



STUDYING NEW METHODS OF ORGAN-SAVING OPERATIONS FOR AMPULLARY RECTAL CANCER.

Uktam M. Kurbankulov - Senior Lecturer, Department of Oncology, Tashkent Medical Academy, Tashkent, Uzbekistan, kurbankulovuktam@mail.ru;

Hasan I. Mamajonov - Assistant, Department of Oncology, Tashkent Medical Academy, Tashkent, Uzbekistan, hasanmamajonov03@gmail.com.

Article history:	Abstract:
Received: September 24 th 2023 Accepted: October 20 th 2023 Published: November 28 th 2023	A number of scientific studies are being conducted all over the world to optimize the morphological and clinical basis for performing organ-preserving surgical interventions for ampullary rectal cancer. In this regard, of particular importance are scientific studies aimed at developing the morphological basis of unsatisfactory results of organ-preserving surgical interventions for cancer of the ampullary rectum, instructions for performing organ-preserving surgical interventions for malignant tumors of the ampullary rectum, taking into account morphological features, performing organ-preserving surgical interventions for cancer of the ampullary rectum with varying degrees of differentiation.

Keywords: Ampullary rectal cancer, malignant neoplasms, research methods.

INTRODUCTION:

The last ten years have been characterized by the search for optimal schemes for joint and complex treatment of NPC by combining surgical treatment with radiation or chemotherapy in order to improve the results of treatment of severe patients with locally advanced processes and presence. But, despite this, it should be noted that there is no consensus on the advisability of using complex treatment for locally disseminated LC at the present time, when the leading attention is paid to surgical treatment. This is explained by the low three-year survival rate with local-exceeds 13%. In modern clinical oncology, there is a constant search for the most effective methods of combining radiation treatment with various surgical options using before, during or after surgery, as well as large-fraction methods. At the same time, at the present time there are no clear recommendations on the duration, doses and methods of radiation treatment for NPC, which indicates a search for the necessary ways to improve and increase the effectiveness of this method of treatment. The leading motivation for the use of chemotherapy (CT) to treat patients with NPC is the creation of new drugs against dangerous tumors, as well as the use of new treatment regimens. Various CT methods are also used - intraarterial, endolymphatic, intraportal. Currently, there is information in the literature about the effectiveness of regional adjuvant chemotherapy for various types of malignant neoplasms, although there are few observations, and there are no clearly developed treatment regimens for the introduction of new drugs (Tomudex, Eloxatin, Campto, Xeloda). In

our country, a number of scientific studies have been carried out on early diagnosis and effective treatment of various pathological diseases of various systems and organs, prevention of complications of acute and chronic diseases, increasing the life expectancy of patients, but the morphological and clinical basis of organ-preserving surgical interventions for ampullary rectal cancer have not been improved. In this regard, the existing trends in the growth of the incidence of NPC, high mortality after operations, the occurrence of frequent causes and metastases, low five-year survival rate, unsatisfactory quality of life of patients, the severity of their labor and social rehabilitation, indicate the relevance of the problem being studied, determines and requires the need for research work in order to optimize joint and complex methods of treatment for this category of patients.

The purpose of the study is to improve the quality of life of patients with rectal cancer through the morphological aspects of organ-conserving surgery.

MATERIALS AND RESEARCH METHODS:

The object of the study was 120 patients with rectal cancer who received complex treatment at the Republican Center for Scientific and Practical Oncology and Radiology in the period 2005-2015. The subject of the study was materials from the rectum, depending on their specific cells and the choice of clinical tactics when performing organ-preserving surgical interventions for ampullary rectal cancer. Research methods. When studying the morphological and clinical basis of organ-preserving surgical interventions for ampullary rectal cancer, histological, genetic,



instrumental, clinical and statistical research methods were used.

RESULTS AND THEIR DISCUSSIONS:

As a result of extensive materials, the tactics of organ-preserving surgical interventions for malignant tumors of the ampullary rectum were chosen;

Pathomorphological indications for organ-preserving operations for cancer of the rectal ampulla were assessed;

Based on the dependence on the morphological signs of cancer, the causes of a tumor without metastasis and without complications are revealed;

A decrease in the disability index as a result of surgery in patients with rectal cancer was assessed.

The scientific significance of the research results lies in solving the problem of individual prognosis for rectal tumors, revealing the theoretical foundations of the development of the oncological process, developing a modern strategy for the diagnosis and treatment of rectal cancer with a differentiated approach to treatment, determining the theoretical foundations of a valuable prognostic method for identifying rectal cancer cells by histological method .

The practical significance of the study results is explained by the development of the optimal order of neoadjuvant, adjuvant and palliative chemotherapy for patients with colon cancer and the evidence that metastases to the middle lymph nodes are not detected in AR+ rectal cancer.

CONCLUSION:

Analysis of postoperative complications in a general description showed that their number does not depend on the type of surgical intervention. Quite a large amount of clinical material has shown the possibility of organ-preserving operations in patients with lower ampullary malignant tumor of the rectum.

