WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979, Volume 3, Issue 4, April., 2022

IMPROVING THE COMBINED TREATMENT TACTICS OF MANY OSTEOGEN METASTASES OF MALIGNANT TUMORS OF THE URINARY-BODY SYSTEM

Shaxanova Sh. Sh.
Samarkand State Medical University

Raximov N. M.
Samarkand State Medical University

Annotation
Metastatic tumors are threeraydi more than primary tumors and account for 96% of all tumors of the skeletal system. According to The conducted autopsy, kidney canceronida (BS) develops in 33-60% of cases of bone metastases and is the third most common after prostate and mammary gland cancer. Despite the improvement of diagnostic methods, prostate cancer and kidney cell cancer aniqlash detection and treatment of many Oste met metastases remains one of the most urgent problems of modern oncourology.

Keywords:prostate cancer, kidney cancer, target therapy, radionuclide therapy, pain.
The aim of the study was to increase the efficacy of treatment of multiple osteogenic metastases of kidney and prostate cancer by improving and introducing a combination of systemic light therapy and targeted therapy.

Introduction

The object of the study included 110 patients with multiple osteogenic metastases of inpatient and outpatient kidney and prostate cancer treated at the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology from 2015 to 2020, as well as in the departments of RIO and RIATM Samarkand regional branch. The second chapter, entitled “Clinical Description of Materials and Applied Test Methods,” describes the research materials and methods, provides a general description of the clinical materials, and clinical and instrumental research methods. The study was conducted at the Department of Oncology of Samarkand State Medical Institute and was based on the results of treatment of 110 patients with multiple osteogenic metastases in inpatient and outpatient kidney and prostate cancer at the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, as well as RIO and RIATM Samarkand branch. Patients were divided into three groups in turn. Group 1 - 46 (41.82%) patients (retrospective group, control group) received

WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979, Volume 3, Issue 4, April., 2022

specific anti-tumor therapy in combination with bisphosphonates (zolendronic acid), which is currently standard in the treatment of osteogenic metastases of malignant tumors in the country, Group 2 - 33 (30%) patients (prospective group) received specific anti-tumor treatment in combination with denosumab and radionuclide therapy (153-samaritan-oxabifor) and zolendronic acid targeted osteoprotective therapy, group 3 - 31 (28.2%) patients (prospective group)) included patients receiving specific anti-tumor therapy as well as osteoprotective therapy, where the standard method (zolendronic acid) was ineffective, denosumab therapy, and radionuclide therapy (153-Samaritan-Oxabifor).

Discussion

The general condition of the patients was assessed according to the subjective data of the patients: physical and mental data. Changes in analgesic intake were objectively detected by the medical staff and the patients themselves. The analgesic effect was subjectively assessed according to changes in patients 'need for analgesics (persistent pain, nocturnal pain, pain occurring during movement, etc.).

Table 1 Distribution of patients by Karnovsky scale before treatment

Points on the Karnovsky scale	Nazology											
	Kidney cancer n=48			P	Prostate cancer n=62			P	Itogo			P
	abs	M(%)	m		abs	M(%)	m		abs	M(%)	m	
40	3	6,25	3,49	Xi-square = 8,750; p = 0,119	5	8,06	3,46	Xi-square = 8,258; p = 0,143	8	7,27	2,48	Xi-square = 16,873; p = 0,005
50	8	16,67	5,38		10	16,13	4,67		18	16,36	3,53	
60	10	20,83	5,86		12	19,35	5,02		22	20,00	3,81	
70	11	22,92	6,07		14	22,58	5,31		25	22,73	4,00	
80	12	25,00	6,25		15	24,19	5,44		27	24,55	4,10	
90	4	8,33	3,99		6	9,68	3,75		10	9,09	2,74	
Итого	48	100,00	0,00		62	100,00	0,00		110	100,00	0,00	
P	Xi-square Пирсон = 0,219; p = 0,999											

In the main contingent of patients, when the full independence of the patient was maintained, its normal functioning was limited, which made up 73 (66.36%) patients. 64 (58.2%) patients were prescribed combined therapy, including tar Terap therapy (denosumab) withofofarmterapiya (samarium Oksabifor) in the treatment of multiple osteogen metastases.

After combined therapy with Target therapy andofofarmterapia in 56 patients, an improvement in the overall condition was noted, which was 87.5%. Reception of analgesics and a decrease in their dose was noted in 50 patients (78.1%), of which 14 (21.8%) patients stopped taking analgesics, the number and dose of analgesics in 28 (56%) patients from 50 patients decreased by 80%. Movement improvement was recorded in 29 (45.3%) patients, sub-full mobility was recorded in 35 (54.6%) patients.

Table 2 Duration of pain relief effect months after combination therapy

Tumor location	**1- after the dose**	**2- after the dose**	**3- after the dose**
Kidney cancer	5,06±0,19	6,69±0,19	6,19±0,24
Prostate cancer	5,66±0,18	7,58±0,19	7,98±0,23

As can be seen from Table 2, the duration of the analgesic effect was increased by repeated administration of radiofarmpreparate 3 months after its first use, which was confirmed by statistical methods. At the same time, 3-dose of the drug did not lead to an increase in the duration of pain-relieving therapy.
153cm-1-3 months after sending Oxabifor, the mean values and changes in pain assessment are shown in Table 3.

