

The analysis of patients with malignant neoplasms of the female genitals registered in YAROD

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Efficiency of treatment and quality of life of patients at a gynecologic cancer immediately depend on timely diagnostics and treatment. Authors carry out the analysis of a contingent of the female genitals sick of malignant neoplasms consisting on the dispensary account in Yakutsk republican oncologic dispensary (YROD) for detailed studying of indicators of survival rate depending on a stage and spent treatment.

Keywords: the contingent analysis, a cancer of female genitals, treatment.

Introduction. The data which describe a condition of the oncologic help a sick cancer of female genitals in RS (Y) is unfavourable. It is caused by depression of morphological verification of diagnoses on the basic onco-gynecologic localizations that is bound to disadvantages of the organization of diagnostic process and low oncologic vigilance of doctors of the general medical network. Low detectability on routine inspections becomes perceptible, level of neglect is still high and as consequence - the one-year lethality is high. There is a series of unresolved problems, first of all improvement of quality of the organization of prophylactic medical examination of the women consisting on the dispensary account after treatment.

The purpose. To analyse a contingent of the female genitals sick of malignant neoplasms consisting on the dispensary account in Yakutsk a republican oncologic dispensary on the extremity of 2009.

Materials and methods. By us are subjected the analysis of data about 1326 patients consisting on the dispensary account in YROD on the extremity of 2009 concerning a gynecologic cancer. From them 681 necks of a uterus sick by a cancer, 327 – a hysterocarcinoma and 318 – a cancer of ovaries.

Results and their discussion. Frequency of a lesion a cancer of genitals among city and agricultural population was not identical. So, the share sick of a cancer of a neck of a uterus among city dwellers has made 63,6 % (433 patients), rural – 36,4 % (248). Similar distribution isn't also at a hysterocarcinoma and ovaries (city patients – 64,2 and 63,2 %, rural – 35,8 and 36,8 % accordingly).

The parity of persons of a radical and alien contingent has made at a cancer of a neck of a uterus 1,0:2,2, a hysterocarcinoma – 1,0:5,4 and an ovary cancer - 1,0:1,7.

Among sick of a cancer of a neck of a uterus authentically high indicators aren't in age group of 40-49 years ($37,2 \pm 1,9$ %) irrespective of their ethnic accessory and the place of residence. The share of patients with malignant tumors of a body of the womb and ovaries in the general population was high at the age of 40-49 ($37,0 \pm 2,7$ and $28,3 \pm 2,5$ % accordingly) and 50-59 years ($34,9 \pm 2,6$ and $27,0 \pm 2,5$ %). At the analysis of age structure sick the hysterocarcinoma and a cancer of an ovary depending on the place of residence and a nationality tap some differences. So, at the age of 50-59 years high frequency of a hysterocarcinoma is taped at natives ($41,3 \pm 6,9$ %), living mainly in village ($52,2 \pm 4,6$), and ovary cancer – at aboriginals ($29,6 \pm 4,3$ %) city district



(29,4±3,2).

The remote results of treatment are the basic criterion which can indirectly give the chance to judge level of the specialized help in region.

We carry out the analysis of survival rate of organs of genitals sick of a cancer depending on a kind of treatment and a process stage.

According to the spent analysis at 50,4 % sick a cancer of a neck of a uterus a leading kind of therapy was operative treatment in a combination to radial therapy (the combined method). From them the most part of patients with I and II stages - 37,3 and 50,4 %. Only operative treatment was received by 11,9 % of patients: with a carcinoma in situ - 35,8, with I–II stages – 64,2 %. Combined-radial therapy as an independent method is spent 35,8 % basically by the patient with II (53,7 %) and III (32,8) stages. It is necessary to notice that 5 necks of a uterus sick by a cancer with 0-I-II a stage have refused the offered treatment for the various reasons.

Now according to the literature at hysterocarcinoma I-II of stages the combined treatment – operation with the subsequent radial therapy is more often applied. At III stage at a postoperative stage treatment is used chemio-hormonotherapy. At IV stage of a cancer of endometrium taking into account the general condition of the patient, the data of inspection, features of diffusion of tumoral process probably application radial and-or chemio-hormonotherapy.

Among patients, in conformity to the standard standards of treatment of a hysterocarcinoma of the given localization, the basic method of treatment was combined (48,6 %).

