRM) has progressed in recent years, thanks to the addition to chemotherapy, targeted therapies against angiogenesis factors (bevacizumab) or tumor growth factor receptors (cetuximab and panitumumab). If these targeted therapies have proven their effectiveness on OS and TTP, they are nevertheless

expensive molecules; their high cost prompted us to carry out a cost-effectiveness medico-economic study.

The objective of this work is to evaluate the cost of Cetuximab in patients with CCRM, their effectiveness and to establish the ICER incremental cost-effectiveness ratio.

A cost-effectiveness, prospective observational, medico-economic descriptive study was carried out at the medical oncology department of the CAC de Blida between July 2016 and December 2018. The patients included all had CCRM with status. performance  $\leq 02$ , RAS status available and receiving first-line treatment combining Cetuximab + chemotherapy. 38 patients with non-mutated (wild-type) RAS status received the cetuximab-FOLFIRI protocol, the mean of cures was 10.2 cures with extremes of 06 and 21 cures, the % of OR was 52.6%, the% of tumor control was of 71%, the% of progression was 28.9%, the protocol was overall well tolerated but having transiently impaired the quality of life of some patients, the medians of TTP and OS were respectively 09 and 19 months, the medical cost direct / cure was 317407.31DA, the median of the cost of the 1st line was 3808887DA with extremes of 1904443 and 6665547DA, the ICER ratio was 3539313DA / 0.13 years of life gained.

The use of targeted therapies in the treatment of CCRM has generated significant costs at the cost of prolonging survival by a few months, due to the lack of data on the threshold of acceptability in Algeria concerning expensive molecules, we was difficult to draw a conclusion on the ICER result found. Keywords: metastatic colorectal cancer (CCRM), targeted therapy, cost-effectiveness study, incremental cost-effectiveness ratio (ICER)"



**P220 Clinico-epidemiological profile of gastric cancer in Algerian patients age 45 and under: experience of department of medical oncology Blida – ALGERIA**

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Gastric cancer is the second leading cause of cancer related mortality and the fourth most common cancer globally; the average age at diagnosis is generally  $\geq 50$ . In our department of medical oncology in Blida (north of Africa) we have observed an increased number of young patients with gastric cancer. The aim of this study is to determine epidemiologic and clinical characteristics of this cancer in young patients  $\leq 45$ .

This is a retrospective study of patients diagnosed with gastric cancer aged 45 and under, treated in department of medical oncology in Blida between January 2015 and December 2018. We were interested to clinico-epidemiological characteristics of this population.

During this period, 56 patients with gastric cancer age 45 and under were seen, which is about 25.3 % of all patients with gastric cancer (total : 221 patients); 38 were male (67.8 %) and 18 female (32.1%), median age at diagnosis 36 years, range 21 to 45. Body mass index (BMI) was higher 25 in 15 patients(26.7%); smoking was found in 18 patients (32.1%), consumption of salted and preserved products was observed in 23 patients (41%); diet high in meat and fat was observed in 25 patients (44.6%), oil of cade intake was noted in some patients, family history of gastric cancer was seen in 3 patients and family history of other cancer was seen in 10 patients. The most common symptom was

epigastralgia, diagnosis delay was  $> 3$  months in 64% of cases, the gastric antrum was the most frequent seat, histological type was adenocarcinoma in 91%, helicobacter pylori infection was determined in 29 biopsies, locally advanced (III) and metastatic stages (IV) were respectively 35.7% and 48% of cases.

High incidence of gastric cancer in young people (in our series) . The main risk factors in young people are : smoking, HP+, low socioeconomic status, intake of salty and smoking food, oil of cade?, diet rich in meat and fat, low in vegetables and fruits, physical inactivity, excess weight and unknown behavioral factors. Eating habits and how to live our young population must be analysed carefully . Gastric cancer is still a serious health problem in Algeria, other prospective studies to identify other risk factors are highly recommended . "

**P221 Risk Factors for recurrence of colorectal cancers: experience of the M'sila Public Hospital, ALGERIA**

**Author : S. Kourtel Establishment Public Hospital M'sila, ALGERIA Algeria**

Colorectal cancer IS the 2nd cancer in incidence, and the 3rd in mortality in the World. Prognostic Factors are essential Factors which make it possible, to a certain extent , to predict the course of the disease and the effectiveness of the treatment. objective: to describe the profile of patients with recurrences of colorectal cancers and to analyze the epidemiological and anatomopathological characteristics of colorectal cancers

Retrospective study covering the files of patients with colorectal cancers diagnosed between January 2022 and May 2023 and treated at the establishment public Hospital of M'sila

24 patients were included, 79.16% colon cancers and 20.83% rectal cancers, 54.16% M'en and 45.83% Women, the average age was 61.58 years ( 39- 85 ), ECOG (0-1) : 87.5%, ECOG 2: 12.5%. the histological type IS ADK in 20 patients, with mucinous component in 2 patients and mucinic ADK in 2 patients. Patients with colon cancer and candidates for adjuvant chemotherapy are 11/16 stick ( 68.75%), stage 1: 05.26%, stage 2: 47.36% ,(44.44% low risk and 55.55% high risk), stage 3: 31.57%( 66.66% low risk and 33.33% high risk), stage 4: 15.78% ( 2/3 liver metastases, 1/3 peritoneal carcinomatosis, 2/3 unsectable and 1/3 resectable, 1/2 muted BRAF and 1/2 BRAF wild type). 16.66% recurrences ( 2/4 of colonic origin , 1/4 local recurrences and 3/4 distant recurrences, 2/3 liver metastases resectable immediately and 1/3 AT the breast level)

- Colorectal cancer even after properly treated IS likely to recur - for rectal cancer, 2/5 have a recurrence within 3 months after the end of their treatment - the mucinous type IS correlated with an advanced TNM stage and a high risk of recurrence - pT4 and/ or N1is correlated with a high risk of distant recurrence

**P222 Squamous cell carcinoma of the larynx in women: experience of the medical oncology department CLCC of Oran**

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**Co-author's : S.ZEROUAL, B.LARBAOUI**

Laryngeal cancer is the second most common head and neck cancer. Risk factors are dominated by alcohol and tobacco intoxication. Squamous cell carcinoma is the most common histological type. However, female

involvement remains rare. The sex ratio is the highest of all cancer sites

A retrospective study was performed in our department, which included 20 patients diagnosed with Squamous cell carcinoma of the larynx from January 2017 to December 2022.

The median age was 60 years old (range 45-71), No smoking or alcohol use was found in any of the patients. Second-hand smoking: 12 patients (60%) No patient had a history of cervical irradiation nor a family history of laryngeal cancer. Clinical signs: Dysphonia was the leading revealing symptom (75%), dyspnea in 50 % of cases. Dysphagia was seen in three cases (15%). Cervical swelling was found in two case (10%). The mean lag time between the onset of symptoms and the first consultation was 10 months (6months-18 months). The macroscopic appearance was dominated by budding lesions in 65% of tumors, followed by ulcerative-budding in 35% of cases. We found that 70% of tumors were diagnosed at stage III, 15% at stage II, 10% at stage IVa and only 5% at stage I Laryngeal preservation protocol was carried out on one patient. Sixty-five percent of patients underwent a total laryngectomy with lymph node curage, 20% a partial laryngectomy and 10% a total laryngectomy with thyroidectomy. One patient had a cordectomy. Concomitant chemoradiotherapy was given to eight patients (40%). Exclusive radiotherapy for two patients. Local recurrence was observed in three patients. The median survival was 36 months.

Cancer of the larynx in women is a rare disease that is often diagnosed late. Any dysphonia in women must be investigated, even in the absence of risk factors. Early diagnosis have a better functional and vital prognosis. "



***P223* Factors influencing prostate positioning assessed by embedded transperineal ultrasound in external radiotherapy.**

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The goal of radiation therapy for prostate cancer is to deliver a high dose to the prostate while avoiding OAR irradiation. It is essential to ensure that the position of the prostate is faithfully identical to the initial position when planning. However, it has been shown that this gland is a mobile organ making its management in radiotherapy very complex. The positioning monitoring can be performed by techniques such as on-board trans-perineal ultrasound. This system allows, at the same time, the positioning of the patient and the monitoring of the treatment ensuring inter- and intra-fraction

Our study between, 2019-2022, involved 25 patients treated with radiotherapy for prostate cancer. The positioning of patients and the monitoring of prostate movements during treatment were performed by trans-perineal ultrasound based on measurements in the three axes of target volume displacement (AP, LR, SI). Validated images of each patient allowed a collection of 340 measurements per patient (measurements made at the beginning, middle and end of treatment) in order to study the factors influencing the movements of the prostate.

The analysis of 8550 measurements showed an increase in

prostate displacements mainly in the AP axis which are directly influenced by the preparation of the patient, compliance with the diet by filling the bladder and rectum followed by the LR axis due to the positioning of the patient directly influenced by the tattoo points and the absence of contention for the pelvis especially for obese patient . Following inter-comparisons of patients, we found that there is a significant difference from the norm for some patients and that several parameters can interfere with it, namely: personal history such as hypertension, diabetes and BPH are added to the factors aggravating displacements due to bladder filling abnormalities. The place of residence of the patient is an indirect factor that influences the amplitude of travel because the distance from home disrupts the application of the instructions of the regime to be followed during treatment. The analysis of the frequency of displacements around the axis  $\pm 3\text{mm}$  objective higher tolerances at the end of treatment to incriminate the duration of treatment as a factor influencing the positioning of the prostate. A difference in range of displacement between the first five and last five sessions of all patients combined is significant in the AP axis explained by the lack of compliance of patients with hygiene-dietary rules at the end of treatment in addition to the appearance of side effects such as cystitis and proctitis, making usual bladder filling and rectal emptying difficult to achieve. Finally; The fact that the patient is less stressed as the treatment progresses compared to the simulation and at the beginning of the treatment may be the cause of these higher displacements.

Among the various factors identified, some can be reduced such as the reduction of treatment time by the use

of FFF beams, the awareness of manipulators for more vigilance and the involvement of the patient so that he is an actor of his own treatment."

**P224 Management of Prostate Cancer in the Radiotherapy Oncology Department of the Military Hospital of Oran: A Study of 51 Cases**

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Prostate cancer is the most common cancer in men over 50 years old and the second leading cause of cancer-related mortality. The aim of this study is to investigate the epidemiological, diagnostic, and therapeutic profile of prostate cancer.

This is a retrospective study conducted from July 2019 to January 2023, involving 51 patients recruited from the radiotherapy department of the University Regional Military Hospital of Oran for prostate cancer.

