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MODERN ASPECTS OF CERVICAL CANCER TREATMENT IN WOMEN OF REPRODUCTIVE AGE

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ABSTRACT

The problem of cervical cancer prevention (cervical cancer) is interdisciplinary since it can be solved only through the joint efforts of gynecologists, oncologists, virologists, and immunologists. The role of human papillomaviruses in the development of oncological processes is considered. The main emphasis is placed on the pathogenetic mechanisms of cervical cancer, where the etiologic role of viruses is beyond doubt. the role of cellular protein p53 and hormonal factors (estrogens) in the carcinogenesis of HPV-infected cervical epithelial cells, immunological control of HPV-induced cervical cancer.

KEYWORDS

Cervical cancer, human papillomavirus, viral carcinogenesis, reproductive age.

INTRODUCTION

Today, cervical cancer (cervical cancer) remains the most common malignant tumor of the female genital organs. About 500 thousand new cases of cervical cancer are detected annually in the world, and every year up to 300 thousand women die from this disease. At the same time, 75% of women who fall ill are in the developing countries of Africa, Latin America and Asia,

where cervical cancer firmly ranks 1st in the oncological incidence among the female population, and only 25% are in the economically developed countries of Europe and North America. More than 25 thousand cases of cervical cancer and about 12 thousand deaths from it are diagnosed annually in the European Union. In the structure of oncological morbidity of the reproductive

system of women in the Republic of Uzbekistan, cervical cancer ranks 2nd after breast cancer and 4th among all oncological diseases. In 2014, the incidence rate was 4.6 per 100 thousand population (Cancer Register of the Russian Cancer Research Center of the Ministry of Health of the Republic of Uzbekistan).

According to the literature, in recent years, there has been a tendency in the world to increase the incidence of cervical cancer among young women, up to 30 years of age - in the most active reproductive period, in connection with which the treatment of cervical cancer patients is becoming a global problem and requires an individual approach.

The main methods of cervical cancer treatment are: surgery, combined radiation therapy (SLT), chemotherapy, which are used both separately and in various combinations. In advanced cases, it is often necessary to resort to extended surgical intervention, the extent of which directly depends on the extent of the tumor process.

Patients with cervical cancer after radical treatment for the most part strive to maintain their previous lifestyle, social status, as well as work activity. Quality of life is an integral characteristic of the physical, psychological, emotional and social functioning of the patient, and is based on his subjective perception. Molo= smoke women with cervical cancer when performing radical ^ surgery it is advisable to carry out transposition ^ of

both ovaries into the lateral canals of the abdominal cavity, removing them from the area of subsequent radiation exposure in order to preserve the hormone-producing function, taking into account the severe consequences of the resulting postcastration syndrome. The progressive increase in the number of cervical cancer patients, especially at a young reproductive age, dictates the need to search for and develop new and improve existing methods of treatment. The experience of most countries of the world shows the need for the use of organ-preserving methods of treatment in young women. It is also necessary to take into account the fact that this pathology has certain features that are associated with its more aggressive and autonomous course in comparison with other hormone-dependent tumors and the need for radical treatment. A distinctive feature of extended extirpation of the uterus with ovarian transposition is the preservation of the uterine appendages (ovaries and fallopian tubes) and their vascular-nervous connections located in the funnel-pelvic ligament.

MATERIALS AND RESEARCH METHODS

The present study includes data on the examination and treatment of 204 cervical cancer patients who were treated in the clinic of Samara State Medical University in the Department of Gynecology. The diagnosis of cervical cancer was established based on standard methods of comprehensive examination

using clinical, laboratory, and instrumental methods of research with subsequent morphological verification of the diagnosis.

112 patients underwent surgical treatment with an organ-preserving component in combination with combined and complex therapy; Group 2 (control) consisted of 92 patients who traditionally received combined and complex therapy.

The sources of information were the following data:

- complaints, anamnestic and objective status at the time of examination and treatment, analysis of extracts from outpatient cards, medical histories, data of the operational log and pathomorphological examination, archival data;
- the results of dynamic observations, patient surveys, monitoring of the effectiveness of treatment and the quality of life of patients, and requests to oncological dispensaries and local offices.

An analysis of age characteristics shows that over the past 20-25 years in the Republic of Uzbekistan, cervical cancer is increasingly common in young women. According to the WHO, young people are considered to be between the ages of 18 and 45. Our studies include patients of this age category. The peak incidence occurs in the age period of 31-45 years. Of the 204 patients, 63 (30.8%) were residents of the city and

141 (69.2%) were rural residents. The mean age of the patients was 36.7 ± 4.4 years.

