



EARLY DETECTION OF BREAST CANCER IN THE SYSTEM OF COMPREHENSIVE MEDICAL EXAMINATIONS

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ANNOTATION

The article is devoted to the early detection of breast cancer in the system of comprehensive medical examinations. Prevention and treatment of malignant neoplasms is one of the most important medical and social problems. In the conditions of the Andijan branch of the Republican Specialized Scientific-Practical Medical Center for Oncology and Radiology, comprehensive work has been established to actively detect pathology of the mammary glands. All women 30-40 years old undergo an ultrasound of the mammary glands, and those over 40 years old undergo mammography once every 2 years. An analysis of the work of the oncology office showed that breast pathology was distributed as follows: breast cancer - 5%; diffuse mastopathy - 60%; nodular fibrocystic mastopathy - 20%; fibroadenomas - 10%; other benign pathology - 5%.

KEYWORDS. *Breast cancer, fibroadenoma, diffuse mastopathy, early diagnosis.*

RELEVANCE

Prevention and treatment of malignant neoplasms is one of the most important medical and social problems. Its relevance is determined by the constant increase in the incidence of cancer among the population of many countries, the difficulty of timely (early) diagnosis, the complexity and high cost of treatment, the high level of disability and mortality of patients [1,5]. To a large extent, these circumstances relate to breast cancer, which often develops against the background of long-existing forms of mastopathy, not detected in a timely manner and untreated [6]. Consequently, clinicians have a kind of time reserve for the prevention of malignant neoplasms of the mammary glands at the stage of dishormonal hyperplasia. Prevention of breast cancer is an important social and medical -biological problem and consists of identifying and treating various forms of benign breast pathology, as well as the causes that cause them [9]. The problem of diagnosing breast diseases remains extremely relevant, since the incidence of breast cancer has taken first place among malignant neoplasms in women and tends to steadily increase. Breast cancer ranks first in the structure of morbidity and causes of mortality among the female population of Andijan region. The percentage of early diagnosis of breast cancer (stages 1-2 of the disease) is 35-38%, that is, the percentage of advanced forms remains quite high[10]. In this regard, the primary problem of early diagnosis of breast cancer is the organization of preventive examinations. Effective screening of the mammary glands in women makes it possible to identify the disease in the early stages of development, which subsequently makes it possible to apply organ-preserving surgical treatment methods to patients, and also helps to increase the life expectancy of patients [2]. The primary link in the medical examination system is the department of preventive medical examinations[4,11]. Passing a medical examination is a regular (annual) event. As part of the medical examination, the first stage is a clinical examination of the mammary glands by a gynecologist. In addition to a clinical examination for all women aged 30-40 years as part of a medical examination an ultrasound of the mammary glands is performed (once a year)[3].

TARGET

Early detection of breast cancer in the system of comprehensive medical examinations.

MATERIALS AND METHODS

In the conditions of Andijan branch of the Republican Specialized Scientific-Practical Medical Center for Oncology and Radiology, comprehensive work has been established to actively detect pathology of the mammary glands. The primary link is the medical examination department. Passing a medical examination is an annual event. The first stage is a clinical examination of the mammary glands by a gynecologist. All women 30-40 years old undergo an ultrasound of the mammary glands, and those over 40 years old undergo mammography once every 2 years. Women with identified pathology of the mammary glands are sent to a specialized appointment with an oncologist, who performs a clinical examination of the mammary glands, as well as medical procedures - puncture biopsies of mammary gland formations (under ultrasound control), smears. If necessary, conservative therapy for diffuse dishormonal hyperplasia is carried out. To diagnose intraductal pathology, ductography is used, intracystic cancer - fine needle



aspiration with pneumocystography . Based on the results of the examination, groups of increased cancer risk are formed, which are subject to blood donation for tumor markers (CA-125, CA-15.3, CA-19.9, CEA).

An analysis of the work of the oncology office showed that the pathology of the mammary gland in percentage terms was distributed as follows: • diffuse mastopathy - 60%; • nodular fibrocystic mastopathy (including solitary cysts) - 20% ; • fibroadenomas - 10%; • breast cancer - 5%; • other benign pathology (cystadenopapillomas , fibromas, • lipomas, fibrolipomas , hamartomas) - 5%. High percentage of breast cancer diagnoses in early stages of development allowed, in most cases, to apply organ-sparing surgical treatment methods to patients, which significantly improved the quality of life of patients, the prognosis of the disease and allowed almost all patients to return to work after rehabilitation. A retrospective analysis shows that radical resections of the mammary gland are the most frequently performed method of organ-preserving operations performed on our patients. All operations were performed when the tumor focus was localized in the lateral quadrants (superior outer and inferior outer). In the postoperative period, all patients received a course of external beam radiation therapy. Chemohormone therapy was carried out according to indications , depending on the receptor status of the tumor and Her2 neu expression . In 2005, a case of early diagnosis of breast cancer (the size of the primary tumor focus was 4 mm) made it possible to perform a lumpectomy technique . All types of surgical, combined and complex treatment of breast cancer, as well as surgical treatment of benign pathology, were carried out on the basis of the specialized mammology department of the Andijan branch of the Republican Specialized Scientific-Practical Medical Center for Oncology and Radiology.

RESULTS

An analysis of the work of the oncology office showed that breast pathology was distributed as follows: breast cancer - 5%; diffuse mastopathy - 60%; nodular fibrocystic mastopathy -20%; fibroadenomas - 10%; other benign pathology - 5%. Over a 10-year period (2013-2023), detection of breast cancer at stage was 88 - 100% (RUz - 20-30%). The high percentage of diagnosis of breast cancer in the early stages allowed, in most cases, the use of organ-sparing methods of surgical treatment, which significantly improved the prognosis of the disease, the quality of life of patients and allowed all patients to return to their previous work activities.

CONCLUSION

Based on the results of the examination, dispensary observation groups, groups of increased cancer risk are formed (persons with a family history of cancer - breast cancer, tumors of the female reproductive system in blood relatives, people with proliferative tive forms of mastopathy, persons receiving long-term treatment for fibrocystic mastopathy). Such patients are subject to mandatory donating blood for tumor markers (CA-125, CA-15.3, CA-19.9, REA).

The comprehensive work of the Andijan branch of the Republican Specialized Scientific-Practical Medical Center for Oncology and Radiology , as well as timely treatment of benign pathology of the mammary glands, is a real way of early diagnosis, prevention and treatment of breast cancer.

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