At I stage of a hysterocarcinoma in 37,7 % operative treatment, in 44,3 % - the combined treatment was applied only. At II stage at the majority sick the hysterocarcinoma applied the combined treatment (71,6 %). Complex treatment (operation and chemio-hormonotherapy treatment) was carried out at 93,5 % of patients with III stage of a cancer of endometrium. Patients with the remote metastasises (IV stage) received chemio-hormonotherapy and an expected treatment.

The standard of treatment of a cancer of an ovary, according to clinical references of the European society of medical oncology (ESMO), National institute of a cancer (NCI), FIGO, the operative measure with procedure full surgical staging and carrying out non-adjuvant and-or adjuvant chemotherapies is.

According to the analysis of 87,4 % sick of an ovary cancer have received the combined treatment, 7,2 % - only operative (cI by a stage), 4,1 % the patient with widespread process it is spent medicinal and 1,3 % - symptomatic therapy (III-IV stages).

The life expectancy analysis has shown that from 1326 necks sick by a cancer, a body of the womb and ovaries from the moment of an establishment of the diagnosis till 3th years live 408 (30,8 %), 3-5 years – 237 (17,9), 5 and more years of 212(16,0andmore) 10 years – 469 (35,4 %).

So, from among consisting on the account concerning a cancer of a neck of a uterus of five years' survival rate it was possible to achieve from 14,1 % (96 patients), including after radial treatment there live 41,7 % (40), combined – 38,5 (37) and after operative – 19,8 % of patients (19).

Further the analysis has shown that necks of a uterus sick of a cancer after treatment live 10 years and more in 39,2 % of cases (267 patients), from them after surgical treatment – 11,6 % (31), radial therapy – 38,2 % (102) and after combined - 50,2 (134).

Apparently on fig. 22 of 44 (6,5 %) women with a carcinoma insitu 5 and more years live 8 (18,2 %), and more than 10 years – 18 (40,9 %). In group of patients with I and II stages the five years' and 10-year-old survival rate has made accordingly 24, and 43,9 % and 17,2 and 35,9 %. From 113 patients with III AB a stage similar terms live 21,2 and 31,9 %.

The analysis of life expectancy of patients PTM shows that from among sick of a hysterocarcinoma from the moment of statement on the account of 5 and more years live 61 (18,7 %), and more than 10 years – 78 (23,9 %).

According to the analysis 159 (48,6 %) patients have received the combined treatment (operation with radial therapy), from them 5 and more years live 26 (16,4 %), 10 and more years –

48 (30,2). Operative treatment, as an independent method, patients with I stage of cancer process (21,1 %) received, from which 5 and more years live 19 (27,5 %), and more than 10 years – 8 (11,6 %). Complex therapy is spent to 53 patients (15,6 %), at the given group of patients 5 and the 10-year-old survival rate has made 15,1 %.

Indicators of survival rate at sick of a hysterocarcinoma depending on a disease stage look as follows. In group of patients with I and II stages 5 and the 10-year-old survival rate has made accordingly 56,7 and 50,6 %; 31,3 and 41,4 %. At III stage of 5 years also are more live – 8 (11,9 %), and more than 10 years – 6 (6,9 %).

From 318 ovaries sick by a malignant neoplasm 5 and 10 summer survival rate is registered at 17,3 and 39,0 % accordingly.

On our material the combined treatment have received: from 55 patients who have lived 5 and more years - 50 (90,9 %), and from 124, 10 years which have lived more - 111 (89,5 %). From 23 women who have finished treatment with use only of an operative measure, 5 and more years have lived 3 (13,0 %), and more than 10 years – 13 (56,5). In group of the patients who have received medicinal therapy as the independent method, from 13 women of five years' survival rate was possible to achieve only from 1st patient that has made 7,7 %, and more than 10 years were lived by anybody.

As of the extremity of 2009, from 101 (31,8 %) patients with ovary cancer I stage of 5 and more years live 16 (15,8 %), and more than 10 years – 47 (46,5).

In group of patients with II stage (77 persons) noted factors corresponded 20,8 and 46,8 %. At III stage from 119 patients of 5 and more years are live 23 (19,3 %), and more than 10 years – 41 (34,4).

The conclusion. Thus, the analysis of the remote results of treatment of a cancer of genitals carried out by us has taped presence set of the unresolved problems bound first of all with quality of the organization of treatment-and-prophylactic work in republic and as consequence, low detectability of early stages and high neglect.

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