



ONCOEPIDEMIOLOGICAL ASSESSMENT OF THE INCIDENCE AND MORTALITY OF PROSTATE CANCER FOR THE PERIOD 2015-2020 IN THE CROSS SECTION OF THE REPUBLIC OF UZBEKISTAN AND INDIVIDUAL REGIONS

Rizaev J. A.,

Rahimov N. M.

Kadirov X. X.

Shaxanova Sh. Sh.

Samarkand State Medical University

Annotation

In many regions of Uzbekistan, modern possibilities for the prevention and diagnosis of safe tumors of the prostate gland are not in full demand until recently, which is the basis for doubts about the quality of work of some oncological medical institutions in the regions attached to them. Uzbekistan is located in the center of the Eurasian continent and plays an important role in ensuring the Central Regional social, environmental and economic stability of the region. There are distinct territorial-geographical differences (valleys, deserts, mountains), varying in population density. One of the densely populated regions of our republic is the Fergana Valley, which consists of three regions – Andijan, Fergana and Namangan regions and has a population density of 200 to 522 people per square kilometer.

Keywords: prostate cancer, high-risk areas, men, mortality rates

Relevance

Reducing the death rate of the population is one of the main goals of both the state and the health system, and today it is gaining importance and is designated as a priority. Therefore, one of the tasks of the population, first of all, to reduce the rate of death of men of working age is oncopatology, including lowering the rate of death from prostate cancer, which can be solved by introducing preventive programs, as well as cancer early detection national screening programs. This area is considered a danger zone because this God has a high risk of developing malignant tumors and has various social and climatic factors that affect it. The main ones are the increased exposure to ultraviolet radiation under the influence of sunlight, the presence of Oil Extraction, Oil Refining, mechanical engineering, metalworking, chemical, cement and other industrial zones. Improving the main indicators of infection and death with prostate cancer (as well as all oncopatologies) is manifested by providing qualified





personnel of primary medical and sanitary care institutions, strengthening the material and technical base, working with axoli groups at risk of cancer and monitoring sanitary and educational activities among the population. As a result of these measures, the possibility of determining the development of malignant tumors at very early stages is achieved.

The purpose of the study:

Diagnosis and pathology of the risk of prostate cancer without gallbladder cancer and medical violence.

Material and methods:

Data from the official reports of the regional oncology dispensaries of the Republic of Uzbekistan for 2015-2020 – "report on malignant tumor diseases" (registration form №7-SSV) and data of the State Statistical Committee of the Republic of Uzbekistan on the cross-section of regions on population, gender and age composition in 2015-2020. a retrospective study using descriptive and analytical methods of modern oncoepidemiology was used as the main method in the study of prostate cancer. Ep and GP of disease and death are determined in accordance with the generally accepted methodology used in modern sanitary statistics. The studies were carried out in three stages: in the first stage, the filling and installation of materials in the Rio and RIATM cancer register was carried out; in the second stage – according to the regional branches of Rio and RIATM; and in the third – according to the Cancer Registry of the Samarkand region.

From the report and accounting documents of the Ministry of health of the Republic of Uzbekistan in the form of 7-SSV, data was collected on patients with primary detected prostate cancer in the Republic - an absolute number (by code MKB-10 S61), their age distribution, death from prostate cancer - an absolute number (by code MKB-10 S61).

In the second stage, data was collected on patients with primary detected prostate cancer by regions (regions) - absolute number (by code MKB-10 S61), their age, death from prostate cancer - absolute number (by code - MKB-10 S61).

In the third stage, data was collected on newly identified patients with prostate cancer in the Samarkand region-an absolute number (by code MKB - 10 S61), their distribution by age, cases of death from prostate cancer-an absolute number (by code MKB-10 S61).

In order to obtain reliable data on the calculation of death rates, incidence and mortality from prostate cancer, a request was sent to the State Statistical Committee





of the Republic of Uzbekistan to provide information on the annual population of the Republic by Republic and on the age distribution in the cross section of regions for the period of study. Based on the obtained statistics, indicators specific to the rough age of prostate cancer patients and standardized (world standard) incidence and mortality rates by population were analyzed in graphical and spatial analysis methods, calculated on the mapping of prostate cancer rates in each region.