Table 3 Changes in pain assessment

	Basal data after		1 month after		3 month after	
	M	m	M	m	M	m
Changes in pain assessment	8,30	0,45	5,31	0,24	4,79	0,19
Pain assessment	abs	%	abs	%	abs	%
0	0	0,00	0	0,00	2	6,25
1	0	0,00	3	9,38	2	6,25
2	0	0,00	2	6,25	5	15,63
3	0	0,00	6	18,75	3	9,38
4	0	0,00	5	15,63	8	25,00
5	0	0,00	5	15,63	6	18,75
6	1	3,13	4	12,50	1	3,13
7	3	9,38	5	15,63	5	15,63
8	14	43,75	2	6,25	0	0,00
9	14	43,75	0	0,00	0	0,00

As can be seen from Table 3, pain intensity at the beginning of treatment was described at the level of 6-9 points. 153cm-1 month after the injection of Oxabifor changed when pain was assessed as follows: pain decreased in 21 (60%) patients, pain in 6 (18.7%) patients, no effect was observed in 5 (15.6%) patients. 153cm-pain stopped in 2 (6.3%)

patients when pain was assessed three months after Oxabifor administration, pain decreased in 27 (84.3%) patients, pain increased in 2 (6.3%) patients.

The loss of pain was accompanied by an improvement in the mobility of the patient. On the basis of the Karnovsky scale (Ksh), the average values of the quality of life change (HSO) were reflected as follows::

Table 4 Mobility of patients after combined therapy

Points	Basal data after		1 month after		3 month after	
	M	m	M	m	M	m
Karnavsky scale	47,00	1,65	67,06	1,50	66,00	1,34
	abs	%	abs	%	abs	%
20%	0	0,00	0	0,00	0	0,00
30%	0	0,00	1	3,13	0	0,00
40%	1	3,13	1	3,13	1	3,13
50%	12	37,50	3	9,38	2	6,25
60%	14	43,75	11	34,38	10	31,25
70%	4	12,50	6	18,75	6	18,75
80%	1	3,13	6	18,75	6	18,75
90%	0	0,00	3	9,38	5	15,63
100%	0	0,00	1	3,13	2	6,25

1 month after the combined therapy, compared with the data, the basal Karnovsky scale was 100% in 1 (3.1%) patients, the Karnovsky scale was 90% in 3 (9.4%) patients, and the Ksh in 1 (3.1%) patients deteriorated, which was 30%.

Conclusion: the new method of treatment of multiple osteogen metastases of cancer of the kidney and prostate gland was perfected and tested with the addition of a combination of samarium and denosumab to standard therapy (bisphosphonates); this allowed to achieve positive results - duration of analgesic effect in 87.8% of cases; improvement of mobility in 66% of cases; reduced the level of alkaline phosphatase by 70%. In the presence of contraindications to bisphosphonates (renal failure), if bisphosphonates are ineffective, the method of choice is to prescribe only a combination of denosumab and samarium.

Literature

1. Djuraev M. D., Rahimov N. M., Karimova M.N., Shakhanova Sh. Sh. Current Views On the Pathogenesis of The Parietal-Visceral Pathway Of Gastric Cancer Metastasis. The American Journal of Medical Sciences and Pharmaceutical Research, 2021/3/31. P 94-103.
2. Shakhanova Sh Sh, Djuraev M.D., Rakhimov N.M., Karimova M.N., Asatulayev A.F. Determination Of Risk Parameters In The Detection Of Asymptomatic Bone Metastases Of Kidney And Prostate Cancer. The American Journal of Medical Sciences and Pharmaceutical Research, 2021/2/28. P 161-174.
3. Есентаева, & Б.К. Таракова (2020). Потеря костной массы у онкологических пациентов с гормонозависимыми опухолями на фоне противоопухолевой терапии (обзорная). Наука о жизни и здоровье, (2). – С. 121-129.
4. Заборовский Н.С., Кострицкий С.В. Метастатическое поражение позвоночника на фоне почечно-клеточного рака: результаты лечения и выживаемость после удаления опухоли // Хирургия позвоночника. 2017. №4. – С. 110-115.
5. Зиядуллаев Ш., Эльмаматов О., Рахимов Н., Рауфов Ф. Цитогенетические и иммунологические изменения рецидива рака мочевого пузыря Европейский журнал молекулярной и клинической медицины, 2020/11/23, стр1877-1883
6. Киричек А.А. Обзор материалов симпозиума по урологическим опухолям американского общества клинической онкологии (ASCO-GU) 2019г. //Онкоурология. 2019. Т. 15. № 1. -С. 137-141.
7. Лушникова Н.А. Возможности предоперационной таргетной терапии в лечении костных метастазов рака почки//В сборнике: Актуальные вопросы фундаментальной и клинической медицины Сборник материалов конгресса молодых ученых. Под редакцией Е.Л. Чойнзонова. 2018. С. 270-271.
8. Тилляшайхов М.Н., Ибрагимов Ш.Н., Джанклич С.М. Состояние онкологической помощи населению Республики Узбекистан в 2019 году// Ташкент-2020, с. 1-120