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РЕСПУБЛИКАНСКИЙ СПЕЦИАЛИЗИРОВАННЫЙ НАУЧНО-ПРАКТИЧЕСКИЙ МЕДИЦИНСКИЙ ЦЕНТР ОНКОЛОГИИ И РАДИОЛОГИИ

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КЛИНИЧЕСКАЯ И ЭКСПЕРИМЕНТАЛЬНАЯ ОНКОЛОГИЯ

ЕЖЕКВАРТАЛЬНЫЙ НАУЧНО-ПРАКТИЧЕСКИЙ ЖУРНАЛ АССОЦИАЦИИ ОНКОЛОГОВ УЗБЕКИСТАНА

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analyze. ER, PR, HER/2 and Ki-67 oncomarkers were evaluated.
Result. Distribution of immunohistochemical sybtypes were studied in pre-and postmenopausal women according to BMI subgroup. In postmenopausal group Lyuminal A sybtype more frequent obese patient than overweight and normal-weighted. Triple-negative histologic type more frequent in obese premenopausal women compared to postmenopausal and BMI<30kg/m2 premenopausal. For premenopausal group, patients with BMI ≥30kg/m2 had ER and PR negative tumors compared with normal-weighted patient. Treatment characteristics.All of patients accepted neoadyuvant chemotherapy (AC –doxorubisin+cyclophosphan and TP- paclitaxel + carboplatin) 6 or 8 course. Total of 34 patient underwent surgery. 5 of them were opereted with breast conserving surgery, other with radical mastectomy on method Madden. Among BMI groups, no significant difference in relation to chemotherapy and surgery was found between pre- and postmenopausal patient. But premenopausal obese patients appered to receive less hormonal therapy compared to postmenopausal obese patients(p<0,001).
Conclusion. Obesity has been reported to be an adverse factor of survival BC patients, our research work indicated that higher BMI was found the independent predictor of BC mortality. Finally, there may be other risk factors for each immunohistochemical subtype independent of menopausal period and BMI.

METASTATIC BREAST CANCER IN MEN
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Aim: Optimization of diagnostic and therapeutic measures with the assessment of prognostic factors in metastatic breast cancer in men.
Materials and research methods. To study the results of treatment of metastatic breast cancer (MBC) in the Republic of Uzbekistan covers the period from 2010 to 2020 (10 years), 103 patients with newly diagnosed breast cancer with metastases.
Results. The largest group consisted of patients with breast cancer with metastases in the age group of 41-50 years (31%) and 51-60 years (27.3%). There were slightly fewer patients with breast cancer at the age of 61-70 years (19.6%) and even fewer in the elderly - 79 patients (7.6%). The most common histological forms of the primary tumor were lobular (41%) and ductal (30%) types of cancer. In 13.5% of cases, the histological structure of the tumor was represented by an undifferentiated form, due in some cases to therapeutic pathomorphosis.
Conclusion. The size of neoplasms ranged from 0 to 5 cm or more. One-year survival of patients with MBC differed depending on the size of the primary tumor. Between groups of patients with sizes from 2 to 5 cm and more than 5 cm, the overall 5-year survival was not statistically significantly different (35% and 28%, respectively). It is noticeable that the 5-year survival rate of patients with metastatic breast cancer with tumors less than 2 cm was 66.9%, while with tumors more than 5 cm it was only 28.8% (P<0.001). The upper outer quadrant, as well as the central part of the mammary gland, were statistically significantly more often (34.2 ± 4.87 and 46.1 ± 4.7 cases, respectively) affected by the tumor compared with the lower outer (5.7 ± 1.69), upper inner (7.5 ± 2.28) and lower inner (2.3 ± 0.94) quadrants. According to our study, the bones were already affected at the initial admission in 24.0% of cases. In 8 cases it was the spine, in 7 - the ribs and 4 - the ilium. Osteolytic lesions were noted in 5 patients. In two cases it was difficult to determine the type of lesion radiographically. Thus, 64.2% of patients survived 5 years or more, which was statistically significantly higher than with combined and combined methods (P<0.05, t=2.l). The main histological forms of breast cancer were lobular and ductal variants of the tumor, which together accounted for 71% of the forms.
Thus, in the treatment of metastatic breast cancer, it is necessary to provide adequate local treatment of the primary focus, control of metastatic regional and distant ones, which prevents further spread of the tumor process and leads to an increase in survival and improvement in the quality of life of patients. When choosing a method of treatment, it is necessary to take into account the localization of the metastasis, the age and general condition of the patient, her menstrual status, the presence of concomitant diseases, previous treatment for primary breast cancer. Important prognostic factors are the number of metastatic regional lymph nodes, the histological structure of the tumor, and the treatment methods used.