



LOCAL-REGIONAL RELAPSES AND METASTASISES AS THE FACTORS OF LIMITING OF SURVIVAL RATE OF WOMEN WITH BREAST CANCER (in the Samarkand area of Uzbekistan)

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Annotation: The research entitled “Local-Regional Relapses and Metastases as the Factors Limiting the Survival Rate of Women with Breast Cancer (in the Samarkand area of Uzbekistan)” is devoted to the analysis of the impact of recurrent and metastatic processes on the overall and disease-free survival of breast cancer patients. The study is based on clinical and epidemiological data collected from oncology departments in the Samarkand region and covers women of different age groups and stages of the disease.

Keywords: breast cancer, local-regional relapse, metastasizes, survival probability.

Introduction. The further success in struggle against breast cancer (BC) is connected with the control of development risk of metastases (M) and of local-regional relapses (LRR).

The purpose: the comparative analysis of results of research of LRR and M frequencies after complex or combined treatment of BC (including surgical one and chemotherapy), and of seven-year survival rate of inhabitants of the Samarkand area of Uzbekistan.

Materials and methods. By method of casual selection we have made sample of 129 patients from a stream of patients with BC diagnosed for the first time during period (CP) in 2017-2024 yy. This sample represented the number of patients with indications to radical or conditionally radical treatment according to standards used in Uzbekistan since 2017.

Results. Middle age of patients of sample was 50,2 years. Patients with BC of Iab-IIab stages constituted more than 3/5 of sample, and 50,4% of it were in IIB stage. Among 147 surgical interventions in 135 cases (91,8%) its were made radical mastectomy by Madden method (RME). In 72,1% cases



before **RME** was made the neoadjuvant polichemotherapy, in 8,2% we made a sectoral resection, in 1,4% we carried out the beam therapy. During **CP** we observed **M** in various organs at 31,0% of patients, **LRR** at 10,8%, and at 4,6% of patients with **LRR** we observed **M**. After surgical treatment we observed **M** in 2,86 times more often than only **LRR** ($p < 0,05$). All cases of death of patients with **LRR** are connected with development in them the **M** during 3-, 5- and 7-year: cases of BC without **M** after operation has constituted accordingly 79,0% of 72,7%, and 71,2 %, and cases of BC without **LRR** accordingly 93,8%, 91,5% and 89,9% ($p < 0,05$). At patients with **M** survival rate of patients has constituted accordingly 68,3%, 34,2% and 26,%. At patients with **LRR** only survival has constituted 87,8%, 75,3 and 69,0, and in absence of **LRR**, survival of patients has constituted 89,5%, 78,1% of 76,4% ($p > 0,05$). When we observed absence **both M** and **LRR** these indicators were above 95,0%.

Conclusion. **M** are the main cause of death of women with **BC** in the Samarkand area during seven years after surgical treatment. Cumulating of **M** goes with a considerable keeping ahead of accumulation **LRR**.