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SOME FEATURES OF BREAST CANCER PROGRESSION

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Despite the rapid development of oncology, the prognosis of breast cancer metastasis remains an extremely important and unexplored issue.

A retrospective study of the features of the progression of breast cancer will provide a deeper understanding of the problem, which will be the basis for further research aimed at identifying objective criteria for predicting the progression of breast cancer.

The aim of the study was to study the clinical and statistical features of the course of breast cancer with the verified progression of the tumor process, depending on the stage of the disease and the molecular subtype of the tumor. A retrospective analysis of 242 outpatient charts of breast cancer patients was performed. Patients, depending on the progression of breast cancer after treatment, were divided into two groups - 179 people "without breast cancer progression" and 63 (26.0%) people "with the verified progression of breast cancer." The mean age of patients was 57.3 ± 0.69 years.

The results of the study indicate a clear relationship between the increase in the percentage of people with breast cancer progression and the stage of the disease. There is no significant difference between the two study groups when studying the average age of a woman, the frequency of lesions of the right or left breast, the number of metastases of regional lymph nodes, except for the average tumor size, where patients with the verified continuation of breast cancer are more likely. The longest period to verify the progression of breast cancer is characteristic of stage II B of the disease, with Luminal - A subtype of the tumor.

Thus, the age of the woman, the location of the tumor in the right or left breast, the numbers of metastases of regional lymph nodes do not affect the progression of breast cancer. With the progression of breast cancer, there is larger average tumor size, especially in the luminal subtype - A tumor. The longest period to verify the progression of breast cancer is characteristic of stage II B of the disease, with Luminal - A subtype of the tumor.

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ORAL CANCER: WHAT DO WE KNOW ABOUT THE RISK FACTORS?

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Oncological illnesses are the second leading cause of death worldwide, claiming the lives of nearly 10 million people each year. At the same time, every third of these cases could be avoided with early detection and treatment. Oral cancer is included in the list of 10 leading types of cancer deaths in Ukrainian men, and in 38,8% of these cases, patients did not survive 1 year after they detected cancer. It is important to study the risk factors for this type of cancer to prevent and predict this illness.

Aim: to process and analyze the existing data on risk factors of oral cancer. We provided an analysis of different sources of scientific information according to the aim of our research.

Oral cancer rates were 27.7 times higher in male smokers than in non-smokers, and nearly 6 times higher in female smokers. Estimates of the percentage of oral cancers caused by cigarette smoking have been very stable, ranging between 75 and 90 percent. We also discovered that after 3 to 5 years of smoking cessation, the risk of oral cancer fell by roughly 50%. There was a 50-fold increase in cancer risk for long-term users of smokeless tobacco. These malignancies were 14 times more likely among women who had used smokeless tobacco for less than 25 years. In addition, the majority of oropharyngeal cancer patients consume alcohol. According to one study, men have a rate of 94 percent and women have a rate of 82 percent. Oral cancer has been linked to all three types of alcohol (beer, hard liquor, and wine), while hard liquor and beer have a larger risk. Another study found that if the average daily use of alcohol exceeded 120 grams, there was a considerable increase. According to some research, the risk of oral cancer caused by tobacco is larger (72%) than that caused by alcohol (29%). It is clear that when alcohol and tobacco are combined, they have a synergistic impact that significantly raises the risk of oral cancer. Lung, laryngeal, gastric, ovarian, breast, cervical, and oral cancers have all been linked to low beta-carotene consumption. Poor consumption of fruits and vegetables, which are the principal sources of beta-carotene, has been linked to elevated cancer risk and mortality in several studies. Vitamin C deficiency has been linked to an increased risk of stomach, esophageal, oral cavity, laryngeal, and cervical malignancies. There is scant evidence that oral cancer is caused by poor oral hygiene, ill-fitting dental prostheses, inadequate dental restorations, or misaligned or pointed teeth. Candida fungal infections, Chlamydia, and HPV are all known to cause cancer. Oral cancer does not appear to be a typical side effect of systemic immunosuppression, although HIV-associated oral cancers have been observed in HIV-positive immunocompromised patients.

Thus, alcohol intake, smoking, smokeless tobacco, some dietary habits, and infections such as Candida, Chlamydia HPV, as well as the HIV are the risk factors of oral cancer.