



MORTALITY RATES OF OROPHARYNGEAL CANCER WITH THEIR EPIDEMIOLOGICAL ASSESSMENT, DETERMINATION OF REGIONAL CHARACTERISTICS, TRENDS AND FORECAST FOR THE REPUBLIC OF UZBEKISTAN

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Abstract:

Malignant neoplasms of the head and neck represent one of the most difficult medical and social problems of modern oncology, primarily due to the large number of affected anatomical areas, the presence of complex anatomical structures included in this area. The abundant blood supply to this area causes the lightning-fast spread, rapid growth and metastasis of tumors of this localization.

Keywords: Malignant neoplasms, oropharyngeal cancer, oral cavity, oropharynx

INTRODUCTION. Every year, over 500 thousand new cases of head and neck cancer are registered in the world and more than 270 thousand patients die [1,15].

Oropharyngeal cancer (OFR) is a cancer that develops from elements of non-keratinized epithelium, mucous membrane in the following anatomical structures: cheeks, palate, gums, bottom of the oral cavity, tongue. The border between the oral cavity and the oropharynx (RTG) anatomically runs along the palatoglossal arches, the palatine uvula and the grooved papillae of the tongue root. All this causes the complexity of topical diagnostics when choosing therapeutic approaches.

Currently, the presence of previous precancerous diseases of OFZ, the possibility of their development against the background of virus transmission (Epstein-Barr virus [EBV]), play an important role in the occurrence of OFR. The presence of precancerous diseases of OFZ, as noted by recent literature sources [2,16], is associated with the occurrence of inflammatory processes in the body caused by viruses [EBV]. The detection and activation of these viruses in the body is associated with altered behavioral reactions and a "riotous" lifestyle that has been observed recently among young people around the world (non-traditional sexual orientation, homosexuality, alcoholism, drug addiction, etc.) [3,17].

All this contributes to the disruption of immune regulation, triggering the mechanisms of carcinogenesis with the development of the disease. No work has been carried out in the republic in recent decades to study

the epidemiological features of OFR, changes arising from the immune system (IS) due to the presence of EBV, as well as to optimize surgical methods of treatment that improve patient survival, which determines the relevance and relevance of this scientific study [4,18].

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Every year, over 500 thousand new cases of head and neck cancer are registered in the world and more than 270 thousand patients die [5,19].

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In the world, OFR is one of the global problems, due to the increase in this pathology, especially among the male population of the planet. In the structure of tumors of the head and neck, they occupy the fourth place in



morbidity and the second in mortality [6]. According to Globocan data (2012), 529,500 new cases of OCF of malignant tumors have been registered in the world, while the mortality rate is 292,300 (3.80% among all cases of ZNO and 3.6% among those who died from ZNO of the head and neck) [7,20].

Despite the improvement of diagnostic methods and the availability of tumors of this localization for visual examination, more than 2/3 of patients have stage III–IV disease by the time of diagnosis [8].

In general, in the morbidity structure of the Republic of Uzbekistan, the proportion of ZNO OFZ remains on average up to 0.02%. The standardized indicators for this pathology in the republic over the last period of study amounted to 2.30/0000. At the same time, it should be noted that the existing differences among the standardized morbidity rates of the OFZ zone (per 100 thousand of the world population), depending on the regions, necessitates epidemiological studies of this pathology to identify possible features and risk factors for its occurrence. Thus, according to available statistical calculations, the highest incidence rates were determined in Navoi, Kashkadarya – 3.60/0000, in Bukhara – 3.10/0000, in Samarkand regions – 2.60/0000 and in Tashkent – 2.30/0000; average levels were noted in Jizzakh – 2.00/0000, Syrdarya, Tashkent, Surkhandarya regions and the Republic of Karakalpakstan – 1.90/0000; the lowest were in Namangan, Khorezm – 1.70/0000, Andijan – 1.40/0000, and the least in Ferghana regions – 1.20/0000. The existing differences in morbidity rates from this pathology may also cause the risk of mortality from it, which also has territorial variability [9,21].

Among malignant tumors of the head and neck in the Republic of Uzbekistan, OFR ranks 3rd after skin and laryngeal cancer [10].

The incidence and mortality from OFR is increasing in most countries of the world. The 5-year survival rate in developed European countries is 55%, in the USA - 63%, in Russia among men - 24%, women -37% [84], but in the Republic of Uzbekistan its dynamics is decreasing, in 2010 - 50.9%, and in 2017 - 35.4% [Goskomstat RUz]. As can be seen from these data, the level of 5-year survival of patients with ZNO OFR has significantly decreased, which determines the need for oncoepidemiological studies to identify risk factors, as well as measures to eliminate the existing situation [11,22].

The main causes of the development of OFR are smoking and consumption of strong alcoholic beverages, non-compliance with oral hygiene, viral infections, and an "incorrect" lifestyle. The risk of developing OFR in men who smoke cigarettes is

increased by 6-13 times. The magnitude of the relative risk depends on the intensity and duration of smoking, the amount and frequency of alcohol consumption.

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All this contributes to the disruption of immune regulation, triggering the mechanisms of carcinogenesis with the development of the disease. No work has been carried out in the republic in recent decades to study the epidemiological features of OFR, changes arising from the immune system (IS) due to the presence of EBV, as well as to optimize surgical methods of treatment that improve patient survival, which determines the relevance and relevance of this scientific study [14,24].