Results of the study

When we compared the last 5 years of data on prostate cancer in the cross section of our republic (2016-2021y), in the Republic of Uzbekistan at the end of 2021, 113,168 patients were under the control of a dispensary with malignant tumor diseases (0.3% of the total axolini). Of these, prostate cancer was found in 1,919 (1.69%) men. While the Xavli tumor indicator has reached 74.0 per 100,000 cases across the Republic, the incidence among men has been 3.6 with the indication of stomach cancer, 6.3 with malignant tumors of the lungs and bronchi, 3.6 with the indication of prostate cancer. The first identified primary prostate cancer to be diagnosed in chayote in the studied years cross section (2017-2021y) occurred in 10,713 men. In the age-specific distribution of patients, the incidence of sheep was observed: 20-24 years 22 (1.1%), 25-29 years 23 (1.2%), 30-34 years 25 (1.3%), 35-39 years 32 (1.7%), 40-44 years 34(1.8%), 45-49 years 44(2.3%), 50-54 years 75(3.9%), 55-59 years 178 (9.3%), 60-64 years 320 (16.7%), 65-69 years 352(18.3%), 70-74yash 327(17%), 75-79 years 226(11.8%), 80 years and older 261(13.6%). In accordance with Figure 1, the unimodal growth point for prostate cancer patients was 60-74 years, which was 52%, and the second increase we can see a growth rate again in those over 80 years of age. The average age gauge across the Republic was found to be 67.6 ± 1.6 , with 95% II aged 50-84. In Dynamics, an increase trend was observed when this indicator was equalized, with an average annual growth rate of 0.2%.

Our age estimation showed that the highest indicators were 60-74 years old on a Republican scale, and the average age indicator was found to be 67.6 years old (1. table).

Table 1 Distribution of prostate cancer patients by average age

Name	2 ^o 9	2 ^o 1 ^o	2 ^o 11	2 ^o 12	2 ^o 13	2 ^o 14	2 ^o 15	2 ^o 16
Average age	51,3	5 ^o ,7	51, ^o	51,5	49,8	51,6	51,4	52,1
Middle error	^o ,5	^o ,5	^o ,5	^o ,4	^o ,4	^o ,4	^o ,4	^o ,4
trend	5 ^o ,8	5 ^o ,9	51, ^o	51,1	51,2	51,3	51,5	51,6



Relying on the so-called data obtained, it corresponds to the requirements for the study of the comparative spread of prostate cancer in the Republic. At the same time, the absolute number and numbers obtained do not fully reveal the features of the spread of the disease, which requires its cisubbing through other statistical formulas with intensive standardization and assumes deep taxa.

The average annular roughening rate for males, which was noted, was $9.0 \pm 0.1^{\circ}/0000$ (95% II=8.8-9.20/ $^{\circ}00$). The rate of prostate cancer roughening was around $9.2^{\circ}/0000$ while maintaining an average annual rate. The average annual drop rate when this pointer was equalized was $TPas = m - 0.13\%$. Including in 2017, when the standardized incidence indicator 11.6/000 was observed, the roughened indicator became 9.2/000. In 2018, 2019, 2020, there was a decrease in ham standardized and polyhedral indicators. It should be noted that in aloxia, until 2019, the standardized pointer was stable compared to the coarse pointer. Starting in 2019, there was an increase in these two indicators. And by 2020 the roughened pointer changed to 9.2/000, the standardized pointer to 10.3/000.

The result of 5 years of dynamic observation showed that the standardized indicator of morbidity was as different as the one found in Uzbekistan: according to the world standard (DS), it has 10.3/000 (95% II=10.3-1.8/000), and when these indicators are equalized, we can see that the standard indicators are stable and equal to the average annual The rate of decline was $TPK = -1.7\%$.

Improving the quality of diagnostics, the introduction of new medical technologies made it possible to increase the salinity of patients identified at the initial stage of the disease in the Republic of Uzbekistan. Studies carried out the complex for the early detection of prostate cancer and the organization of measures to reduce their mortality with the provision of primary medical and sanitary assistance and specialized services makes it possible to make the following objective recommendations. First of all, it is necessary to improve and achieve the approval of primary and tertiary prevention of prostate cancer, improve the quality of care under consideration, and improve the compactized dynamic monitoring of patients in need of treatment. Assessment of the stage of qualified medical care at all levels based on the correct orientation of patients with prostate bezipatology.