The average age of the patients was 67 years, ranging from 42 to 88 years. The average duration of disease progression was 22 months. Advanced tumors, classified as T3 or T4, accounted for 77.1% of cases, while localized tumors, classified as T1 or T2, constituted only 22.9%. Lymph node involvement, classified as N1, was found in 15% of cases. Gleason scores were equal to or greater than 7 in 72.8% of cases. The most common histological type was adenocarcinoma, accounting for 98% of cases. In total, 73.3% of patients received curative external

beam radiotherapy at a dose of 70 Gy, while 26.7% received palliative, decompressive, or analgesic radiotherapy. With an average follow-up of eight months (range: 3-9), 69.5% of patients were alive without disease, 20.5% were alive with bone metastases, and 5% had passed away.

Prostate cancer represents a significant public health challenge in Algeria. The advanced stage of the disease (T3-T4), the frequency of bone metastases, and the absence of systematic screening contribute to these findings."

**P225 Nerve tumors**

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Meningiomas are extraparenchymal benign tumors developed at the expense of arachnoid villi. They derive their gravity from their location in hyperfunctional areas. These are the most common tumors of brain tumors; Despite their local evolutionary potential and slow growth kinetics, meningiomas can take on some aggressive histopathological aspects. The Objective is to present the epidemiological, clinical, pathological and histoprognostic particularities of meningiomas.

This is a retrospective series of 63 patients operated on for intracranial meningioma, collected at our pathological anatomy and cytology department at EHS Salim Zemirli, over a period of four years.

The 63 patients ranged in age from 23 to 76 years with a mean age of 53 years, of which 47 were women, or 74.6%. The sex ratio was 2.8. Patients over 40 years of age numbered 54 or 85.71% of cases. Of



the 47 women, 38 (80.8%) were over 40 years of age. All patients underwent brain imaging showing an expansive intracranial process. In our series, intracranial meningiomas of the tentorial sit represent 89% of cases predominant at the level of convexity with: 26% of frontal seat, 16% sphenoidal, 8% parietal, 5% temporal.

Almost all patients benefited from a total excision with a percentage of 90.5%. Most of the 82.5% of the samples sent have a fragmented appearance. The rest of the 17.5% samples have a nodular aspect. a clear predominance of grade I meningiomas is noted with a percentage of 92%. Followed by grade II 5% meningiomas which are atypical meningiomas and then grade III 3% anaplastic meningiomas. Meningioma meningioma is by far the most common in grade I tumors according to the WHO classification 2016 with a percentage of 61%.

Meningiomas are the most common tumours of intracranial tumours. WHO distinguishes three prognostic grades of meningiomas, and several histopathological variants. The histopathological study is necessary to clarify the histopathological type and grade of meningiomas. Thanks to pathological study and immunohistochemical examination, meningiomas do not pose any diagnostic problems. Prognosis depends on histological type and quality of surgical excision

**P226 NEUROENDOCRINE TUMOURS**  
**STUDY OF A SERIES OF 61 CASES AND**  
**REVIEW OF THE LITERATURE**

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Neuroendocrine tumors (NETs) are a complex group of tumors composed of cells with a common phenotype, they are rare but whose incidence is increasing. These are tumors that develop in different organs. NETs are often diagnosed incidentally during abdominal imaging or intervention. Anatomopathological analysis is crucial to establish the diagnosis, its degree of differentiation and grade. Follow-up of patients is necessary. The Objective is to present the epidemiological, clinical, pathological and histo-prognostic features of neuroendocrine tumors.

This is a retrospective study of a series of 61 cases of neuroendocrine tumors collected at the Pathological Anatomy and Cytology Department of EHS Salim Zemirli, between March 2017 and December 2022. The diagnosis was confirmed by histopathological examination on biopsies and operating rooms after surgery.

In our series the average age at diagnosis was 75 years with extremes ranging from 18 to over 80 years. There is an equal distribution between the two sexes (sex ratio of 1.1). The samples received are mainly operating rooms (51%). In most cases the tumor is located in the digestive tract; They are successively hepatic (17%) then pancreatic and gastric with the same percentage (15%). The primary origin of these tumors predominates (63%) while the secondary origin represents (37%). A clear predominance of grade I digestive neuroendocrine tumors (34%) followed by grade II NETs (14%) and grade III NETs

(10%) followed by neuroendocrine carcinomas and small cell carcinomas (12%); tumors with a neuroendocrine contingent represent 16% (4 cases of MINEN, 5 cases of mammary tumors with neuroendocrine differentiation and a prostate tumor with neuroendocrine differentiation). At the completion of the immunohistochemical study 88% of NETs expressed synaptophysin while 59% expressed chromogranin and 52% were positive with anti-CD56 antibody. The proliferation index was 20% in most cases (56%) including 29% of cases (ki67 20% (grade III NETs and carcinomas (26%).

NETs are rare tumors, characterized by high clinical, pathological and therapeutic heterogeneity. And it is the evaluation of tumor malignancy that remains the most difficult step, including the role of the pathologist. The prognosis of these tumors is generally good due in part to their slow evolution, and the frequency of grade I and II NETs; on the other hand, given the rapid improvement in diagnosis and therapeutic modalities; Hence the need for multidisciplinary and networking in the management of these tumors. "

**P227 Radiotherapy in cervical cancer.**

**Statistical study of 63 patients treated at EHS Emir Abdelkader in Oran**

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Cervical cancer is the second gynecological cancer in Algeria. A study was carried out on certain patients to determine the different stages of cervical

cancer treated with radiotherapy and to evaluate the post-radiotherapy follow-up of this pathology.

This is a retrospective study, carried out over a period of 8 months, from January to August 2016, and which included 63 patients diagnosed histologically with cervical cancer and having benefited from radiotherapy in the radiotherapy department at the center anti-cancer in Oran.

The average age of our patients was 57 years (32–85 years). According to the FIGO 2018 classification, tumors classified IIIc1 were the most frequent (15.7%) followed by tumors classified IIB (14.2%). Squamous cell carcinoma was the most common histological type (92%). 13 patients were diagnosed at an early stage and were treated with primary surgery followed by post-operative radiotherapy with or without vaginal brachytherapy. 13 patients treated by external radiotherapy at a dose of 46 Gy (including 12 with concomitant chemotherapy based on cisplatin) followed by utero-vaginal curia therapy at a dose of 19.5 Gy (6.5\*3) 32 patients treated by external radiotherapy followed by a boost 16 patients received closure surgery after RCC Only grade 1 or 2 toxicity was observed, acute type: cutaneous in 4 cases, digestive in 24 cases, urinary in 1 case, hematological in 4 cases. The response to treatment was complete in 24.6% of cases, partial in 11.9%, stability in 3% of cases and progression in 3.7% of cases. Median follow-up of 37.36 months: 18 deaths were observed and the locoregional recurrence-free, relapse-free (locoregional and metastatic) and overall survival rates were respectively 70.9%, 60.3%.

Radiotherapy in cervical cancer allows an improvement in the local control



rate, and a gain in event-free survival, which was confirmed in our study."

***P228* Comparative analysis of Clinicopathological profiles and survival outcomes of early-onset versus late-onset colorectal cancer patients**

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To study the clinicopathological characteristics and survival of the early onset CRC ( 50 years) versus late onset CRC ( $\geq 50$  years) patients.

A total of 182 patients with early-onset CRC (age 50 years at diagnosis) and 284 patients with late-onset CRC (age  $\geq 50$  years at diagnosis) diagnosed during 2008–2017 were included. The demographic and clinicopathological characteristics of patients with early-onset CRC were compared with those of patients with late-onset CRC. Kaplan-Meier survival analysis and Cox regression analysis was performed to determine the patient's prognosis.

The early onset and late onset groups considered of 39.1 % and 60.9%, respectively. The late onset group were diagnosed with a higher proportion of positive Rh antigen, comorbidities and obesity (61.4%, 70.6 % and 71.2% respectively). The early onset group were diagnosed with a higher proportion of signet ring cell carcinoma (61.9%,  $P = 0.018$ ) and distant metastasis (62.0%,  $p > 0.0001$ ). Moreover, low expression of CEA (CEA 0.0001). Rectal bleeding and the rectum tumor site was more common among the early onset patients (63.5 % and 60.2 respectively). However, there

was no significant difference between the two groups regarding gender distribution, address, family history and histological grade. During a median of 46 months of follow-up, 44.0% of patients had died from CRC. Shorter survival rates were observed in the early onset group CRC ( $p = 0.0001$ ). The late onset CRC were associated with a low recurrence rate ( $p = 0.0001$ ). Based to multivariate analysis, clinical stage and age at diagnosis are independent risk factors for both overall survival and disease-free survival.

The clinical stage and age at diagnosis are an independent prognostic factor for patient's outcome. The early onset group of CRCs is more advanced at the time of diagnosis and they should be evaluated promptly and carefully

***P229* Correlations of sociodemographic and clinicopathological features with survival outcome of colorectal cancer: A retrospective Study (2008-2017) from a Libyan Cohort**

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**Co-author's :** Mohamed Elfagieh Mamduh Gaber Abdulah Jebri Monsef Algouti Fatma Belgasem Abdusalam Sohoub, Abdsalam Rabie Eramah Ermiah

To study the correlations of sociodemographic and clinicopathological variables of patients with colorectal cancer (CRC) and investigate the association of these variables with patients' outcome.

A retrospective analysis of 466 patients with CRC were diagnosed and treated at the National Cancer Institute (NCI), Misurata, Libya during the 2008-2017 period. Data for sociodemographic, clinicopathological, biological variables, presentation, treatment, and survival

related data were collected from the patients' files.

The mean age of patient was 53.2 years (range 22-90 years) and most of patients (60.9%) were aged > 50 years. For gender distribution, CRC was nearly the same frequent among males and females (50.2% and 48.9%, respectively). Intestinal obstruction was the most frequent presentation (41.6%) followed by bleeding per rectum (34.1%). Colon cancer were more common than those located in the rectum, (60.1% vs. 39.9%), left sided tumours (35.4%) was more frequent than right colon (24.7%). Most tumours were adenocarcinoma (82.0%) and most of patients had moderate differentiated tumours (60.5%). In term to the AJCC staging system, the distribution of stages was as follows: 4.9% stage I, 25.4% stage II, 40.3% stage III, and 29.4% stage IV. Liver was the most common metastatic site (70.5%). In the overall population (median follow-up 46 months), patients with 50 years of age, with an advanced stage and with a high grade tumours had shorter survival times than those with  $\geq 50$  of age, early stage and low grade tumour (p 0.0001, p 0.0001 and p 0.0001) respectively). Disease-free survival (DFS) was better in patients with old age (p 0.0001), early stage (p 0.0001) and low grade tumour (p 0.0001). In a Cox multivariate analysis, clinical stage (p 0.0001) and age at diagnosis (p = 0.017) were independent predictors of overall survival, and clinical stage (p 0.0001) and age at diagnosis (p = 0.019) also proved to be independent predictors of DFS.