A new method of complex treatment of patients with a malignant tumor of the rectum has been developed, including high-intensity hypoxyl therapy using a single irradiation regimen at a dose of 13 g before surgery (in 37 patients) and with subsequent organ-preserving intervention (in 36 patients).) 5 g from to 25 g SOD at moderate irradiation fractions. After endolymphatic polychemotherapy and regional polychemotherapy, the five-year survival rate during organ-preserving operations in patients with a malignant tumor of the rectum was 69.6%, and preoperative hypoxyradiation therapy according to this scheme was 76.1%. Five-year survival after a single dose of hypoxic radiotherapy at a dose of 13 Gy.

REFERENCE:

1. Couch DG, Hemingway DM. Complete radiotherapy response in rectal cancer: A

review of the evidence. *World J Gastroenterol.* 2016 Jan 14;22(2):467-70.

2. Dayde D, Tanaka I, Jain R, Tai MC, Taguchi A. Predictive and Prognostic Molecular Biomarkers for Response to Neoadjuvant Chemoradiation in Rectal Cancer. *Int J Mol Sci.* 2017 Mar 7;18(3):573.
3. De Felice F, Crocetti D, Maiuri V, Parisi M, Marampon F, Izzo L, De Toma G, Musio D, Tombolini V. Locally Advanced Rectal Cancer: Treatment Approach in Elderly Patients. *Curr Treat Options Oncol.* 2020 Jan 11;21(1):1.
4. Deng Y. Rectal Cancer in Asian vs. Western Countries: Why the Variation in Incidence? *Curr Treat Options Oncol.* 2017 Sep 25;18(10):64.
5. Dewhurst CE, Mortelet KJ. Magnetic resonance imaging of rectal cancer. *Radiol Clin North Am.* 2013 Jan;51(1):121-31.
6. Díaz Beveridge R, Akhoundova D, Bruixola G, Aparicio J. Controversies in the multimodality management of locally advanced rectal cancer. *Med Oncol.* 2017 Jun;34(6):102.
7. Dieguez A. Rectal cancer staging: focus on the prognostic significance of the findings described by high-resolution magnetic resonance imaging. *Cancer Imaging.* 2013 Jul 22;13(2):277-97.
8. Dietz DW; Consortium for Optimizing Surgical Treatment of Rectal Cancer (OSTRiCh). Multidisciplinary management of rectal cancer: the OSTRiCh. *J Gastrointest Surg.* 2013 Oct;17(10):1863-8.
9. Fernandes MC, Gollub MJ, Brown G. The importance of MRI for rectal cancer evaluation. *Surg Oncol.* 2022 Aug;43:101739.
10. Fichera A, Allaix ME. Paradigm-shifting new evidence for treatment of rectal cancer. *J Gastrointest Surg.* 2014 Feb;18(2):391-7.
11. Franke AJ, Skelton WP 4th, George TJ, Iqbal A. A Comprehensive Review of Randomized Clinical Trials Shaping the Landscape of Rectal Cancer Therapy. *Clin Colorectal Cancer.* 2021 Mar;20(1):1-19.
12. Friedman K. Pathologist's perspective on primary rectal cancer. *Abdom Radiol (NY).* 2019 Nov;44(11):3751-3754.
13. Fürst A, Heiligensetzer A, Sauer P, Liebig-Hörl G. Evidenzlage der laparoskopischen Chirurgie beim Rektumkarzinom [Scientific evidence for laparoscopic rectal cancer surgery]. *Chirurg.* 2014 Jul;85(7):578-82. German.
14. Gaertner WB, Kwaan MR, Madoff RD, Melton GB. Rectal cancer: An evidence- based update for primary care providers. *World J Gastroenterol.* 2015 Jul 7;21(25):7659-71.



15. Garcia-Aguilar J, Glynne-Jones R, Schrag D. Multimodal Rectal Cancer Treatment: In Some Cases, Less May Be More. *Am Soc Clin Oncol Educ Book*. 2016;35:92-102. doi: 10.1200/EDBK_159221. PMID: 27249690.
16. Gately L, Wong HL, Tie J, Wong R, Lee M, Lee B, Jalali A, Gibbs P. Emerging strategies in the initial management of locally advanced rectal cancer. *Future Oncol*. 2019 Sep;15(25):2955-2965.
17. Gigli A, Francisci S, Capodaglio G, Pierannunzio D, Mallone S, Tavilla A, Lopez T, Zorzi M, Stracci F, Busco S, Mazzucco W, Lonardi S, Bianconi F, Russo AG, Iacovacci S, Serraino D, Manneschi G, Fusco M, Cusimano R, Rugge M, Guzzinati S. The Economic Impact of Rectal Cancer: A Population-Based Study in Italy. *Int J Environ Res Public Health*. 2021 Jan 8;18(2):474.
18. Glynne-Jones R, Hall M. Radiotherapy and locally advanced rectal cancer. *Br J Surg*. 2015 Nov;102(12):1443-5.
19. Glynne-Jones R, Wyrwicz L, Tiret E, Brown G, Rödel C, Cervantes A, Arnold D; ESMO Guidelines Committee. Rectal cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2017 Jul 1;28(suppl_4):iv22-iv40.
20. Goodman KA. Total neoadjuvant therapy for rectal cancer. *Cancer Radiother*. 2018 Sep;22(5):459-465.
21. Gürses B, Böge M, Altınmakas E, Balık E. Multiparametric MRI in rectal cancer. *Diagn Interv Radiol*. 2019 May;25(3):175-182.