



PRELIMINARY RESULTS OF THE EFFECTIVENESS OF PREVENTIVE EXAMINATIONS OF ONCOGYNECOLOGICAL PATIENTS IN THE KHOREZM REGION

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ABSTRACT

The increase in the number of patients with cancer, a high level of disability of such patients and, as a result, significant socio-economic losses of society maintain an enduring interest in improving cancer assistance to the population. In particular, the relevance of the prevention of cancer, both primary and secondary, remains acute.

Oncogynecological preventative examinations were performed on 7818 women. Patients ranged in age from 25 to 75 years old, with an average of 40 years. During preventive examinations, the anamnesis, the state of the reproductive system and their pathologies, the course of pregnancy, the onset of menstruation and the period of menopause, inflammatory and other pathologies of the cervix, uterine body and ovaries were carefully studied.

In the article, the authors represent the organizational aspects of the secondary prevention of malignant neoplasms of reproductive organs in women of the Khorezm region and give the results of a preventive examination of oncogynecological patients.

KEYWORDS: Secondary prevention, preventive diseases, preventive examinations, early detection.

INTRODUCTION

Decree of the President of the Republic of Uzbekistan “On measures to further develop the oncological service and improve oncological care for the population of the Republic of Uzbekistan for 2017-2021” dated April 4 No. PP-2866 defines the criteria for achieving the set goals in terms of reducing mortality from malignant neoplasms. The decree approved the State Program of Action for the prevention and early detection of cancer among the population, the introduction of advanced diagnostic and treatment methods, the strengthening of the material and

technical base and human resources, as well as the improvement of the structure of the country's oncological institutions.

The issue of prevention of malignant neoplasms (MCNO), both primary, aimed at identifying and eliminating etiological factors, and secondary, aimed at early detection of malignant neoplasms, has been noted in the works of many specialists [1, 3, 4].

As causes of disability, oncological diseases rank second after diseases of the circulatory system, and the first in terms of the severity of disability [2].

In the structure of the incidence of cancer in the Republic of Uzbekistan in recent years, cancer of the breast, stomach and cervix retains the leading position with incidence rates of 11.2, 5.7 and 5.6 per 100,000 population, respectively [5].

With I - II stages of diseases in the Russian Federation, less than half of patients are detected (in 2009 - 46.6%) and more than half - with widespread and advanced processes [6]. In Uzbekistan, the rate of neglect over the past 5 years has decreased by 1.8% [7].

In the structure of oncological morbidity in women, the leading positions are occupied by cancer of the skin, uterine body, stomach, colon and cervix. In women, malignant neoplasms of the organs of the reproductive system account for more than 35%, while tumors of the genital organs account for about half of them [8, 9, 10].

According to WHO, about half of the cases of cancer are due to such factors that can be influenced. The National Cancer Program of the United States noted that as a result of preventive work, after 10 years, it is possible to achieve a reduction in cancer mortality by 20-25% [11, 12].

In European countries and the United States, for a long time there has been a tendency to slow down and reduce mortality from malignant neoplasms due to effective preventive programs and improved early detection of cancer, as well as due to high-quality treatment [13].

In developed countries, significant attention is paid to the full prevention of malignant tumors, which includes reducing the effect of carcinogens, timely detection and treatment of precancerous diseases. Determining the factors that contribute to the emergence of a tumor makes it possible to search for small formations in the early stages, and also allows you to develop a prevention system. The organization of oncological care provides for the introduction of new schemes for anti-cancer control [14].

Preventive measures to detect malignant neoplasms of the organs of the reproductive system are practically absent in the regions of the country. Whereas numerous publications of foreign researchers, on the contrary, are associated with many years of experience in actively organized campaigns for the early detection of tumors in the gynecological sphere, which are distinguished by their simplicity in execution and high medical and economic efficiency [15, 16, 17].

In countries with a developed healthcare system, great attention is paid to the secondary prevention of cancer. But it is interesting that screening as a program event has lost its significance there, but has become an integral part of citizens' insurance, and it is for this reason that the detection of early stages of malignant neoplasms in European countries in the ordinary case exceeds 60% [18, 19, 20].

The lack of programs for prevention and early detection in the regions leads to neglect and an increase in mortality, a decrease in the survival of patients [21, 22].