The mean age at diagnosis was 52.3 years with equal gender distribution. Colon cancer is more frequent than rectum cancer. The majority of patients had tumours that were adenocarcinoma,

moderate grade and most presented with stage III. Liver is the commonest metastatic site. Clinical stage was powerful independent predictors of patients' outcome."

### *P230* Epidemiological profile of lung cancer in women over 3 years

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worldwide, bronchopulmonary cancer is the second most common cancer and the leading cause of death in both sexes. in Algeria and among women, it occupies seventh place by frequency and the second cause of cancer mortality. it remains a cancer with a poor prognosis, hence the interest in knowing its risk factors and preventing it.

our retrospective descriptive study was carried out on patient files treated for this cancer within the medical oncology department of EPH Sidighilès from 01/01/2018 until 12/31/2020

number of patients : 19 sex ratio : 5.7 rate of lung cancer in women : 4.3% median age : 67 ans (45-87) place of residence : urban 63% rural 37% smoking: active 21% passive 53% histological type - adenocarcinoma 90% EGFR status: mutation + 26% mutation - 48% patients in a metastatic situation: contralateral lung 40% cerebral 31% others (bone, liver, adrenal) 29%

lung cancer predominates in women > 60 years. the urban environment of residence is the majority, hence city pollution can be incriminated as a risk factor. smoking remains a proven risk factor adenocarcinoma dominates for the histological type of these cancers mutated EGFR status is found in ¼ of cases, hence



the interest in systematically looking for it; other mutations have not been studied due to lack of testing. In the majority of cases, patients consult metastatic patients, where prevention of risk factors remains an essential element in order to reduce its incidence which increases year by year in women."

**P231 Thromboembolic Treatment and Pancreatic Cancer Experience of the Medical Oncology Department at EHU Oran**

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Pancreatic cancer (PC) is one of the most thrombogenic cancers. The occurrence of a venous thromboembolic episode (VTE) is associated with a decrease in progression-free survival and overall survival. Primary prophylaxis with low molecular weight heparins (LMWH) during chemotherapy is recommended for patients with locally advanced or metastatic PC. The aim of our study is to evaluate the survival outcomes of patients with pancreatic cancer, with or without a VTE, undergoing treatment.

Descriptive, retrospective, and single-center study conducted at the Medical Oncology Department of Oran University Hospital over a period of 3 years, from January 2020 to December 2022, involving patients with locally advanced or metastatic PC. Data collection and analysis were performed using IBM SPSS software version 25.

In total, 80 patients with locally advanced or metastatic pancreatic cancer were included during the study period. The mean age of the patients was  $66.8 \pm 2.3$  years, with a sex ratio of 1.2. Weight loss was the primary reason for consultation (45%). Tumors in the head of the pancreas were the most common (54%). Ductal adenocarcinoma was the most frequent histological type (91.3%). The majority of tumors were classified as T3 (50%), N1 (57.4%), and M1 (52.5%). Gemcitabine was the main treatment (44.3%). 14% of our population had a VTE and received curative treatment. 41% of our population received preventive anti-thromboembolic treatment, while the remaining 45% received nothing. The median overall survival was 6 months [4.1-7.9]. There was an average survival of  $11.2 \pm 4$  months in patients who received thromboembolic prophylactic treatment compared to a poorer survival in patients who received nothing,  $7.8 \pm 2.2$  months ( $p=0.05$ ).

The prophylactic anti-thromboembolic treatment at the outset in patients with locally advanced or metastatic pancreatic cancer undergoing chemotherapy has an impact on overall survival.

**P232**

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Breast cancer doesn't manifest only in elderly women, despite affecting mostly women over 50 yo. 25% occur before menopause, 6 to 10% before 40 and 2% before 35 yo. Its incidence has been increasing these last few years in almost all age groups, the death rate on the other hand is gradually falling. The prognosis is

more reserved before the age of 40, the relative risk of death is increased by 39%.

Retrospective study covering 97 files of patients under 40 years old with breast cancer, histologically proven, treated in the medical oncology department of Tizi-Ouzou University Hospital and CLCC DBK between January 2019 and December 2020 (02 years).

97 patients identified out of 693 breast cancers / 2908 cancers, age 35-40: 75.3%; family history : 50.5%; circumstances of discovery: self-palpation of a breast nodule : 72.2%, non-specific carcinoma : 91.7%; 72% luminal cancers; 9% de novo metastatic ; neoadjuvant treatment : 50.5%, complete pathological response : 20%; relapse at 06 months : 21.4%; 36-month survival : 59.7%.

The risk of recurrence of breast cancer is even higher in young women. The oncogenetics consultation has its place in these patients in the early detection of other cancers and the implementation of targeted surveillance strategies."

**P233 DIAGNOSIS DELAY AND PREDICATED FACTORS OF LIBYAN WOMEN WITH BREAST CANCER**

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To investigate the causes of delay in diagnosis in breast cancer (BC) and to identify the factors that promote this delay and their impact on disease stages.

400 women aged 19-80 years diagnosed with BC in 2020-2021 were interviewed about the period between the

first appearance of symptoms and the final histological confirmation of the diagnosis of BC. Based on the time between symptom discovery and final histologic diagnosis of BC (diagnosis-related time, DRT), our BC cohort was divided into 3 groups: (A): 6 months. All retrospective preclinical and clinical data were collected by interviewing consenting BC patients and from their medical records.

The median DRT was 6 months and the maximum was 25 months. In 40.5% of patients, the diagnosis was made in a period of less than 3 months after the onset of symptoms, and in 10.3% of patients in a period of 3 to 6 months. 49.2% of patients were diagnosed in a period longer than 6 months. The patient-related delay time was determined by several factors: Symptoms were not considered serious enough in 18% of patients. Alternative therapies were used in 17.7% of patients, and fear and shame prevented patients from seeing a physician in 7.7% and 4.3%, respectively. Patient-related delay time was also related to advanced age (p 0.0001), rural residence (p 0.0001), illiteracy (p 0.0001), comorbidity (p 0.0001), women who had taken the pill for more than 5 years (p 0.0001), with unawareness of BC (p 0.0001), with women who reported no monthly self-examination (p 0.0001), with initial breast symptoms that did not include a lump (p 0.0001), and with a history of benign fibrocystic disease (p=0.049). Physicians' failure to act on the present findings and inappropriate reassurance that the nodule was benign was an important reason for prolonging the systemic treatment period. At the time of diagnosis, the distribution of stages was as follows: 13.0% stage I, 27.5% stage II, 47.2% stage III, and 12.3% stage IV. Diagnosis-related delay time was



associated with larger tumour size (p 0.0001), positive lymph nodes (p 0.0001), and higher rates of advanced stages (p 0.0001).

The association between late diagnosis and advanced stage is highly statically significant in our study. Late diagnosis of BC in Libya is still a major health problem. Late diagnosis is related to a complex interaction between patients and systemic predisposing factors leading to a high risk of advanced stage with lower survival. Therefore, public awareness and general practitioner training programs are strongly recommended to reduce BC mortality rates by promoting early detection. "

**P234 Cytogenetics' Significance in the Diagnosis and Prognostic Assessment of Acute Leukemia**

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Acute leukemia, characterized by an abnormal overproduction of hematopoietic precursors in the bone marrow and blood, result from genetic and epigenetic alterations. The clinical outcome of patients varies greatly, ranging from short survivals to complete remissions depending on clinical factors.

A study involving 58 patients diagnosed with acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL), recruited at CHU Constantine, included hematological, cytological, and cytogenetic analyses, of which 4 experienced a culture failure.

Subsequently, the effect of detected abnormalities on the diagnosis, prognosis, and patient outcomes was analyzed.

The average age of the cohort is  $46 \pm 16.25$  years. Of the patients, 41 (70.6%) had AML, and 17 (29.31%) had ALL. Thus, cytogenetic analysis of acute leukemias reveals acquired, non-random chromosomal abnormalities. In fact, among the 54 remaining samples, 53.7% exhibited different chromosomal aberrations, such as  $t(8;21)(q22;q22)$ ,  $t(15;17)(q22-23;q12-21)$ ,  $t(9;22)(q34;q11)$ , and so on. These results have allowed for genetic classification for diagnosis, relying on the 2016 WHO criteria, and prognostic classification into favorable, intermediate, and unfavorable groups. These data will enable clinicians to choose a more precise therapeutic approach.

Cytogenetic analysis of leukemias is a primary tool in the management of acute leukemias. These analyses are crucial for confirming the diagnosis, establishing a prognosis, and guiding treatment decisions and monitoring."

**P235 Study of the mutational profile of the TP53 gene in patients with glioma in Eastern Algeria.**

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Gliomas are the most aggressive and frequent group of central nervous system tumors, accounting for more than half of all cases. Epidemiological, demographic and clinical research has helped in our understanding of these tumors. However, data on populations in developing countries remain very limited, especially because of the low incidence of these tumors and the lack of epidemiological data. The purpose of our study was to establish a genetic profile of patients with glioma in the East

Algerian population and to carry out a molecular study on the polymorphism Arg72Pro of the TP53 gene. The study of involved admitted patients to the oncology-radiotherapy department of the Hospitalo-University of Constantine between 2017 and 2021. The molecular study, concerned 15 samples from FFPE tissues, as well as 10 from blood samples. The DNA was extracted from fixed tissues using the Phenol-Chlorophorm method, while DNA from blood was extracted using the Salting-out technique. Arg72pro (rs1042522) polymorphism of the gene exon 6 was analyzed by PCR-RFLP then the positive samples were confirmed by capillary sequencing in order to establish its presence and frequency in the glioma population.

the mean age of the population was  $46,89 \pm 19,26$  years, the frequency of male was 62.24%. The sequencing results showed that the mutation was present with a frequency of 20% in the cohort, with higher frequency in glioblastoma patients.

