



QUALITY OF EARLY DIAGNOSIS OF BREAST CANCER

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SUMMARY

The article discusses the state of the quality of early diagnosis of breast cancer. Advances in clinical oncology show that early diagnosis of pre-tumor diseases and initial stages of cancer is possible only with an active search for patients among practically healthy people. The effectiveness of early diagnosis of malignant neoplasms is influenced by many factors, including the biological and clinical features of the tumor process, the sensitivity and specificity of screening methods, the degree of screening coverage of the female population, the frequency of screening and others.

KEYWORDS. *Breast cancer, screening, diagnosis.*

RELEVANCE

In oncology, as literature data show [1, 2, 3], one of the leading places belongs to breast cancer. Many authors [4, 5, 6] emphasize the special significance of this problem in the modern situation, when, due to the unfavorable demographic trends observed in our country, the issue of reproductive health of the female population is acute. According to literature sources [7, 8], of the four leading areas in the fight against cancer (prevention, early diagnosis, treatment, pain control), the global oncology community today places its greatest hopes on two of them - cancer prevention and early diagnosis. Advances in clinical oncology show that early diagnosis of pretumor diseases and initial stages of cancer is possible only with an active search for patients among practically healthy people [9, 10, 11]. However, despite the availability of the breast for examination in adult clinics, malignant tumors of this location are often detected with a significant delay [12, 13]. Thus, only 14–15% of breast cancer patients sent to specialized hospitals have the first stage of the tumor. In the remaining patients, more widespread tumors are detected, leading to the development of distant metastases in almost half of the cases [14]. The effectiveness of early diagnosis of malignant neoplasms is influenced by many factors, including the biological and clinical characteristics of the tumor process, the sensitivity and specificity of screening methods, the degree of screening coverage of the female population, the frequency of screening, and others. However, the most important factor in the success of early diagnosis of cancer pathology is the work of primary care physicians. Meanwhile, the qualitative level of doctors' preventive activities and their level of cancer alertness remains low, which, according to research, accounts for 35.0% of the causes of neglect [15]. The reason, in our opinion [16], lies in a number of circumstances: doctors do not receive compensation for carrying out preventive measures, are poorly informed about what preventive measures need to be carried out, and are too busy to pay attention to preventive procedures. However, no studies have been conducted to study the quality of early diagnosis of breast cancer in urban women by doctors at adult clinics in modern conditions.

PURPOSE OF THE STUDY

To study the quality of early diagnosis of breast cancer

MATERIALS AND METHODS

In accordance with the purpose of the study, the research base was identified as polyclinics No. 1, 2, 3, 4, 5, 6, 7, 8 of the city of Andijan. The study was carried out during the period 01.01–31.01.2023. The research program included the use of expert, sociological and mathematical statistical methods. Units of observation: a woman with a malignant neoplasm of the mammary gland living in an urban area; a case of identified and confirmed malignant neoplasm of the mammary gland. A retrospective analysis of 600 expert opinions of the regional commission of the Department of Health of the Ivanovo region on the analysis of advanced cases of malignant neoplasms was carried out. The information basis for the expert opinions was the following documents: "Protocol for the analysis of an advanced case of malignant neoplasm" (form 027/U), "Medical record of an outpatient" (form No. 025/U). Using a targeted selection method, a sample of women with advanced malignant neoplasms of the mammary gland was formed, among them a survey was conducted using



a specially designed questionnaire regarding their satisfaction with pre-morbid prevention in an adult clinic and the availability of early diagnosis of breast cancer over the past year (100 patients). The average age of the respondents was 57 ± 12.0 years. All patients participating in the study were informed about the purpose and procedure for its conduct. The obtained data were processed using applied computer programs (Statistica 10.0 program) with the calculation of relative values and the reliability of their difference according to the t criterion. The critical value of the level of statistical significance was taken equal to 5%.

RESEARCH RESULTS AND DISCUSSION

When analyzing expert data, it was found that the main reasons for late diagnosis of breast cancer in urban women are: untimely referral of the patient to a medical institution (50.7%), deviations from the standard of examination of women for oncological pathology (34.3%), errors in diagnosis (6.8%), features of the course of the disease (fulminant or latent forms) (5.2%), lack of continuity in patient management (3.0%).