The most important tool in the hands of a primary health care worker should be an algorithm for tactical management of a patient in case of a suspected malignant neoplasm of one or another

localization, and it is then that the desired social effect will be achieved even with the low information content of questionnaire screening [23, 24].

When developing a prevention program, one must remember about the quality of oncological examinations of the population. Since the effectiveness of clinical examination depends on the quality of the medical examination, the solution of the problems of prevention and early diagnosis should be achieved by medical workers in primary health care. It is rightly considered that the experience and qualifications of the doctor are of the greatest importance in the diagnosis. But doctors of any specialty should be able to suspect a tumor [25].

Today's reform of the health care system involves a significant strengthening of the role and qualifications of primary health care professionals, therefore, the requirements for medical workers in the field of oncology are significantly increased [26, 27, 28].

One of the reasons for the neglect and late detection of oncological pathology are medical errors - up to 30% of cases. However, it is noted that a tactic is considered more rational, in which all patients with a suspected oncological disease should be examined by an oncologist, however, the primary care physician remains the primary care physician [29, 30, 31, 32].

When organizing cancer prevention measures, it is optimal to create comprehensive anti-cancer programs that are automated and provide for the exclusion of the "human factor" from the succession system of medical institutions and individual specialists, and which should be used to make well-defined organizational decisions and obtain specific results [33, 34].

Few works provide a systematic assessment of the effectiveness of methods for the early detection of malignant diseases in terms of the ratio of effectiveness and costs, which is extremely important to understand before starting programs [35, 36, 37].

The scale of the problem, which has medical, social and economic aspects and is considered as an important state task, dictates the need to develop and put into practice new methods for managing the oncological situation [38, 39].

MATERIALS AND METHODS

In the Khorezm region, by order of the regional health department of the regional khokimiyat, since 2000, preventive examinations have been carried out in all regions according to a pre-planned program.

The purpose of this program is to conduct preventive examinations among the population in order to determine precancerous diseases and early diagnosis of oncogynecological pathologies in women.

Preventive examinations are carried out in all regions of the region according to a pre-compiled program with the inclusion of specialists: SVP doctors, distractionists, oncogynecologists, specialists in ultrasound and colposcopy, cytologists and histologists.

If necessary, consultations are held by highly qualified specialists of the medical institute and the Khorezm regional branch of the Regional Branch of the Republican Specialized Scientific and Practical Medical Center for Oncology and Radiology.

7818 women were subjected to oncogynecological preventive examination. The age of patients was 25-75 years, on average 40 years. During preventive examinations, the anamnesis, the state of the reproductive system and their pathologies, the course of pregnancy, the onset of menstruation and the period of menopause, inflammatory and other pathologies of the cervix,

uterine body and ovaries were carefully studied. Preventive examinations were carried out by clinical examination of the genital organs, colposcopy, ultrasound examination of the reproductive organs. If precancerous diseases and cancer are suspected, a cytological examination or a histological examination was performed after taking a smear, tissues from the tumor.

RESULTS AND DISCUSSION

Of the 7818 women examined, 928 (11.9%) had various pathologies in the cervix. At the same time, 856 (10.9%) had precancerous diseases and 72 (0.9%) had cervical cancer. Among patients with precancerous diseases, out of 856 patients, 586 had cervical erosion, 10 had cervical leukoplakia, 92 had cervical cysts, 90 had a cervical polyp, 78 had endocervicitis, and 513 had CIN.I, in 231 - CIN II, in 112 - CIN III.

In all cases, the diagnosis was verified by morphological examination of tissues from the tumor (especially with precancerous changes). It should be noted that these patients received timely appropriate treatment to prevent the development of cancer (secondary prevention).

Out of 7818 examined women in different regions of the Khorezm region, 72 (0.9%) were diagnosed with cervical cancer. At the same time, out of 72 patients with cervical cancer, 29 (40.2%) had stage I and 36 (50.0%) had stage II of the tumor process.

As can be seen from the presented data, 90.2% of patients with cervical cancer were detected in early stages I - II and only 9.8% in stages III - IV. It should be noted that preventive examinations made it possible to purposefully increase the early detection of malignant neoplasms of the cervix.