The preliminary results of our research study cannot be considered definitive. To better understand the impact of this polymorphism, additional genetic research must be conducted to evaluate the interactions between genes,

this would deepen the understanding of genetic susceptibility to gliomas and the process of tumorigenesis"

**P236 Cross-sectional study of salivary PH variation in patients undergoing antineoplastic therapy**

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**Co-author's : Melzi .M.A Amir Mohamed Bouamra.A Bounedjar.A**

Antineoplastic treatments, such as chemotherapy, hormone therapy, and radiation therapy, often have intense effects on the oral cavity, including the change in salivary pH. This alteration in salivary pH can lead to several oral health complications, such as mucositis, infections, and dental issues, impacting the overall quality of life for cancer patients. Understanding these variations in salivary pH is crucial for devising effective strategies to manage and mitigate these side effects during cancer treatment. The aim of this research is to explore and investigate oral pH variations during antineoplastic therapies, and ultimately contributing to improve the patient's care and well-being during the cancer treatment period.

This is a cross-sectional study conducted during the period from January to March 2020 in the medical oncology department of the Blida cancer center. Included patients are those undergoing antineoplastic therapy (chemotherapy; targeted therapy; hormone therapy). Patients undergoing radiotherapy in the ENT region, patients with aptyalism were excluded from the study. Salivary PH was measured with an electronic PH meter from patients unstimulated saliva. Clinical data were collected from the interview, oral clinical examination and the patient's medical record. These data were then



transcribed on a prepared form. All participants provided their informed consent. The Statistical Package for the Social Sciences (SPSS) version 22.0 was used to analyze the collected data.

In total, 222 patients were included. The male sex was predominant with (53.2%). The most represented age group was [62-72 years]. The mean PH of our sample was 6.88. The neutral salivary PH was estimated in (36%) of the population, while (27%) of the population had an alkaline salivary PH and the remaining (36%) had an acidic PH. The variation in salivary PH in our sample did not seem to depend statically on the antineoplastic drugs taken by the patients ( $p=0.4$ ).

Within the limits of this study, the variation of salivary pH does not seem to depend on the antineoplastic molecules taken by the patients."

**P237 Evaluation of the efficacy of dexamethasone on oral stomatitis in patients undergoing Targeted Therapy**  
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The molecules used in targeted therapies are accompanied by undesirable effects, particularly oral ones. We are particularly interested in stomatitis and its management. There are no local protocols adopted by healthcare institutions, so we propose a local preventive and curative treatment based on corticotherapy (dexamethasone) in order to assess their efficacy.

This is an observational clinical study in patients undergoing targeted therapies. The study took place at the medical oncology department of CHU

Frantz Fanon -BLIDA; spread over a 3-month period (November 20, 2019 to March 6, 2020).The local treatment protocol is based on the empirical combination of preventive and curative mouthwashes. It involves applying a mouthwash several times a day for 7 days in patients with oral stomatitis. The mouthwash (BDB) is obtained by a simple mixture: injection of one ampoule of dexamethasone (20 mg/5 ml) into the vial of sodium bicarbonate (1.4% in a 500 ml infusion); assessment of the evolution of the stomatitis after treatment, at the second appointment scheduled 15 days later, provided there is no worsening of the stomatitis.

Patients were predominantly female (4/5 of the sample). Patients under 60 years of age were predominantly represented (2/3). 1/3 of the sample had breast cancer, (1/3) lung cancer and (1/3) cancer at other sites. 2/3 of patients were treated with everolimus and gefitinib, while the remaining 1/3 received either : Imatinib, Regorafenib, Pazopanib and Sorafenib. More than half of the population did not develop stomatitis, and the other half developed either mild stomatitis (grade I) with 33%, or moderate stomatitis (grade II) with 10%. Of the 9 everolimus-treated patients, 6 received BDBs at the first evaluation; the lesions disappeared at the second evaluation. 15 days later, 2 patients received BDBs at the first evaluation; lesions disappeared at the third evaluation. Two patients on gefitinib received BDBs at the first assessment, and lesions disappeared at the second assessment. Similarly, two patients on pazopanib received treatment with BDB at the first assessment, and the lesions disappeared at the second assessment.

Severe forms of stomatitis associated with targeted therapies are very rare and rarely lead to dosage adjustment or discontinuation of anticancer treatment. Although the number of patients was limited due to the Covid 19 pandemic, dexamethasone mouthwash produced satisfactory results."

**P238 Dosage of D-dimers in cancer patients: Should the threshold values for positivity be reviewed ?**

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**Co-author's :** S.Zemiti, S.Boughachiche, H.Ait belkacem

Cancer cells have the ability to alter the state of hemostasis, which is the body's ability to form blood clots to stop bleeding. They can disturb the balance between the coagulation and anticoagulation mechanisms in the blood, which leads to the state of hypercoagulability, which can lead to thromboembolic diseases. In these circumstances, it is not surprising to note an increase in the level of D-dimers, markers of activation of coagulation and fibrinolysis, in cancerous subjects. The objective of our work is the dosage of d-dimers in children with cancer and to compare the results with the d-dimer levels of healthy children with the aim of highlighting this state of hypercoagulability in cancer patients .

We carried out a comparative prospective study between December 2022 and May 2023 at the level of the hemobiology unit of the central laboratory of CHU Nafissa Hamoud Ex Parnet in collaboration with the pediatric oncology department of the same hospital. This study included 50 hospitalized children

with cancer and 31 healthy control children in whom a D-Dimer assay was performed .

The comparison of the D-Dimer level between the sick population and the control population shows a very significant statistical difference (P0.001); This difference is very significant biologically because the average rate of D-Dimers found in our cancer patients is 2806 ng/ml compared to the controls which are 296 ng/ml, and it is clearly higher than the threshold of positivity which is of 500 ng/ml. Even if it remains without thromboembolic consequences in our study population.

Our study made it possible to explore an increase in the rate of D-Dimers in cancer patients, and to underline the interest of reviewing the threshold for positivity of D-Dimers in this population, which would improve the specificity the dosage of D-dimers in the suspicion of thromboembolic disease in cancer patients.

**P239 Colon cancer in women treated at the medical oncology department of CAC Blida in 2021**

**Author :** Hassina IDIR. Medical oncology department of CAC BLIDA Algeria

**Co-author :** Adda BOUNEDJAR

Colon cancer is common, represents 10% of all cancers, it is the 2nd cancer in men after lung cancer and also the 2nd in women after breast cancer.

This is a retrospective study involving 89 female patients of all ages, presenting with colon cancer diagnosed between January and December 2021, all treated at the medical oncology department of CAC Blida, during the year



2021, for their colon cancer in its localized or metastatic form.

the median age of the patients included is 55 years, 38.87% are overweight with BMI > 25, 21% of patients had a family history of cancer, of which colon cancer is the most common among the relatives of 5 patients, abdominal pain is the most common symptom of colon cancer in the population studied (in 40% of cases), followed by rectal bleeding then acute intestinal obstruction, observed in 9 patients or 10% of cases; left colon cancer is the most common location (40% of cases), the right colon is affected in 30% of cases, all patients in the study presented an adenocarcinoma, well differentiated in 66%, moderately differentiated in 28 %, and poorly differentiated in 5% of cases. 53 patients presented with non-metastatic colon cancer (59%) and 36 patients had metastatic colon cancer from the outset (41%). For cases of localized colon cancer, stage II encountered in 34% of patients, stage III in 64%, and 17 patients (32.1%) presented metachronous metastatic evolution despite adjuvant chemotherapy. For metastatic forms, the liver is the most common metastatic site (30 patients or 62.5%), of which 76.66% are class III resectability, 16.66% class II, and only 6.66% class I of resectability, pulmonary metastases present in 10 patients (i.e. 20.83%) and peritoneal carcinomatosis in 8 patients (16.66%); the RAS status is mutated in 58.33% of cases and wild in 25%, and in 16% of cases the RAS status was not determined, 15% of patients underwent a palliative procedure such as an external stoma to overcome the occlusive syndrome. (3 patients lost to follow-up, and 3 patients operated with complete resection R0).

Most cases of colon cancer in the study population are either locally advanced or multi-metastatic with unsectable disease."

**P240 Epidemiological, histological and therapeutic aspects of ovarian cancer at the CAC Blida medical oncology department 2021-2022.**

**Author : Hassina IDIR. Medical oncology department of CAC BLIDA Algeria**

**Co-author : Adda BOUNEDJAR**

Ovarian cancer is the 8th female cancer, the deadliest gynecological cancer, dominated by advanced stages (III/IV) at the time of diagnosis (75% of cases) worldwide.

Retrospective study of cases of epithelial ovarian cancer treated at the medical oncology department of the CAC of Blida between January 2021 and December 2022, 63 patients included in our study are those operated on for their neoplastic pathology, referred from different departments of surgery, patient received at our consultation with detailed operating protocol and positive diagnosis of epithelial type ovarian carcinoma, with complete debulking surgery, or having undergone only a simple biopsy given the unresectable lesions. And for which the indication for chemotherapy is retained.

We included 63 patients. The average age of patients is 53 years. The majority of them are married (76%), 5% of them are overweight and only 4% are obese, 19% are nulligeste, 29% with limited gestation and 52% with multigravida. Exploratory laparoscopy was only performed in 5 patients, most often exploratory laparotomy was used, unilateral ovarian involvement is present in 43% of cases and bilateral in 57%,

peritoneal carcinomatosis is observed in 68% of cases. High-grade serous carcinoma is found in 50% of cases, followed by clear cell carcinoma in 13%, and the rest of the cases distributed between the different types of epithelial tumours, FIGO stage IIIC is the most common form (48%), stages III and IV represent 76%. all patients received chemotherapy based on Paclitaxel + Carboplatin, used in two modalities adjuvant in 47% or neo-adjuvant in 53%, and we were able to operate with complete surgery in only 37% of patients after satisfactory response to induction treatment. Bevacizumab is indicated from stage IIIB in 69% of cases. The rate of platinum-sensitive relapse is the most observed form (75% of cases) occurring in 45% in our study, with only 12% of patients who were able to undergo second complete debulking surgery.

The management of ovarian cancer must be done in expert centre, by trained surgeons and the therapeutic decision must be discussed in referring RCP, in order to improve the prognosis, while waiting for the availability of PARP inhibitors, which have revolutionized the prognosis of high-grade ovarian carcinoma."