A detailed analysis of cases of women seeking medical help at an adult clinic before cancer was detected made it possible to establish that, on average, each patient made 2.3 visits to doctors at the clinic in the year before diagnosis. However, only in 67.5% of cases the standard of examination for oncological pathology was fully implemented. In 32.5% of examinations, deviations from the standard were noted. In particular, in 18.7% of cases there was no mark on examination of the mammary glands. In addition, it was found that in 24.3% of cases the instrumental capabilities of the examination were not fully used. In no case were patients offered breast ultrasound or mammography. In a number of cases (12.4%), patients were referred late for consultation with a breast and oncologist.

Defects were identified in the work of examination rooms in adult clinics. It was noted that in 13.7% of cases, women visited the examination room of the clinic before being diagnosed with cancer, but the signs of a malignant neoplasm were not identified. It should be noted that the level of coverage of the female population with medical examinations in the area served by polyclinics was 75.0%.

The examination also showed that one of the leading reasons for the late detection of breast cancer in women is the lack of consistency in organizing preventive work in adult clinics and poor coordination of actions between the clinic and the oncology clinic. Thus, it was determined that in 15.4% of cases there was a violation of continuity in the management of a patient with suspected breast cancer; the patient's path from the first contact doctor to the consultant doctor was not tracked.

At the pre-morbid stage, as the examination data showed, in 98.7% of cases there was no mark on a conversation with the patient about the possibilities and methods of preventing cancer, in 89.5% - anamnesis data about the patient's industrial, household, hereditary and other individual risk factors for breast cancer, in 97.6% of cases recommendations were not given to neutralize them and health-improving measures were not proposed, in 23.4% of cases a consultation with an oncologist was not prescribed. Consequently, we can talk about the incomplete realization of the capabilities of medical workers in the implementation of preventive measures and early diagnosis of cancer.

During the analysis of expert data, the leading medical and organizational defects that impede the early diagnosis of breast cancer in urban women were identified.

As can be seen from the data, the structure of medical and organizational defects in the early diagnosis of breast cancer is dominated by the following: diagnostic (failure of medical personnel to comply with the cancer screening standard, failure to use instrumental and laboratory research methods) - 70.5%; organizational and tactical (violation of continuity in communication channels "polyclinic-oncological dispensary"; violation of the rules for recording the results of an oncological examination in the primary medical documentation) - 18.0%; therapeutic and preventive (insufficient attention to women with risk factors for cancer pathology, low level of sanitary and educational work) - 11.5%.

Analysis of data from a sociological survey of women with advanced breast cancer showed that 64.8% of women were satisfied with the care provided in the clinic, despite its low results, and 35.2% were dissatisfied. Every fourth of the women surveyed (25.2%)

When I went to the clinic, I did not receive the expected help from the doctor. Some respondents (11.5%) noted cases of violation of ethics and professional duty on the part of medical workers, rudeness and inattention (35.0%). Among the preventive recommendations given by doctors, women noted the following: the use of vitamins (80.0%), adherence to sleep and rest (7.5%), diet (6.5%). Women indicated as limiting factors for timely consultation with a doctor and early diagnosis of cancer: difficulty getting an appointment (50.7%), incompleteness and low quality of preventive recommendations (12.0%), difficulty following recommendations (2.9%),



personal reasons (36.4%). It should be noted that almost all women surveyed (96.0%) noted the lack of recommendations from clinic doctors on the technique and procedure for self-examination of the mammary glands. According to the patients, palpation of the mammary glands was carried out only in 31.0% of cases of visits to the attending physician of the clinic. This indicates, on the one hand, the low level of cancer alertness among clinic doctors, and on the other, their lack of commitment to preventive work.

CONCLUSION

Thus, the data obtained allowed us to draw the following conclusions.

1. Analysis of expert opinions on advanced cases of breast cancer showed that the majority of identified defects are preventable and associated with low oncological alertness of doctors and failure to fully and properly comply with the standard of examination for oncological pathology.
2. Improving the system of early diagnosis of breast cancer in urban women requires coordinated efforts of primary care doctors and oncologists, as well as careful attention to their health and adequate medical activity of women themselves.
3. Improving the quality of early diagnosis of breast cancer should be based on the rational use of human resources in primary healthcare, the introduction of “zero defects” quality assurance technology, the creation of organizational conditions for defect-free work, and social and hygienic monitoring of the preparedness of the social and medical environment for cancer prevention.

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