МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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the composition of titrated acids per 100 μl of glomerular filtration. Urine, which contains few hydrogen ions, contributes to a significant decrease in ammonia excretion. The analysis of indicators after the activation of ATP-sensitive potassium channels confirms the ability of flocalin to affect the state of the acid-regulatory function of the kidneys, which we discovered earlier. It should be noted that the dynamics of changes had a heterogeneous trend, which is explained by the use of different methods of conducting experiments.

Conclusions. Based on the positive dynamics of pH and ammoniagenesis to acidogenesis ratio we have outlined the corrective properties of flocalin under hypoxic influence on the renal mechanisms of acid-base regulation and indicate the participation of channels of this type in the pathogenetic mechanisms of acute hypoxia. Acid-alkaline disorders lead to changes in renal functions and processes, as well as affect the mechanisms closely related to their energy supply. The study of the state of the main energy-dependent process – reabsorption of sodium ions for the development of new directions of pharmacological correction of nephrological pathology is promising in the study of the renal effects of the ATP-sensitive potassium channels activator flocalin under the conditions of the development of acute hypoxia.

Greshko Iu.I.

PHARMACOECONOMIC ANALYSIS OF THE USE OF FULVESTRANT COMPARED TO CHEMOTHERAPY FOR THE TREATMENT OF PATIENTS WITH LOCALLY ADVANCED OR METASTATIC ER (+) HER2 (–) BREAST CANCER

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Introduetion. In Ukraine, the use of fulvestrant, an estrogen receptor antagonist, is complicated by its high cost. Very often, when there are indications for its use, traditional chemotherapy regimens (HT) are used, most often the CMF regimen (cyclophosphamide + methotrexate + fluorouracil).

The aim of the study. This study was a pharmacoeconomic evaluation of the use of fulvestrant (500 mg 1 r/month) compared to the CMF chemotherapy regimen (cyclophosphamide 600 mg/m^2, methotrexate 40 mg/m^2, fluorouracil 600 mg/m^2) for the treatment of patients with locally progressive or metastatic ER (+) HER2 (–) breast cancer in postmenopausal women periods with relapse or progression of the disease after the use of the first line of hormonal therapy (anti-estrogens and aromatase inhibitors) and in the absence of a visceral crisis.

Material and methods. The studied regimens: fulvestrant (500 mg 1 time/month) compared to HT CMF (cyclophosphamide 600 mg/m^2, methotrexate 40 mg/m^2, fluorouracil 600 mg/m ^{2}).

The pharmacoeconomic method of "cost-effectiveness" analysis was used. The research horizon is 1 year. Only direct costs were taken into account, taking into account the discount factor of 3%: the cost of an annual course of treatment with the compared schemes; the cost of medical devices, with the help of which manipulations and administration of drugs are performed; the cost of treatment of adverse reactions (AR): febrile neutropenia (FN) of 3-4 degrees of severity, gastrointestinal PR of 3-4 degrees (diarrhea and vomiting), as well as the cost of patients staying in a hospital during the main therapy and treatment of PR. Indirect costs were not considered, as all patients were considered to be of retirement age and GDP losses were insignificant. Prices for pharmaceuticals and medical products are used by the data of current registers of wholesale and retail prices. The cost of staying in a hospital is determined according to the official website of the private clinic "Boris". The expenses of PR therapy and patient management in the event of their occurrence were calculated considering their frequency, which was determined according to literature data.

The incremental cost-effectiveness index (ICER) when using fulvestrant compared to CMF CT was calculated using the formula: total treatment costs (fulvestrant) - total treatment costs (CMF) /clinical effectiveness (fulvestrant) - clinical effectiveness (CMF). The indicator of overall survival (OS) was used as an indicator of the clinical effectiveness of the studied schemes.

Results. The total costs for the use of fulvestrant, considering the costs of treatment of PR and stay in the clinic, amounted to UAH 217906.54, and CMF schemes - UAH 258969.23. Overall patient survival with fulvestrant is 1.875 years and CMF is 1.5 years. ICER = - UAH 109497.84 for one additional year of life saved.

Conclusion. The use of fulvestrant (500 mg once per month) compared to CMF chemotherapy (cyclophosphamide 600 mg/m ^{2}, methotrexate 40 mg/m ^{2}, fluorouracil 600 mg/m ^{2}) for the treatment of locally progressive or metastatic ER (+) HER2 (–) breast cancer in postmenopausal women with recurrence or progression of the disease after the use of the first line of hormonal therapy (non-steroidal estrogen antagonists and aromatase inhibitors) and in the absence of a visceral crisis is clinically justified from the point of view of the frequency of side effects and the life expectancy of patients and economically more profitable in the conditions of the health care system of Ukraine.

Kopchuk T.G.

ANALYSIS OF THE RANGE OF PANCREATIN PREPARATIONS PRESENTED ON THE PHARMACEUTICAL MARKET OF UKRAINE

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Introduction. Pancreatin is an enzyme preparation that contains essential digestive enzymes (lipase, amylase, protease) that aid in the breakdown of fats, carbohydrates, and proteins in the gastrointestinal tract. It is intended for replacement therapy in cases of pancreatic insufficiency, digestive disorders, and chronic gastrointestinal diseases. Due to its properties, pancreatin helps improve digestion and the absorption of nutrients, which is crucial for patients with digestive system issues.

The aim of the study is to conduct a marketing analysis of the range of pancreatin preparations registered in the pharmaceutical market of Ukraine, with a particular focus on identifying their varieties, dosage forms, manufacturers, and the ratio of domestic and foreign products.

Material and methods. The object of the study is the nomenclature of medicinal products with the active ingredient pancreatin, presented in the pharmaceutical market of Ukraine. Methods of marketing research of the range of medicinal products and statistical processing of the obtained data were used for the analysis.

Results. Various pancreatin preparations are registered on the pharmaceutical market of Ukraine, differing in dosage form, dosage, and manufacturers. This offers patients a wide choice according to their needs and preferences. The main dosage forms include Tablets: The most common dosage form of pancreatin, accounting for about 60% of all preparations. Tablets are often used due to their convenience in dosing and long shelf life. Capsules: They occupy about 30% of the market. Capsules may be more convenient for patients who have difficulty swallowing tablets or who require a gradual release of the active substance. Powders for dissolution: Represent a smaller market share – about 10%. This dosage form can be useful for patients who require individualized dosing or for children.

Thus, the variety of pancreatin dosage forms on the market allows for selecting the optimal option depending on the needs and preferences of patients, as well as the specifics of their treatment situations.

Foreign manufacturers occupy 55% of the pancreatin market in Ukraine, emphasizing their significant role in ensuring market diversity and competitiveness. Among these international companies: Indian manufacturers occupy about 40% of the foreign pancreatin market share. They are known for their competitive pricing and wide range of products, making their offerings attractive to consumers due to low production costs. German companies account for approximately 10% of foreign suppliers. Germany is noted for high-quality products and strict production standards, ensuring high efficacy and safety of their preparations. Polish manufacturers hold about