***P241* APPLICATIONS OF THE  
GEMCITABINE CHEMOTHERAPY  
PROTOCOL IN THE TREATMENT OF  
gastrointestinal cancer**

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Pancreas and biliary tract cancer presents a formidable therapeutic challenge. The late diagnosis, the advanced age of the patients and the

aggressive biological phenotype make these cancers difficult to treat and of poor vital prognosis. Despite progress in the field has benefited in recent years with the development of protocols of combined chemotherapy; Gemcitabine, discovered in the early 90s, still finds its use today in the treatment of pancreatic and biliary tract cancer and gives considerable results in monotherapy with a very low rate of side effects. The main purpose of this retrospective descriptive study is to study and know the storage conditions, methods of use and toxicity of Gemcitabine to allow optimal use of this molecule

During our study period we recruited 50 patients who were diagnosed with pancreatic cancer or cholangiocarcinoma, admitted to the medical oncology department of EHUO

Our series included 50 patients whose average age is 65.32 years, with a sex ratio M/F of 1.31 and a male predominance of 58%. The most recurrent symptoms are pain and weight loss. Hematological toxicity is the most important side effect. In our study for all patients treated with Gemzar, no patient presented with anemia or thrombocytopenia, which confirms its low toxicity. Regarding the supportive treatment, only (24%) of the patients benefited, which explains also the moderate toxicity of the molecule. For survival, the average is 18 months for CDP, and 17 months for cholangiocarcinoma

Gemcitabine, a molecule that has been on the market for almost 30 years, continues to find its use in the treatment of pancreatic and biliary tract cancer. Its good tolerance makes it a protocol of choice in patients in an advanced stage with poor tolerance to the protocol of more aggressive treatment. For the



improvement of the comfort and the quality of life of the patients it remains a very interesting option."

**P242 Pancreatic adenocarcinoma: is the Ca 19-9 dosage of diagnostic value?**

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Pancreatic Cancer is the one of the very aggressive solid tumors often discovered at a locally advanced or metastatic stage, is characterized by particular severity and an extremely poor prognosis. In the literature, the 1-year and 5-year survival rates are respectively 20% and less than 5%, while the median survival of patients with metastatic pancreatic cancer is only 4 months. It therefore represents one of the main causes of cancer-related deaths, despite advances in medical therapy and surgical techniques. The objective of our study is to study the prognostic factors influencing the survival of patients with pancreatic cancer, and to identify epidemiological, diagnostic and therapeutic approaches.

according to NCI-CTCAE version 4.0 criteria. An observational, prognostic, descriptive study with prospective, single-center collection carried out in the medical oncology department of the University Hospital of Oran November 1, 1954 EHU of Oran over a period of three years (2018-2021), concerning patients with PC of any stage, Data entry is carried out on Epi data software and analysis on SPSS v25 (evaluation version). Determination of response rates is based on RECIST criteria and tolerance according to NCI-CTCAE version 4.0 criteria.

In total, 176 affected patients were collected during the study period. The average age of patients is  $64.51 \pm 12.02$  years with a sex ratio of 1.02. The average time to diagnosis is  $8.2 \pm 0.17$  months. Weight loss represents the main reason for consultation (57%). Ductal adenocarcinoma is the most common histological type (81.3%). The majority of tumors are classified as T3 (50%), N1 (73%) and stage IV (60%). The OS at 1 year and 2 years is 35% and 26% respectively and the PFS is 45% (at 1 year) and 22% (at 3 years) in intention to treat. The objective response rate after induction CT is 14.28%. Tolerance to CT was acceptable. We confirm eleven prognostic factors influencing survival in varied conditions (age >70 years, sex, malnutrition, ACE, T, N, M, stage, presence of ascites, nausea and vomiting), L The multivariate analysis by Cox regression found three variables linked to the occurrence of death, tumor size ( $p=0.03$ ), malnutrition ( $p=0.04$ ) and vomiting ( $p=0.04$ ).

the identification of prognostic factors in pancreatic cancer should provide elements in the therapeutic decision, concerning the indication for surgery, palliative chemotherapy and/or radiotherapy. The prognostic usefulness of establishing a score still requires validation on an independent series.

**P243 LOCALIZED STOMACH CANCER FLOT CHEMOTHERAPY PROTOCOL IN PERI-OPERATIVE**

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Gastric cancer is the 5th most common cancer with more than one

million new cases in 2018 and the 3rd cause of cancer mortality with 780,000 deaths per year. In Algeria, it is still a public health problem and comes in 2nd position among digestive cancers after colorectal cancer. The curative treatment is surgery but perioperative chemotherapy for localized forms is the standard treatment. The FLOT protocol has shown its superiority with a recurrence-free survival of 30 months versus 18 months and an overall 5-year survival rate of 45% versus 36%.

This is a retrospective study of a series of twenty-four medical records from patients diagnosed with histologically confirmed localized gastric cancer, who received perioperative chemotherapy by the FLOT protocol, collected within the department of 'Medical Oncology of the EHS in the Fight Against Cancer of BLIDA, from the period which extends from January 2021 to August 2022.

The 24 patients are divided into 11 men and 13 women, a sex ratio close to 1. The average age of our patients was 51 years, and a median of 52 years. 17% of patients had chronic gastritis (three quarters of cases) and/or a gastric ulcer (a quarter). 80% consulted for the first time for epigastralgia. 40% consulted for vomiting and weight loss. A predominance of independent cell adenocarcinomas 58%. The Helicobacter pylori bacteria was identified in biopsies taken in 7 patients, corresponding to 29% of cases. The most common lesion site was antropyloric, observed in 15 patients or 63%. The majority of patients, or 87% of cases, were diagnosed at stage T3N+M0 on CT. 40% of our patients benefited from their first course of chemotherapy within a short time after diagnosis, not exceeding 1 month. Adverse effects post-FLOT

chemotherapy in our patients were dominated by vomiting (66.67%), leukoneutropenia (37.5%), asthenia (37.5%), diarrhea (29.16%) and thrombocytopenia (16.67%). Most of the patients presented vomiting of moderate intensity (GI and GII), i.e. 68.75%. In 54% of patients no cure was reported preoperatively. Radiological stability was noted in 10 patients, i.e. 42%, progression in 8 patients, i.e. 33%, and regression in 6 patients, i.e. 25%. 50% of our patients received curative treatment, with a complete resectability rate of 66%. 37% received palliative surgery. Surgical abstention was observed in 13% of cases. 46% of surgical specimens were in favor of a stage II tumor (IIA: T2N1M0/T3N0M0 in 31% of cases and IIB: T3N1M0 in 15% of cases). 23% of them were stage IIIA (1 T3N2M0 and 2 T4aN1N2M0), 15% stage IIIB (T3N3aM0) and 8% stage IIIC (T4bN3M0). A good histological response (TRG2 and TRG3) was noted on the pathological study of the surgical specimen in 10 of the 12 patients who received curative surgical treatment, i.e. 83% of cases. 62% of operated patients received postoperative FLOT chemotherapy. In 63% of them, cures were postponed because of toxicity. The incidence rate of serious adverse reactions was 25% (grade III and grade IV neutropenia). Among the 12 patients who underwent curative surgery, a postoperative protocol change to FOLFOX was carried out in 3 patients who presented an altered general condition, i.e. 25%. 50% of operated patients are in remission after undergoing surgery. 17% of operated patients saw their disease progress after surgery (two patients: local progression and appearance of metastases in a patient in whom the protocol was changed postoperatively given the deterioration in her general condition).



Regarding toxicity, the adverse effects we observed in order of frequency are: largely moderate vomiting (67%), leukoneutropenia (37.5%), asthenia (37.5%), diarrhea (29 %), thrombocytopenia, peripheral neuropathy and alopecia. Whereas in the FLOT-4 study, it was mainly neutropenia (51%) and to a lesser degree diarrhea (10%) and neuropathy (7%). The decrease in neutropenia, particularly severe, can be explained by primary prophylaxis with granulocyte growth factors, which we opted for in our department. This made it possible to reduce the rate of postponed treatments. Indeed, in more than half of the cases (54%), no treatment was postponed preoperatively. At the end of their preoperative chemotherapy, half of our patients benefited from curative surgery with a complete resectability rate of 66% (versus 85% for the FLOT-4 study); 85% remained at a localized stage (pTNM). A good histological response to chemotherapy was noted in 83% of cases (TRG2, TRG3); however, no complete histological response was observed unlike the FLOT-4 study (ypCR, 16% complete response). The incidence of serious postoperative treatment-related adverse events is 25%, identical to that of the FLOT-4 study (27%). In 50% of patients for whom postoperative FLOT chemotherapy was planned, a change of protocol was made, in three quarters of cases for deterioration of general condition after surgery, it was judged that the toxic effects of FLOT would not be tolerated and in a quarter of cases for severe neutropenia. The rate of patients who completed their planned program is 22% versus 45% in the FLOT-4 study. This can be explained on the one hand by the change in the protocol for progression (13%), deterioration of general condition postoperatively (13%),

toxicity of postoperative chemotherapy (4%). Despite the small sample (24 patients versus 716 patients in the FLOT-4 study), the results we obtained remain close. However, we were able to note that primary prophylaxis with granulocyte growth factors – not used systematically in the FLOT-4 study unlike our study – reduces the incidence of neutropenia, particularly severe ones. FLOT is the new standard for perioperative chemotherapy of gastric cancer due to the good histopathological response that it allows to obtain and consequently a reduction in the occurrence of recurrences and relapses in the short term. However, it is linked to a certain toxicity limiting its use in all subjects. However, dose adaptation and primary prophylaxis with granulocyte growth factors as well as good management of comorbidities contribute to successful treatment.

***P244* Alarming connection: obesity, type 2 diabetes and breast cancer: descriptive study, about 152 cases.**

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Studies suggest that 16% of breast cancer patients have diabetes. In addition, there are complex associations between these two conditions. Pointing out that in the obese, the increased risk of cancer is related to fatty tissue.

This is a prospective multicenter descriptive study of all type 2 diabetic women recruited from the registers of the

various services caring for these patients with breast cancer at the university hospital structures of the wilaya of Constantine

Results: In our 901-woman breast cancer population, there were 152 cases of type 2 diabetes; This represents a frequency of 17%. Our patients had a normal body mass index (BMI) in 18.5% and overweight in 44% of cases. It is observed that 26% had grade I obesity, 9.6% grade II obesity and 2% morbid obesity. (p0.001). Discussion: Regarding overweight, our result is almost similar to that of Wu et al. in the United States, which shows 45.5% of patients who are overweight. For obesity, our result is comforted by that of Shrauder et al, a German study that reports a percentage of obese patients of 42.1%\

The benefit of the efforts in cancer prevention undertaken over the past thirty years could be erased in the years to come by the increase in the incidence of obesity"

**P245 Quality assessment of thé cancer registry AT the CHU of Batna 2016-2020**

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 A CHU of Batna

Cancer registries are designed for research and health policy evaluation purposes. Their quality depends on the quality control procedures in place. The objective was to study the validity and completeness criteria of the data of the register of cancers of the wilaya of Batna collected over a period of 05 years. (2016 to 2020).