Primary prevention of prostate cancer should include: Development of regulatory documents aimed at reducing the impact of risk factors for the development of prostate cancer (tobacco, alcohol consumption);

Mandatory accounting and state registration of hazardous production carcinogens, updating regulatory documents on the identification of the list of carcinogens and





carcinogenic hazardous substances located on the territory of the Republic of Uzbekistan;

organization and continuous implementation of activities to increase knowledge about malignant tumors of the male reproductive system among the population; Conducting regular wellness work with lectures on radio and television with the participation of leading specialists and oncologists in the prevention, early diagnosis, treatment, rehabilitation of prostate cancer and raising awareness of cancer among the population (publications, making videos and documentaries with the recommendations of the Republican Association of oncologists, regular screening on national television of Uzbekistan).

In order to ensure the primary prevention of prostate cancer, it is necessary at the first stage to create a state register of persons who have professional contact with chemical, physical, biological, radiative and other carcinogenic factors that increase the risk of the disease. In the second stage, it is necessary to organize active identification of families with hereditary oncopatology with medical genetic counseling and constant dynamic monitoring (organization of the oncogenetic register in Rio and Riatm).

For secondary prevention of prostate cancer (screening and early diagnosis), the following are necessary:

> identification of age groups, their registration and dynamic monitoring (screening) for verification at the initial stage based on the developed computer program and methodological recommendations;

> development of a methodology for the implementation and implementation of the national screening program, explaining and encouraging the need for public participation in it;

For tertiary prophylaxis of prostate cancer, the following are necessary:

- on the basis of scientific achievements of domestic oncology and world experience in the field of new technologies, as well as evidence-based data from a study on oncoepidemiological monitoring of prostate cancer in the Republic of Uzbekistan, the re-release of prostate cancer treatment protocols and diagnostic algorithms once every 3 years, taking into account the standardized indicators obtained (oncologist Association of Uzbekistan, Rio and RIATM);

- ensure compliance with protocols and algorithms for the diagnosis and treatment of prostate cancer in oncological institutions.

Conclusion:

Thus, it is necessary to improve and optimize the primary, secondary and tertiary prophylaxis of prostate cancer, increase the quality of specialized care provided,





ensure dynamic monitoring of patients in need of specialized treatment. It consists in ensuring that patients with prostate disorders receive qualified assistance at all stages of its course, based on the recommended direction.

The focus will be on solving the problems of the spread of the disease, the degree of mortality, the study of their dynamic trends, the identification of dangerous areas, the development of oncological processes, the identification of causal factors that contribute to their emergence, the orientation of medical services, as well as the entire health system, to attract attention.

Bibliography:

1. Ni, Y. Interdisciplinary and Integration Aspects in Structural Health Monitoring. Mechanical Systems and Signal Processing. 2012;28:1-696. doi: 10.1016/j.ymsp.2012.01.001
2. Health of the population of the region and health priorities / ed. acad. RAMS, prof. O.P. Shchepina, corresponding member of the RAMS, prof. V.A. Medica. M.: GEOTAR-Me-dia, 2010.
3. Malignant neoplasms in Russia in 2016 (morbidity and mortality) / Ed. A.D. Kaprin, V.V. Starinsky, G.V. Petrova. M.: FSBI "Moscow Research Oncological Institute named after P.A. Herzen" - branch of FSBI "National Medical Research Radiological Center" of the Ministry of Health of Russia, 2018.
4. Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2016. C.A. CancerJ. Clin. 2016;66(1):7-30. doi: 10.3322/caac.21332
5. Arkhipova O.E., Chernogubova E.A., Chibichyan M.B., Kogan M.I. Epidemiology of prostate cancer in the Rostov region. Space-time statistics. Oncourology. 2016;12(4):52-59
6. Boffetla P, Nyberg F. Contribution of environmental factors to cancer risk. Br. Med. Bull. 2003;68:71-94. doi: 10.1093/bmb/ldg023
7. On the state of the environment and natural resources of the Rostov region in 2016. Edited by Goncharov V.G., Urban G.A. Ecological Bulletin of the Don, 2017.