During preventive examinations, uterine cancer and precancerous diseases were detected in 199 (2.5%) women. At the same time, precancerous diseases of the uterine body were registered in 173 (2.2%) women. Among the precancerous diseases of the uterine body, hyperplasia of the mucosa was most often detected - in 33 (19.1%) patients, a polyp of the uterine body - in 24 (13.9%), adenomyosis of the uterine body - in 35 (20.2%), atypical hyperplasia of the body uterus - in 23 (13.3%), fibromyoma of the uterine body - in 46 (26.6%) and uterine leiomyoma in 12 (6.9%) patients.

In 26 patients, uterine body cancer was detected. Of these, stage I was registered in 8 (30.7%) and stage II uterine cancer in 14 (53.8%) patients. In general, 84.5% of patients had early stages of uterine body cancer, and 15.5% had stage III and IV tumors.

It should be noted that of the identified patients in the early stages of uterine cancer, before the examination, they did not have clinical symptoms of the disease and did not seek medical help for this pathology.

In our observations, out of 7818 women who were subjected to a gynecological examination, 182 (2.3%) had various ovarian pathologies and 30 (0.38%) had ovarian cancer. Among patients with precancerous diseases, 66 (36.3%) had a serous cyst, 54 (29.7%) had a follicular cyst, 26 (14.3%) had an ovarian cystoma, and 36 (19.7%) had chronic adnexitis.

After the detection of precancerous diseases, appropriate treatment was carried out and the development of ovarian cancer was prevented.

In 30 cases (0.38%), ovarian cancer was detected, of which 8 (26.6%) had stage I and 16 (53.3%) had stage II of the tumor process. Only in 20.1% of cases the diagnosis was established in advanced III - IV stages.

The study shows that targeted in-depth preventive examinations can detect malignant neoplasms at early (I - II) stages in gynecological cancer patients from 79.9% (ovarian cancer) to 90.2% of cases (cervical cancer). These indicators are significantly higher than the regional indicator (for the Khorezm region for 2021) - cervical cancer - 34.4% and 43.3%, (77.7%), uterine body cancer 25.8% and 45.2 %, (71%) and ovarian cancer 22.7% and 31.8%, (54.5%). In the Republic of Uzbekistan, these figures were: cervical cancer - 66.2% (12.0% and 54.2%), uterine body cancer - 74.1% (25.8% and 48.3%) and ovarian cancer - 46.7% (10.9% and 35.8%).

Table 1. The results of preventive examinations of patients with cervical cancer

N o.	Districts (cities)	Examination by oncogynecologists	Precancerous diseases of the cervix	Cervical cancer	I stage	II stage
1	Urgench	599	72 (12.0%)	12 (2.0%)	4 (33.3%)	8 (66.7%)
2	Khiva	387	58 (15.0%)	8 (2.1%)	5 (62.5%)	3 (37.5%)
3	Bogota district	689	60 (8.7%)	6 (0.9%)	1 (16.7%)	2 (33.3%)
4	Gurlan district	617	62 (10.0%)	2 (0.3%)	1 (50.0%)	1 (50.0%)
5	Kushkupir district	715	87 (12.2%)	5 (0.7%)	3 (60.0%)	1 (20.0%)
6	Urgench district	833	81 (9.7%)	6 (0.7%)	3 (50.0%)	2 (33.3%)
7	Tuprakkalha district	230	40 (17.4%)	2 (0.9%)	1 (50.0%)	1 (50.0%)
8	Khazorasp district	807	76 (9.4%)	5 (0.6%)	2 (40.0%)	2 (40.0%)
9	Honka district	779	72 (9.2%)	11 (1.4%)	2 (18.2%)	8 (72.7%)
10	Khiva region	608	60 (9.9%)	5 (0.8%)	3 (60.0%)	2 (40.0%)
11	Shavat district	708	81 (11.4%)	4 (0.6%)	2 (50.0%)	2 (50.0%)
12	Yangiariq district	483	58 (12.0%)	3 (0.6%)	1 (33.3%)	2 (66.7%)
13	Yangibozor district	363	49 (13.5%)	3 (0.8%)	1 (33.3%)	2 (66.7%)
	Total	7818	856 (10.9%)	72 (0.9%)	29 (40.3%)	36 (50.0%)

Table 2. The results of preventive examinations of patients with uterine body cancer