Exhaustive retrospective descriptive study of all cancer cases recorded in the registry database, active

since 1995 and validated by international bodies.

Over five years, a total of 6180 cases were recorded, the most frequent locations were the breast, the colorectal and the lung. For the validity criteria; no missing data for sex, age and address variables. Only one source was used per case of cancer: the verification is based on histology (84.4%) for the most frequent locations such as the breast and the colon, the confirmation is radiological for the liver and the pancreas in 71.93 % and 62.03% respectively. The verification of deaths was based on death certificates in almost all cases.

The evaluation of the quality of data from the Batna cancer registry was carried out according to the criteria and methods developed by the International Center for Research on Cancer, the majority of cancer cases were exploited by a single source which needs to be corrected in the future."

**P246 Management of primary bronchopulmonary cancer by CPR for 06 years:**

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Lung cancer is one of the deadliest cancers in the world. Mainly linked to tobacco. A global incidence of 2.2 million new cases per year. In Algeria, it is a real



scourge and a public health problem and is often diagnosed at an advanced stage.

A retrospective study of 164 patients, hospitalized in the EPH Blida pneumo-phthisiology department for exploration of pulmonary masses, over a period from January 2018 to December 2023.

There were 125 men and 39 women, 64% of whom were aged between 60 and 79 years, active smokers in 72.5% of cases. The circumstances of discovery were dominated by respiratory signs in 74.4% (cough in 42.7%), peripheral lymphadenopathy in 22.6%. All our patients underwent chest X-ray and chest CT scan, the most frequent topography of which is in the right upper lobe (33.5%) associated with pleurisy in 17% of cases. The most frequent histological diagnosis is non-small cell carcinoma in 78%, confirmed by transparietal biopsy in 54.9%. At the end of an extension assessment, bronchial cancer is classified as stage III (39.6%) and IV (47.5%). The discussion of cases during multidisciplinary consultation meetings made it possible to choose the different therapeutic strategies including chemotherapy alone (53.6%) and surgical treatment (9.7%).

Primary bronchopulmonary cancer is a public health problem. ; and late diagnosis posing a real problem for therapy. But we must point out a positive point which is the CPR team for bronchial cancer. It contributes to reducing the burden on patients and optimizing their care."

*P247*

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**Imane Mesrour Lydia Ait Hammou EPH  
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Pancreatic cancer in patients aged under 50 treated at the EPH Dellys medical oncology unit.

This is a retrospective study over a period of 5 years from January 2018 to March 2023 focusing on the epidemiological, clinical and therapeutic aspect of pancreatic cancer in patients under 50 years old followed in the oncology unit. medical of EPH Dellys

20 patients with pancreatic cancer were included in this study, average age 45 years (35-50) with male predominance 70% men, 30% women. The circumstances of discovery; abdominal pain radiating towards the back in 60% of cases, cholestatic jaundice in 40% of cases, 28% of whom underwent drainage of the bile ducts Diabetes is found in 25% of patients The site of the tumor was cephalic in 10 patients, body 7 patients, head 3 patients The histological diagnosis is obtained by trans parietal biopsy of the pancreas in 14 patients and liver biopsy in 6 patients. The histological diagnosis was exocrine adenocarcinoma in all patients, CA19 9 was elevated in 17 patients greater than 100 The diagnosis is made at stage IV in 10 patients, the most frequent metastases are the liver and carcinomatosis, 6 patients at the locally advanced inoperable stage by vascular invasion, 4 patients at the localized operated stage underwent cephalic pancreatico duodeno 80% of patients received chemotherapy protocols used; Folfirinox modified as first line, in 75% of patients, gemcitabine as 2nd line in 50% of patients, 10% of patients abstained from therapy; supportive care. Side effects are anemia, anorexia, nausea, vomiting,

diarrhea and asthenia. The median survival was 19 months.

The prognosis of pancreatic cancer is formidable because the diagnosis is often late. It remains digestive cancer whose evolution is unfavorable with an overall survival rate of 5-7% care must be multidisciplinary for better patient care."

**P248 Epidemiological, Clinical, and Therapeutic Profile of Malignant Ovarian Tumors Managed at the Obstetrics and Gynecology Department of Sidi Bel Abbes.**

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Ovarian cancer represents 4% of all cancers in women, with over 200,000 new cases diagnosed worldwide each year. It ranks 7th among women's cancers, with a global standardized annual rate of 8.1 per 100,000. Ovarian cancer has a high rate of mortality and morbidity worldwide, especially in Africa. The incidence of this cancer has seen a slight decrease, with the world standardized incidence rate decreasing by an average of 1% per year since 1990 and by 1.1% per year since 2010. This decline in risk could be explained by the increased, earlier, and prolonged use of combined oral contraceptives. This downward trend is

expected to continue in the coming years. Regarding ethnic differences, the highest prevalence is observed in Caucasian women, with 11.3 cases per 100,000, followed by Hispanics, Asians, and Africans.

This is a descriptive and retrospective study of all the records of women hospitalized for ovarian cancer, who underwent histopathological diagnosis. A total of 33 cases were identified at the Obstetrics and Gynecology Department of the Mother and Child University Hospital in Sidi Bel Abbes during the period from January 2021 to August 2023.

Overall prevalence: During the study period, 33 cases of ovarian tumors were recorded and managed at the oncogynecology department of the Mother and Child University Hospital in Sidi Bel Abbes. Among these cases, 22 were epithelial ovarian tumors (EOT), representing 66% of the total tumor cases. The mean age of our study population was 40.4, ranging from 28 to 66 years. Our cohort consisted of 20% nulliparous women, 29% multiparous women, 29% were pauciparous, and 16% were young girls. Approximately 29% of patients were menopausal, while 70% were not menopausal. 66% of the patients had no family history of ovarian cancer. Pelvic pain was the most common clinical sign at the time of diagnosis in 16 cases (66%), followed by abdominal distension observed in 6 cases (25%). The distribution according to FIGO stage showed that 41.5% of our patients had an advanced clinical stage (Stage III and IV according to the FIGO 8th edition 2017 classification), while 25% were Stage II, and 33% were Stage I. In terms of histopathological type, serous cystadenocarcinomas accounted



for 37%, mucinous cystadenocarcinomas for 25% of cases, 4% were endometrioid carcinomas, and 33% were Granulosa tumors (8 cases).

Ovarian cancer is not common but serious due to the advanced stages observed at the time of diagnosis. This epidemiological study has allowed us to identify the epidemiological and clinical characteristics of ovarian cancer managed in a developing country: ovarian cancer is a concerning reality in Algeria. Women over the age of 40 are the most affected, with a clinical presentation that often includes the classic symptoms of pelvic pain and a frequently delayed diagnosis. Therefore, we recommend a more in-depth study across the entire country to clarify the clinical, histopathological, diagnostic, and therapeutic data of ovarian cancer in Algeria, enabling us to provide better care for our patients and improve prognostic evaluation."

**P249 Induction chemotherapy with PTF followed by concurrent radiochemotherapy in locally advanced non-metastatic nasopharyngeal carcinoma**

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Nasopharyngeal carcinoma are a very particular entity among malignant tumors of epithelial origin. Their geographical distribution is quite unequal and surprising: they are rare in most countries of the world, but common in certain regions of the globe such as the Far East or North Africa, where it is a major public health problem, particularly in

Algeria. The treatment of these tumors is based on concurrent radiochemotherapy, but numerous studies have shown the effectiveness of induction chemotherapy. The latter aims to reduce the frequency of micrometastases and increase the rate of local control by reducing the tumor volume.

We conducted a study on 101 patients with locally advanced non-metastatic nasopharyngeal carcinoma, included between January 2016 and December 2018. The study is multicenter, and patients were treated at the Sidi Bel Abbes Cancer Center, Oran Cancer Center, and Saida Public Hospital. The study protocol was induction chemotherapy with PTF followed by concurrent radiochemotherapy. The primary objective was objective response, and the secondary objectives were local recurrence-free survival, disease-free survival, overall survival at 3 years and 5 years, treatment toxicity, and the impact of chemotherapy on patients' quality of life.

The mean age at diagnosis was 46 years, with a sex ratio of 2.5. Cervical lymphadenopathy was the main reason for consultation, with a mean diagnostic delay of 9.6 months, explaining why 42% of tumors were classified as stage IVA and 13% as stage IVB. Non-keratinizing undifferentiated nasopharyngeal carcinoma represented 91% of the cases, and Epstein Barr Virus infection was found in 58% of patients. Ninety-nine patients had an objective response, of which 80% were partial response and 19% were complete response. The mean time between the end of induction chemotherapy and the start of radiotherapy was 13 weeks. After RCC treatment, 72.6% of patients had a complete tumor response. The 3-year

overall survival (OS) was 95%, the 3-year local recurrence-free (LFS) survival was 85%, and the metastasis-free survival (MFS) was 93%. The OS at 5 years is 89%, LFS is 78% and MFS is 90%. The hematological toxicity of induction chemotherapy was dominated by febrile neutropenia, and non-hematological toxicity by vomiting. 75% of patients had a complete disappearance of the initial symptoms after induction chemotherapy. Induction chemotherapy with the combination of Cisplatin, Docetaxel, and 5-Fluorouracil improves tumor objective response rates, locoregional tumor control, and the quality of life of patients, and tends to become the standard treatment for locally advanced non-metastatic nasopharyngeal carcinoma.

The combination of chemotherapy and induction radiotherapy is effective in the treatment of UCNT (Undifferentiated Carcinoma of Nasopharyngeal Type). The treatment tolerance is good, and our results are comparable to those in the literature."

***P250* A prospective study of metronomic chemotherapy combined with cisplatin as first-line metastatic treatment for triple-negative breast cancer**

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Triple-negative breast cancer accounts for about 15% of breast cancers, is more likely to occur in young women under 50 years and is associated with an aggressive clinical behaviour and a poor prognosis and a high risk of metastatic relapse than other immunohistochemical subtypes of breast Cancer, especially

within the first 3–5 years of the diagnosis. locoregional therapy management breast cancer does not have any specific characteristics .The systemic treatment is based on chemotherapy. Despite their high chemosensitivity, the prognosis remains poor due to aggressive biological characteristics and the development of early chemoresistance. In order to develop new therapeutic strategies for these chemoresistant tumors and to improve the prognosis of triple-negative metastatic patients, a retrospective study was conducted evaluating the benefits of metronomic oral chemotherapy combining cyclophosphamide with methotrexate, with conventional chemotherapy using cisplatin as first-line therapy in metastatic triple-negative breast cancer .

