

ANALYSIS OF THE RESULTS OF SURGICAL TREATMENT OF LOCALLY ADVANCED GASTRIC CANCER

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Abstract:

Currently, aggressive surgical tactics are becoming more and more distinct, the proponents of which advocate the most complete removal of a stomach tumor in a locally widespread process. However, this approach is not shared by all surgeons. Indications for combined resections and palliative interventions remain contradictory.

Keywords: locally advanced cancer of the distal stomach, surgical treatment, long-term results.

Introduction

Stomach cancer in the Kyrgyz Republic occupies the 3rd place in the structure of oncological morbidity, amounting to 11.8‰, and the first place in the structure of mortality (10.0‰). Currently, a single concept of "locally advanced gastric cancer" has not yet been definitively formed in the literature. We support those authors who use this term to mean that this is a "tumor with a higher prevalence than early cancer", while early cancer refers to cases with a prevalence of T1N1-2M0, and locally widespread include T2-4N0-3M0 stages [1].

Currently, only surgery is recognized as a potentially radical method of treating stomach cancer. Radio and polychemotherapy do not play a decisive role in prolonging the duration of the relapse-free period and do not significantly affect the life expectancy of patients [2]. The modern active surgical strategy includes performing radical intervention without leaving a residual tumor, which is expressed in the widespread use of combined resections and adequate lymph dissection [3, 4, 5, 6]. However, the question of the expediency of surgical treatment of patients with stomach cancer remains open. If, with a locally widespread process, most surgeons adhere to active tactics, then the detection of the germination of stomach cancer into adjacent structures often forces them to abandon the attempt to perform a combined operation. Given the

peculiarities of the prevalence of the tumor process in most patients with locally advanced gastric cancer, one can expect a significant effect of the surgical method on long-term treatment results [7].

The 5-year survival rate of radically operated patients with locally advanced gastric cancer is absent in some studies [8], in others it is low – 12.7% [9], in others it reaches 49.3% [10]. The results of surgical treatment remain contradictory, which determines the relevance of the study.

The purpose of the study. To improve the results of surgical treatment of locally advanced stomach cancer.

Materials and methods of research. The study is based on a clinical and laboratory examination and observation of 58 patients with bladder cancer who applied to the Andijan Regional Oncological Dispensary from 2011 to 2021.

Results and discussion. As of January 1, 2016, long-term survival was tracked in 205 patients with locally advanced distal gastric cancer out of 208 operated (98.55%). The overall 5-year survival rate was $43.8 \pm 0.41\%$, the median survival rate was 36 months. The long-term results of surgical interventions of patients after surgical treatment, depending on the group, are analyzed.

In my group, after a 5-year break, the survival rate was $55.5 \pm 0.51\%$, the average survival rate was 41.7 months. In the second group, after unification, the 5-year survival rate was $40.4 \pm 1.03\%$, the average survival rate was 26 months. In group III, after a 2-year break, the statistical survival rate was $8.8 \pm 0.49\%$, mostly not exceeding 3 years. The median survives for 6 months. The differences in individual indicators are related to statistical values ($p < 0.05$).

In order to clarify the conditions affecting the long-term results of surgical treatment of patients, the dependence of patient survival on various factors was studied. Long-term results were studied in patients with different macroscopic types of tumor growth. Patients with the tubular macroscopic growth type of Opuli (Borman I) survive after 11 years. 100% of the operated patients lived for 1 year, 81.8% for 2 years, 45.5% for 3 years, 18.2% for 4 years, and 9.1% for 5 years (Fig. No. 3). The median survival rate reached 40 months.

The long-term results of Lech's treatment with the prodigal type of Opula's father (Borman II) were traced in 62 out of 64 years. Of these, 93.7% of patients lived for 1 year. 53.1% of patients overcame the 2-year mark, 37.5% - 3-year-old, 20.3% - 4-year-old, and 4.7% - 5-year-old. The median survival was 39 months. The 1-year survival rate of a large number of people with an intellectually oriented growth type (Borman III) was 81.3% (65 out of 80 students), 2-year-old - 48.8%, 3-year-old - 32.5%, 4-year-old - 18.8%, 5-year-old - 5%. The median survival was 38 months.

Of the 53 analyzed cases, 56.6% of patients lived for 1 year after surgical treatment, 34% for 2 years, 20.8% for 3 years, 9.4% for 4 years, and 5.7% for 5 years after surgical treatment. The median survival rate was 15 months. The data obtained after the analysis indicate significantly more favorable

Department of the Editorial and Publishing Bureau for the treatment of drug addiction (Borman I). Differences in survival after surgical interventions in patients with other (Bormann II and III and IV) macroscopic types of tumor growth in our study were also significant ($p < 0.05$). The long-term results of surgical interventions in patients were analyzed depending on the degree of histological differentiation of the gastric tumor. There were only 2 patients with a high degree of histological differentiation of the tumor (G1). There is no 1-year survival in this group. Among 27 patients with an average degree of histological differentiation (G2) of the tumor, in whom long-term treatment results were traced, 1-year survival was 85.2%, 2-year survival was 40.7%, 3-year survival was 25.9%, 4-year survival was 18.5%, 5-year survival was 7.4%. Of the 147 patients with a low degree of histological differentiation of the tumor (G3), 79.6% of patients lived for 1 year, 48.3% for 2 years, 30.6% for 3 years, 17% for 4 years, and 6.8% for 5 years.

Other treatment options for the detection of unknown cancer (G4) were analyzed in 25 cases. The 1-year survival rate was 100%, 2-year - 72%, 3-year - 52%, 4-year - 20%, 5-year - 8%.

Long-term results of treatment of patients in the absence of a histological result were traced in 7 cases. There was no 1-year survival rate in this subgroup. Thus, the differences in survival after surgical interventions in patients with different degrees of histological differentiation of the tumor in our study turned out to be unreliable ($p > 0.05$).

Conclusion

As the study showed, significantly unfavorable prognostic factors in relation to the long-term results of surgical treatment of locally advanced cancer of the distal stomach were:

- the spread of the tumor to several vital neighboring structures, which necessitates combined interventions with resection of these structures;
- the spiritual and intellectual type of power (Bormann IV);
- a very simple way to diversify assets (G3).

Relatively favorable predictive factors based on the analysis include:

- The Nazi type of power (Bormann I);
- a very reasonable approach to the praises of the group (G2).

The results of surgical treatment of patients with locally advanced distal gastric cancer after radical operations (group I and II) can be considered relatively favorable, radical and the risk of performing combined interventions, which may be accompanied by an increase in the number of postoperative complications and mortality, is justified. Unsatisfactory long-term results of symptomatic operations prove that it is necessary to

expand the indications for palliative combined interventions in locally advanced distal gastric cancer, taking into account the somatic status of patients. Such operations will not only eliminate potential complications of the tumor process, but should also improve patient survival. Thus, modern therapeutic tactics in relation to locally advanced cancer of the distal stomach should be based on an active surgical position. However, it is necessary to develop criteria that determine the feasibility of performing combined interventions in patients of this category and determine the prognosis.

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