

IMPROVEMENT OF THE RESULTS OF BREAST CANCER ORGANOSPARE TREATMENT WITH THE USE OF INTRAOPERATIVE CHEMOTHERAPY IN THE BODY'S AUTO ENVIRONMENT

Sherbekova D.U, Norqizilova G.O, Ashurova N.Sh

4th Grade Students of Tashkent Medical Academy

Abstract: *The aim of the study is to improve the results of organ-preserving treatment of patients with T1–2N0–1M0 breast cancer. This phase IV trial studies the side effects of intraoperative radiation therapy and how well it works in treating patients with breast cancer undergoing breast-conserving surgery. Delivering radiation one time to the area where the tumor was removed while the patient is still in the operating room may kill any residual tumor cells and may be as effective as standard radiation therapy in patients with early stage breast cancer.*

Key words: *T1- 2N0-1M0, autoplasmachemotherapy, intraoperative, breast cancer.*

Material and methods.

The study included 270 patients with T1–2N0–1M0 breast cancer, incl. 113 patients under 50 years old. Morphologically, infiltrating ductal carcinoma predominated (74%). The patients were divided into 2 groups, comparable in age, the state of menstrual function, the degree of prevalence of the tumor process, the morphological form of the tumor. 120 patients (Group 1) underwent organ-preserving surgery in the scope of radical resection of the mammary gland, including dissection of all stages of lymphogenous metastasis, and received intraoperative chemotherapy using autologous media: intravenous autohemochemotherapy with doxorubicin 30 mg, interstitial autoplasmochemotherapy and autoleukochemotherapy with cyclophosphamide 200 mg and 5-fluorouracil 500 mg. 150 patients (Group 2)

underwent a radical resection of the mammary gland with dissection of lymph nodes at all stages of lymphogenous metastasis without the use of intraoperative chemotherapy in the automeia of the body. Patients of all groups after surgery received a course of radiation therapy to the mammary gland and lymphatic drainage pathways in SOD 40 Gy and 4–6 courses of adjuvant polychemotherapy according to the CMFAV scheme. The patients were followed up for 5 years.

Results.

The frequency of progression of breast cancer in patients of the 1st group was 5.5%, in patients of the 2nd group - 12.4%. Five-year disease-free survival in patients of the 1st group was $91.83 \pm 2.9\%$, in patients of the 2nd group - $82.84 \pm 3.8\%$ ($p < 0.05$). The overall survival of patients with breast cancer after different types of treatment differs not as significantly as recurrence-free. Thus, 5-year overall survival in patients of the 1st group was $97.8 \pm 1.5\%$, in patients of the 2nd group - $93.7 \pm 2.4\%$. However, there

The incidence of recurrence and metastasis of breast cancer after treatment undoubtedly affects the quality of life of patients.

Conclusions.

The use of intraoperative chemotherapy on the automeia of the body in the organ-preserving treatment of breast cancer T1-2N0-1M0 has significantly improved the results of treatment of patients. A treatment plan is summary of your cancer and the planned cancer treatment. The biology and behavior of breast cancer affects the treatment plan. Some tumors are smaller but grow quickly, while others are larger and grow slowly. Treatment options and recommendations are very personalized and depend on several, including; the stage of tumor, genomic tests, such as multigene tests, the patients age, general health, menopausal status and preferences, based on result genetic tests.

REFERENCES

1. IARC GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012, WHO 2015.
2. Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, Jemal A. Global cancer statistics, 2012. *CA Cancer J Clin*, 2015 Mar, 65(2).
3. Breast Cancer Awareness Month, WHO 2015. Link: <http://www.who.int/mediacentre/commentaries/breast-cancer-awareness/en>.
4. Health care in Russia. Federal State Statistics Service (Ros-stat), 2015. Statistical collection, Moscow.
5. The state of oncological care for the population of Russia in 2015. Ed. HELL. Kaprina, V.V. Starinsky, G.V. Petrova. M., 2016.
6. Oncological diseases of the breast, soft tissue and bone sarcomas: a textbook. VC. Kosenok [and others]; ed. A.I. Novikov [i dr.]. Omsk: Publishing House of the Center for Moscow Region and ITOMGMA, 2008. 187 p.
7. Wang L, Guyatt G, Kennedy S et al. Predictors of persistent pain after breast cancer surgery: a systematic review and meta-analysis of observational studies. *CMAJ*, 2016 July 11. First published July 11, 2016, doi:10.1503/cmaj.151276.
8. Taplin SH et al. Reason for Late-Stage Breast Cancer: Absence of Screening or Detection, or Breakdown in Follow-up? *JNCI J Natl Cancer Inst*, 2004, 96(20): 1518-1527.
9. Breast cancer: prevention and control.
<http://www.who.int/cancer/detection/breastcancer/en/index1.html>