A prospective study of 50 patients with untreated metastatic triple negative breast cancer. Evaluating the combination of cisplatin 25 mg/m<sup>2</sup>/d IV for 3 days every 28 days and metronomic oral chemotherapy with cyclophosphamide 50 mg daily for 14 days, and methotrexate 2.5 mg twice a day, days 1,2 in weekly. The primary endpoint was the objective response rate (ORR). Secondary endpoints included assessment of time to progression (TTP), overall survival (OS) and safety.

Forty-six (92%) of the fifty patients were assessable for response, 7 case of complete response (15.2%) and 12 cases of partial response (26.1%) were confirmed, giving an overall response rate 41.3%. The median time to progression and overall survival for all patients was 10 ± 3, 6 months and 18 ± 5 months, respectively. Toxicity was acceptable, the most common grade 1-2 toxicities were nausea/vomiting, stomatitis ,diarrhea, anemia, leuko-



/neutropenia, asthenia. The most severe hematologic adverse event grade 3-4 was neutropenia (33.5%). The nonhematologic grade 3-4 included stomatitis (3.3%).

The combination of cisplatin and metronomic chemotherapy, cyclophosphamide, methotrexate demonstrated encouraging activity and was relatively well tolerated when given as first-line therapy in selected metastatic breast cancer patients with triple-negative disease."

**P251 Management of advanced or metastatic non-small cell lung cancer (NSCLC) in women with EGFR mutation: Retrospective study 2018-2022**

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The incidence of NSCLC in Woman is increasing these last years. Adenocarcinoma with EGFR mutation is more frequently found than in men. Detection of an activating mutation in the tyrosine kinase domain of the EGFR gene is particularly important, as specific treatment may be proposed.

This is a descriptive, retrospective study of women patients with EGFR-mutated metastatic or locally advanced NSCLC, treated in our department during a period of 5 years.

From January 2018 to December 2022, we collected 13 women patients with a mean age of 56 years with extremes ranging from 37 to 80 years; Active smoking was noted in 02 patients and passive smoking in 05 patients. Clinical symptoms were chest pain in 54% of cases,

cough in 23% and dyspnea in 15%. Histological evidence was provided by bronchoscopic biopsy (58%), CT-guided biopsy (32%) and pleural biopsy (10%). The most frequent histological type was adenocarcinoma (92%), followed by squamous cell carcinoma (08%). The stage of the disease was metastatic in 69% of cases. The most frequent metastatic sites were bone (46%), lung (23%), pleura (16%), brain (16%), and liver (8%). An activating mutation of EGFR was detected in our patients, at Exon 19 (69%), Exon 21 (23%), Exon18 (08%), the average delay in obtaining the molecular analysis result was 23 days. The majority of patients (62%) received a first-line TKI, while 38% received chemotherapy. One hundred percent of patients received treatment with Gefitinib. Response to treatment was considered partial in 69%, stable in 23% and progressing in 08%. Treatment was temporarily interrupted and reduced in 04 and 02 patients, with 69% experiencing toxicities.

Women are the group that benefits most from anti-EGFR targeted therapies, which have been a turning point in the therapeutic management of EGFR-mutated lung cancers.

**P252 Impact of surgical quality on progression-free survival in patients with ovarian epithelial cancer**

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Ovarian cancer is one of the most difficult diseases to treat in gynecological oncology, due to its late presentation at the time of diagnosis. Treatment requires specialized multidisciplinary care. Postoperative residual tumor mass is the most relevant prognostic factor. The aim of

this study was to identify prognostic factors affecting progression-free survival in patients undergoing surgery for epithelial ovarian tumors.

This was a prospective, longitudinal, observational, multicenter study, including 66 patients operated on for epithelial ovarian cancer, managed in the Eastern Algerian cancer centers (Constantine, Annaba, Sétif, Batna) and the medical oncology unit of the EHS Ibn Sina in Oum el Bouaghi. Recruitment took place from January 2016 to December 2017 and follow-up extended to June 30, 2019. Descriptive and analytical statistical tools, univariate analysis of progression-free survival (PFS) by Kaplan Meir method, as well as multivariate analysis (by logistic regression according to COX model) were performed.

We collected 66 patients from the five centers. The mean age of our cohort was  $54.88 \pm 12.18$  years old. The serous type was predominant (81.8%) and 21.21% of tumors were high-grade. The operator was a gynecologist in 63.6% and a visceral surgeon in 36.4%. 57.6% of patients underwent surgery in the public sector. Resection was optimal in 57.8% of cases. The only factor significantly modifying PFS was tumor residue [HR=1.923 (CI95%: 0.049-0.440) ( $p=0.001$ )].

Surgery is the cornerstone of gynaecological cancer management: it is used as a diagnostic, prognostic, therapeutic and sometimes palliative tool. For some cancers, ovarian in particular, survival is directly dependent on the quality of surgery. Our results concur with this, as we found that the only factor significantly modifying progression-free survival in multivariate analysis among operated patients was tumour residue ( $p=0.001$ , HR=1.923 (CI95%: 0.049-0.440)).

The PFS rate was 83.3% for patients whose surgical resection was deemed complete, while for those whose surgical resection was deemed incomplete, it was 33.3%, with a median survival of 11.00 months (CI95%: 5.456-16.544) ( $p=0.0001$ ). In other words, while surgical management must be flawless, it is part of a multidisciplinary approach designed to help optimize the latter, given that the objective of ovarian cancer surgery is to obtain zero tumor residue. Today, this objective is consensual and has become the standard for the surgical treatment of ovarian cancers.

### *P253* Epidemiological Profile of Hereditary Breast Cancers

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Hereditary breast cancer is a complex and significant condition, accounting for approximately 10% of all breast cancer cases. Our objective is to provide an overview of hereditary breast cancer, its clinical implications, as well as the radiological, pathological, and prognostic characteristics of patients with a first-degree family history of malignant breast neoplasia or other related conditions.

A prospective study involving breast cancer patients treated in the Medical Oncology department was conducted, where all patients had first-degree family histories of malignant neoplasia.

Eighteen breast cancer patients with a family history of cancer were included in this study, with an average age of 45 years and age ranging from 28 to 71 years. 44% were located in the right breast,



and 22% were bilateral. The most common histological type was non-specific infiltrating carcinoma in over 50% of cases, with 22% being bifocal, and 44% being SBR grade III with an average Ki-67 estimated at 40%. Immunohistochemically, 22% were triple-negative and 55% were RH-positive with HER2-negative. Patients were diagnosed at a localized stage in 50%, locally advanced in 33%, and metastatic in 16%.

In Algeria, access to genetic counseling is limited. Therefore, it is essential for oncologists to be trained in oncogenetics, aiming to characterize a high-risk subpopulation for developing early-onset breast cancers. This involves offering genetic testing to detect BRCA mutations, identifying and guiding patients in their journey, and providing appropriate preventive care and support, along with early screening assistance for relatives."

***P254* Using an Artificial Intelligence Model to Estimate Weight Variation in Patients Undergoing Chemotherapy**

**Author : Mohamed Aimene MELZI**

**Faculty of Medicine, Blida 1 University  
 Algeria**

Weight loss is a frequent event in patients undergoing chemotherapy [1 - 5], which can lead to treatment discontinuation [6 - 7] and a poor prognosis [8 - 9]. This is a problem that requires tools to predict and manage weight variation in these patients. In this study, we explore a simple deep learning model to anticipate weight variation in patients undergoing chemotherapy. The aim is to provide a tool to detect patients at risk of significant weight loss, so that appropriate preventive measures can be taken to improve prognosis [10].

We developed a multi-input linear regression model to predict weight variation in patients undergoing chemotherapy. We used a dataset of patients treated for their malignant solid tumours. The variables studied were age, sex, tumor site, initial weight (training variables) and evaluation weight under chemotherapy (target variable). After deletion of observations containing missing values and observations containing outliers (using the 1.5 times interquartile range rule), 220 patients were selected for model building. During pre-processing, data were normalized using the `normalizer.adapt()` function (from the `numpy` library). Categorical variables (tumor site) were encoded as indicator variables with the `get_dummies()` function from the `Pandas` library. The model was trained using a division of the dataset into a training set (66%) and a test set (34%) with the `train_test_split()` function. Mean Absolute Error (MAE) and coefficient of determination ( $R^2$ ) were used to evaluate model performance. Model development and training were performed with Python (v. 3.10.8) on Google Colaboratory (2.0.0), using the `NumPy` (1.23.3), `Pandas` (1.5.1), `Scikit-learn` (1.0.2) and `TensorFlow` (2.9.1) libraries. The `Matplotlib.pyplot` and `Seaborn` libraries were used to generate the graphs.

**Model architecture:** We used a multi-input linear regression model to predict weight variation in patients undergoing chemotherapy with an architecture composed of two main layers: **Normalization Layer:** This layer performs normalization of input data, to ensure consistent scaling of features. **Dense Layer:** This is the linear regression layer that produces predictions of weight variation. The model is composed of 6 trainable

parameters. Model performance: Mean Absolute Error (MAE): The MAE was 2.00067, indicating a mean absolute error of 2.00067 kg in model predictions compared with actual values of weight under chemotherapy. Coefficient of Determination ( $R^2$ ): The coefficient of determination ( $R^2$ ) was 0.933379, meaning that our model explained around 93.34% of the variance in patient weight variation, demonstrating an excellent fit to the data. These results confirm the effectiveness of our linear regression model in predicting weight variation in patients undergoing chemotherapy.

In our research, we developed a multi-input linear regression model capable of predicting weight variation in patients undergoing chemotherapy. Our model demonstrated excellent performance, underlining its usefulness for predicting weight variation in patients undergoing chemotherapy. This information can be of great value in the management of cancer treatments, enabling proactive monitoring of patients and personalization of interventions."

***P255* Prostate cancer and environmental and occupational risk factors. A case-control study in western Algeria**

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Prostate cancer is the most frequent cancer in men. The etiology is still unknown, but many environmental and occupational factors have been suggested in the pathogenesis of such

cancer. Many studies have focused on agricultural workers and pesticides exposure. The aim of this study was to determine environmental and occupational risk factor in the development of prostate cancer.