CONCLUSIONS: Predicting morbidity and mortality from oropharyngeal cancer requires an analysis of current data and an assessment of the impact of public health measures. Improved diagnosis, HPV vaccination and tobacco control campaigns can significantly affect the reduction of morbidity and mortality in the future. Investments in medicine and public education can help improve medical outcomes.

LITERATURE:

1. Bulgakova N.N., Volkov E.A., Pozdnyakova T.I. Autofluorescence stomatoscopy as a method of oncoscreening of diseases of the oral mucosa // Russian Dental Journal. 2015. Vol. 19, No. 1. pp. 27-30
2. Butenko Z.A., Filchenkov A.A. Modern concepts of viral oncogenesis: fundamental and applied aspects // Experimental oncology - 2010. - No. 2. -pp. 239-245
3. Gazhva S.I., Stepanyan T.B., Goryacheva T.P. The prevalence of dental diseases of the oral mucosa and their diagnosis // International Journal of Applied and Fundamental Research. 2014. No.5. pp. 41-44.
4. Gafur-Akhunov M.A., Yuldasheva D.J. Dynamics of morbidity and mortality from malignant



- diseases in Tashkent. - /Eurasian Journal of Oncology, 2018, vol.6, No. 1, pp.82-88.
5. Gevorkov A.R., Boyko A.V., Chernichenko A.V. Targeted modification in radiation treatment of squamous cell carcinoma of the oropharyngeal zone. Bulletin of the RNCRR. 2012. No. 2 (3). p. 171.
 6. Gelfand M.I. The expediency of using induction chemotherapy in the treatment of oral mucosal cancer with the prevalence of the ct2n0m0 process, 2017
 7. Gerstein E.S., Shcherbakov A.M., Obusheva M.N., Kushlinsky N.E. Enzyme immunoassay of vascular endothelial growth factor (VEGF) in tumors and blood serum// Kremlin medicine.- 2005.-No.3.- pp.45-52.
 8. Maksimenko P.T., Skripnikova T.P., Khmilte A. Nomenclature, Clinical classification of diseases, changes in the mucous membrane of the oral cavity, lips and tongue // Ukrainian Dental Almanac, 2008 No.4, pp.28-35
 9. Merabishvili V.M. Oncological statistics: (traditional methods, new information technologies) / V. M. Merabishvili. - St. Petersburg: Costa. Part 2. - 2011. - 247 p
 10. Mudunov A.M. A new generation of multitargeted tyrosine kinase inhibitors in the treatment of radiodrefract differentiated thyroid cancer, 2015
 10. Mudunov A.M. Surgical treatment of locally advanced recurrent cancer of the oropharyngeal zone. A case from practice, 2013
 11. Paches A. I. Cancer of the oral mucosa. In the book: Tumors of the head and neck. M.: Medicine, 2000. pp.142–155.
 12. Paches A. I., "Tumors of the head and neck" 2013, pp.119.
 13. Written V.I., Written I.V. "Method of reconstruction of the tongue after its half resection", 2016.
 14. Pishny V.I., Kulakova N.M., Pishny I.V. Speech therapy after surgical treatment of malignant tumors of the oropharyngeal zone. // Proceedings of the Samara Scientific Center of the Russian Academy of Sciences, vol. 17, №2(3), 2015, Conference "Modern problems of oncology and hematology" 22-24.04. 2015 Samara. pp.622-627
 15. Podvyaznikov S.O., Choinzonov E.L., Kropotov M.A., et al. Diagnosis and treatment of laryngopharyngeal cancer. Clinical recommendations. Siberian Journal of Oncology. 2014. No. 6, pp.71-75
 16. Pozdnyakova T.I., Volkov E.A., Smirnova Yu.A. et al. Trends in the prevalence of precancerous diseases of the oral mucosa // Education, science and practice in dentistry on a combined topic: Dentistry and socially significant diseases: Sat.tr. 10th All-Russian Scientific and Practical Conference – SP: "Man", 2013. pp.186-187
 17. Polatova D.Sh., Ismailova A.A., Karimova N.M., et al. - The etiological role of the Epstein-Barr virus in the formation of malignant processes. // Clinical and Experimental Oncology No.1, 2017 – pp.57-62.
 18. Resolution of the President of Uzbekistan dated 04.04.2017 No. PP-2866 "On measures for the further development of oncological services and improvement of oncological care to the population of the Republic of Uzbekistan for 2017-21", paragraph 4
 19. Rabinovich O.F., Babichenko I.I., Rabinovich I.M., etc. Methods of complex diagnosis of leukoplakia of the oral mucosa // Dentistry. 2014. No.5. pp.19-22.
 20. Rakhmankulova G.S., Tulebaev K.A., Zholdybaev S.S. Oncological alertness in diseases of the oral cavity (literature review) // Bulletin of KazNMU, No.1, 2017, pp.168-172
 21. Reshetov I.V. Static facial correction in case of facial nerve damage in the clinic of head and neck tumors, 2017
 22. The homeland of T.S. Features of dental pathology in older age groups // Russian Medical and Biological Bulletin named after academician I.P. Pavlov. 2015. vol. 23, No.3. pp.140-147
 23. Yusupov B. Y. Malignant tumors of the head and neck among different ethnic groups in the Republic of Uzbekistan. Author's abstract. dis. ... Doctor of Medical Sciences. Tashkent, 2007.\