N o.	Districts (cities)	Examination by oncogynecologists	Precancerous diseases of the body of the uterus	Cancer of the body of the uterus	I stage	II stage
1	Urgench	599	21 (3.5%)	3 (0.5%)	1 (33.3%)	1 (33.3%)
2	Khiva	387	12 (3.1%)	3 (0.8%)	0 (0.0%)	1 (33.3%)
3	Bogota district	689	11 (1.6%)	1 (0.1%)	0 (0.0%)	1 (100%)
4	Gurlan district	617	7 (1.1%)	2 (0.3%)	1 (50.0%)	1 (50%)

5	Kushkupir district	715	15 (2.1%)	1 (0.1%)	0 (0.0%)	1 (100%)
6	Urgench district	833	19 (2.3%)	2 (0.2%)	1 (50.0%)	1 (50%)
7	Tuprakkalha district	230	7 (3.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
8	Khazorasp district	807	26 (3.2%)	3 (0.4%)	1 (33.3%)	1 (33.3%)
9	Honka district	779	16 (2.1%)	3 (0.4%)	0 (0.0%)	3 (100%)
10	Khiva region	608	11 (1.8%)	2 (0.3%)	1 (50.0%)	1 (50.0%)
11	Shavat district	708	11 (1.6%)	2 (0.3%)	1 (50.0%)	1 (50.0%)
12	Yangiarik district	483	10 (2.1%)	2 (0.4%)	1 (50.0%)	1 (50.0%)
13	Yangibozor district	363	7 (1.9%)	2 (0.6%)	1 (50.0%)	1 (50.0%)
	Total	7818	173 (2.2%)	26 (0.3%)	8 (30.8%)	14 (53.8%)

Table 3. Results of preventive examinations for ovarian cancer

N o.	Districts (cities)	Examination by oncogynecologists	Precancerous diseases of the ovaries	ovarian cancer	I stage	II stage
1	Urgench	599	15 (2.5%)	5 (0.83%)	1 (20.0%)	2 (40.0%)
2	Khiva	387	18 (4.7%)	2 (0.52%)	0 (0.0%)	1 (50.0%)
3	Bogota district	689	16 (2.3%)	1 (0.15%)	0 (0.0%)	1 (100.0%)
4	Gurlan district	617	14 (2.3%)	2 (0.32%)	1 (50.0%)	1 (50.0%)
5	Kushkupir district	715	18 (2.5%)	4 (0.56%)	1 (25.0%)	2 (50.0%)
6	Urgench district	833	14 (1.7%)	4 (0.48%)	1 (25.0%)	2 (50.0%)
7	Tuprakkalha district	230	8 (3.5%)	1 (0.43%)	0 (0.0%)	1 (100.0%)
8	Khazorasp district	807	21 (2.6%)	1 (0.12%)	1 (100.0%)	0 (0.0%)
9	Honka district	779	14 (1.8%)	3 (0.39%)	1 (33.33%)	2 (66.7%)
10	Khiva region	608	9 (1.5%)	2 (0.33%)	0 (0.0%)	1 (50.0%)
11	Shavat district	708	8 (1.1%)	3 (0.42%)	1 (33.33%)	2 (66.7%)
12	Yangiarik district	483	15 (3.1%)	1 (0.21%)	0 (0.0%)	1 (100.0%)
13	Yangibozor district	363	12 (3.3%)	1 (0.28%)	1 (100.0%)	0 (0.0%)
	Total	7818	182 (2.3%)	30 (0.38%)	8 (26.67%)	16 (53.3%)

The conducted preventive examinations show their effectiveness in the early diagnosis of gynecological cancer patients and they can be recommended for clinical practice in other regions of the republic.

CONCLUSION

1. Targeted preventive examinations of oncogynecological patients according to the developed program allow in most cases (more than 90%) to detect diseases in the early stages.
2. Preventive examinations of the reproductive organs in women make it possible to detect not only malignant neoplasms, but also precancerous diseases of the cervix, uterine body and ovaries, thereby conducting timely secondary prevention of oncogynecological patients.
3. Early diagnosis of malignant neoplasms of the reproductive organs is much higher with targeted in-depth preventive examinations. In the Khorezm region, during a targeted preventive examination, early detection of cervical cancer (in stages I - II) was 40.2% and 50.0%, with uterine body cancer 30.7% and 53.8%, and with ovarian cancer it was 26.6 and 53.3%.

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