When patients were admitted to the hospital, the severity of the condition was determined according to 5 criteria:

- 1) general condition and complaints;
- 2) the degree of severity of symptoms;
- 3) characteristics of the primary tumor focus;
- 4) the degree of prevalence of the tumor process;
- 5) characteristics of hematological indicators.

Method of surgical treatment of patients with cervical cancer with ovarian transposition

A distinctive feature of extended extirpation of the uterus with ovarian transposition is the preservation of the uterine appendages (ovary and fallopian tube) and their neurovascular connections located in the funnel-pelvic ligament. There are several variants of ovarian transposition: to the area of the iliac bones, to the posterior wall of the pelvis, on both sides of the spinal column, to the upper floor of the abdominal cavity, etc.

RESEARCH RESULTS AND DISCUSSION

The assessment of the immediate results of treatment was carried out at 3 stages: in the process of neoadjuvant chemotherapy, immediately after surgery, and after radiation therapy. To assess the side

effects of systemic and endo arterial chemotherapy, a systematic (at least 1 time a week) examination of patients was carried out, which included a complete blood test, urine, and biochemical studies to determine the functional state of the liver and kidneys. X-ray examination of the lungs.

The effectiveness of treatment was assessed by: 1) the degree of toxicity of chemotherapy according to the Common Toxicity Criteria NCIC scale; 2) the general condition of the patient (Performance status) according to the Karnofsky scale (activity in %) and ECOG (WHO) according to the point system.

In the postoperative period, the efficacy of the therapy was studied according to the pathomorphological analysis of the postoperative material.

The main clinical criteria for the effectiveness of antitumor treatment are the immediate objective result, the development of adverse reactions, relapses and terms of their development, and the survival rate of patients during 3 years of follow-up.

Analysis of the overall survival of the studied group of patients showed that the effectiveness of treatment was different. So, in the main group, it is higher than in the control group. The survival rate in the group of patients with transposition within 1 year from the moment of radical treatment was equally significant - 94—95%, but there were differences when comparing the 3-year survival rate, which was 84.3% in the study

group and 80.2% in the control group. The study of quality of life is a relatively new area of clinical research, but it is attracting more and more attention in the study of oncological diseases and can serve as the main criterion for clinical effectiveness. Quality of life is considered one of the key parameters in the study of the final results of treatment.

Dynamic observation and monitoring of patients was carried out with a complete examination every 3 months in the first year after the end of treatment, and thereafter every 6 months. The follow-up period was more than 3 years.

CONCLUSION

The technology of functionally sparing treatment of cervical cancer in women of reproductive age is a new approach without compromising the results of therapy for cancer patients.

Preservation of the functional activity of the ovaries in young patients with favorable prognosis factors (early stage, high differentiation of the tumor, absence of ovarian damage, ovaries with preserved function) will avoid the appearance of disorders that develop at different times after gonad removal.

The data of the studies indicate the possibility of preserving the uterus and ovaries in patients of reproductive age with a thorough pre- and intraoperative examination.

Analysis of the data obtained (for 3 years) showed that the organ-preserving volume of surgical intervention improves the immediate and long-term results of treatment.

In general, the implementation of organ-preserving and functionally sparing approaches in the treatment of oncogynecological patients is a relevant and promising scientific direction that allows not only to cure the patient, but also to preserve the main functions of the female body, significantly improving the quality of life, reducing the time of social and psychological rehabilitation, and sometimes the ability to perform reproductive functions.

Despite such a serious pathology, in patients with cervical cancer, if possible, it is necessary to strive to preserve the quality of life, social status and labor activity in young women, as well as the ability to preserve reproductive function. In this regard, the transposition of the ovaries into the lateral canals of the abdominal cavity, and their removal from the area of subsequent radiation exposure to preserve their hormonal function is advisable and feasible.

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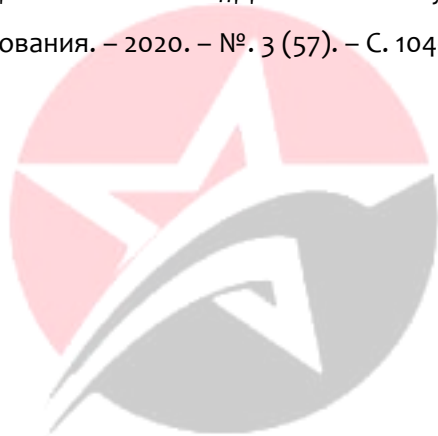
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