A case-control study has been conducted by January to July 2023. Controls were age-matched. We determined crude odds ratios and confidence interval of 95% using logistic regression.

Fifty eight prostate cancer histologically diagnosed and 50 controls were enrolled in this study. Mean age at diagnostic was  $71,76 \pm 8,25$  years, with minimum 49 and maximum 90 years old. No significance has been found with smoking, cereal or corn crop having a garden in the house. However, rural residence, and living in a farm where risk factor of prostate cancer with OR 2,956, 95%CI (1,291-6,768),  $p=0,009$ , and OR 2,260, 95%CI (1,044-4,893),  $p=0,037$  respectively. Occupational risk factors represented by picking grape and pesticides use were also associated with prostate cancer respectively OR 2,76, 95%CI (1,090-7,003) ;  $p=0,029$  ; and OR 4,433, 95%CI (1,969-9,984) ;  $p=0,000$ .

This study has shown association of prostate cancer and environmental risk factors as rural residence and living in a farm in one hand. Occupational factors such pesticide exposure in agricultural field and picking grape in the other hand. Such results have been reported by many authors. Other studies are necessary to determine which specific chemicals type are implicated in the prostate cancer."

***P256* Epidemiology of breast cancer , experience of medical Oncology service in Mixte hospital of Djelfa in 2022**



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**Co-author :** Tarek Bendjeddou

Breast cancer is the most common malignancy in the world , It is estimated that 13000 new cases in Algeria and 2.3 million new cases of BC are diagnosed globally each year , it is a real problem of public health in all over the world .

It s a retrospective descriptive study we conducted on the records of patients treated for breast cancer in our service of medical oncology Mixed hospital of Djelfa during 2022

39 cases has been studied ; the average age of patients was 58 year (29-87 year ), histological types were invasive ductal carcinoma with 89 % , lobular carcinoma 5 % ; papillary carcinoma 5% ; the molecular types : luminal type ( A and B) represent 73 % of cases and HER 2 : 17% et le triple negative TNBC 10 % . More than 30% of cases has been diagnosed at plus or equal T3 and more than 20% of cases were metastatic ; histological grade SBR the most common is Grade II (80%) .

Histologic and molecular classification are essential for the good therapeutic care , the role of the pathologist is very important .

### *P258* BRCA1 and BRCA2 Mutations in Algerian Breast Cancer Families

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Breast cancer is the leading cause of cancer death in women in Algeria. The contribution of *BRCA1* and *BRCA2*

mutations to hereditary breast/ovarian cancer in Algerian population is largely unknown. Here, we describe analysis of *BRCA1* and *BRCA2* genes in 18 individuals with a personal and family history suggestive of genetic predisposition to breast cancer

This is a two-year descriptive and prospective study from 01/01/2014 to 12/31/2015 carried out in the medical oncology department of the EHS in LCC of Blida which concerned young women under 40 years of age diagnosed for breast cancer, a questionnaire was introduced to assess the presence of a family history of breast neoplasia and other neoplasia which is related to the hereditary nature of the neoplasia, we calculated the INSERM score which reflects the high probability of have *BRCA1* *BRCA2* genetic mutations. We looked for mutations in 18 patients.

We collected 151 patients aged under 40, 72% of patients were under 35, a high proportion of singles 26%. The evaluation of corpulence by the body mass index, sixty-one patients were overweight or 41%, of which 44 were obese (28.6%), android obesity found in 95 women or 63% of cases. The notion of familial neoplasia was found in 70% of cases, 40% had a history of breast cancer, the number of cases with a history of first-degree breast cancer was the highest 27, i.e. 44%, followed by 33% in 2 th degree. We looked for the type of neoplasia found in the 1st degree, the most frequent location is that of the breast 27 cases or 55% followed by lung cancer 12%, and colon cancer 8%. The search for the number of families at risk of hereditary predisposition, who should benefit from an oncogenetics consultation, and possibly the search for mutations in breast cancer susceptibility genes, (*BRCA1- BRCA2*), from the calculation of an Eisinger

score (INSERM), 37% had a score greater than or equal to five. The search for other malignant localizations, associated with breast cancer in the context of hereditary neoplasias, 15.9% of patients report a family history of ovarian cancer, 11.9% of prostate cancer, 6% leukemia, 3.3% pancreatic cancer. Mutations in the BRCA1 BRCA2 genes were searched for and found in 07 patients (5 BRCA1 and 2 BRCA2) out of the 18, or 38.88%, two new variants on the BRCA1 gene (Heterozygous variant c.4477G>T (p.Val1493Leu) NM\_007294.3) and (Heterozygous variant c.3842A>G (p.Gln1281Arg), they are not yet listed in the reference works for hereditary breast cancer.

These results require particular attention in terms of early and even pre-symptomatic and preventive diagnosis in the management of patients and families with hereditary predisposition.

**Keywords:** Algeria, BRCA1, BRCA2, hereditary breast cancer, mutation analysis

**P259 The contribution of the Clinical Pharmacist to the optimization of pharmacotherapy for patients hospitalized in the supportive care unit of the Medical Oncology Department**

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Clinical Pharmacists optimize medication use through Comprehensive Medication Management (CMM), which helps prevent, identify and resolve Medication-Related Problems (MRPs).

The aim of this work was to describe the number and type of Medication-Related Problems (MRPs) identified, and to demonstrate the crucial role of the Clinical Pharmacist in identifying and resolving these problems through CMM practice.

our work focused on a patient who had benefited from CMM services during his hospitalization in the support care unit of the Medical Oncology department of the Specialized Hospital in the Fight Against Cancer of Blida. The MRPs were identified and resolved by a Clinical Pharmacist. These problems were classified into four categories: indication, effectiveness, safety and adherence (IESA).

A total of 16 MRPs were identified and resolved by the clinical pharmacists in collaboration with the health care team. The MRPs identified were related to either indication (4/16), effectiveness (4/16) or safety (8/16). The most frequently identified MRPs were adverse drug events (4/16) and overdose (4/16).

CMM practice helped identify and resolve MRPs to ensure optimal drug use and improve patient health. The role of the clinical pharmacist is essential for appropriate, effective and safe drug use.

**Keywords :** Medication-Related Problems (MRPs), Comprehensive Medication Management (CMM), Medical Oncology, Clinical Pharmacy.



**P260 Gallstone formation after  
Gastrectomy for Stomach Cancer**

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Gallstone formation is one of the most common problems after gastrectomy for cancer of the stomach. The incidence of gallstone formation is considered as one of the complications after gastrectomy, to which we don't give much interest. The pathophysiology of this phenomenon has included alterations in gallbladder motility release by non secretion of the Cholecystokinin (CCK), and resection of the Vagal nerve. So the nonphysiological reconstruction of gastrointestinal tract after gastrectomy was also an important factor for gallstone formation. The prophylactic cholecystectomy can be proposed for this patients with gastric cancer.

Our study is about 155 patients, operated on over six years, from 2017 to 2022, for gastric cancer. The average age is 62 years, with extremes between 88 years and 27 years. All our patients underwent a total or distal gastrectomy, with a type D2 lymph node dissection, and restoration of digestive continuity with gastro-jejunal or eso-jejunal anastomosis. (So exclusion of the duodenum each time). We followed our patients for this work every 2, 6, 12, and 24 months with a hepatobiliary ultrasound.

26 (16,77) gallbladder lithiasis out of the 155 gastrectomized patients. An incidence of 18.1%. 16 men for 10 women. 07 were symptomatic. 05 underwent cholecystectomy. 02 lithiasis were

managed medically. (Among them 1 lithiasis of the common bile duct). We performed 10 prophylactic cholecystectomies at the same time as the gastrectomy in patients who had gallbladder lithiasis associated with their gastric cancer. And another prophylactic cholecystectomy without associated lithiasis. In our department, we systematically perform this procedure in young and adult patients who have a relatively better prognosis for their gastric cancer. We are satisfied with the results to date. We did not notice any additional morbidity and mortality associated with this associated procedure.

Total gastrectomy and lymph node dissection are the essential TRT for stomach cancer. The formation of cholelithiasis after this gastrectomy is a certain phenomenon, with an incidence between 20% and 25%. This phenomenon appears from the first 2 years postoperatively. Prophylactic cholecystectomy remains debated today, although morbidity and mortality and long-term survival are not affected.

# USEFUL INFOS

## CONFERENCE DATES :

November 01 to 04, 2023

## CONGRESS LOCATION

International Conferences Center (CIC) Abdelatif Rahal - Algiers

Safro membership payment at the reception area

2000 Dzd for medical oncology assistants

1000 Dzd for medical oncology residents

## ACCOMMODATION

Hotel Sheraton - Club des Pins

Hotel Az - Zeralda

Hotel Az - Palm Beach

Ecole ESHRA - Ain Benian

Hotel Mercure - Ain Benian

## TRANSPORTATION

Shuttles will provide daily transport from the airport to the hotels, from the hotels to the cic and finally from the hotels to the airports.

Access to the shuttles is reserved for participants residing in the convention hotels.

## CONFERENCES & SYMPOSIUM

Auditorium El Djamila

## WORKSHOPS

Polyvalent rooms

## EXHIBITION BOOTH

Lobby

## CATERING

Lunches: Meal trays in the Oasis refectory

Coffee breaks: Twice daily in the Lobby

November 02 dinner: Biskra room & Timimoun room from 7pm

## DISPLAYED COMMUNICATIONS

e-Posters: 5 touch screens are available at the E-Posters stand so that you can consult all communications in electronic format.



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## ANNUAL GENERAL MEETING

GA SAFRO: meeting on November 01 (12:00 - 1:00)

Board AMAAC: meeting on November 02 (17:00 - 19:00) in the "Crépuscule" meeting room

## PRAYER

Friday: "Icosium" auditorium, mezzanine level

## SPEAKER ROOM

Speaker Lounge

## TEMPERATURE

Wednesday November 01: 21° Chance of rain in the morning

Thursday, November 02: 26° Partly cloudy

Friday, November 03: 18° Cloudy

Saturday, November 04: 23° Partly cloudy

## STRICT OBSERVANCE OF TIME LIMITS

Session moderators and speakers are required to keep to the time allotted for presentations.

## REGISTRATION AND BADGE

For the online registration to PACC 2023, present the invitation you received to get your badge at the CIC entrance

Possibility of registering directly at the CIC entrance with our hostesses

Badges must be worn throughout the event.

# PARTNERS



astellas

janssen



# AMAAC

رابطة الأطباء العرب لمكافحة السرطان  
Arab Medical Association Against Cancer







