



## PREVALENCE AND EPIDEMIOLOGY OF THYROID CANCER IN BUKHARA REGION

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### Annotation

This article provides information on the prevalence and epidemiology of thyroid cancer in the Bukhara region. The data was taken on the contingent of patients with malignant neoplasms of the thyroid gland registered in oncological institutions of the Bukhara region in 2021.

**Keywords:** malignant neoplasms, thyroid gland, cancer, epidemiology.

### Relevance

Malignant tumors of the thyroid gland occupy one of the last places in the overall structure of oncological diseases, accounting for only 1-3%, but at the same time it is the most common tumor of the endocrine organs, the prevalence of which is steadily growing [Bober E.E., Frolova I.G., Choinzonov E.L., Velichko S.A., Bystrova N.Yu., Mukhamedov M.R., 2013]. The increase in incidence is more pronounced in industrialized countries (Canada, USA, Japan) [Sanabria A., Kowalski L.P., Shah J.P., Nixon I.J., Angelos P., Williams M.D., Rinaldo A., Ferlito A., 2018]. The accident at the Chernobyl nuclear power plant led to a significant increase in the prevalence of thyroid cancer (TC) in Ukraine, Belarus and the nearest regions of the Russian Federation, especially among children and young people [Romanchishen A.F., Bagaturia G.O., Vabalaite K. V., Sokurenkov G.Yu., 2017]. The thyroid gland in children is more radiosensitive than in adolescents, and in adolescents more than in adults. For radiation-induced thyroid cancer, there is typically a relationship between radiation dose and incidence. This was, in particular, found in people who survived the bombing of Hiroshima and Nagasaki [Gerasimov G.A., 2009]. Radioinduced and "sporadic" thyroid cancer in children and adolescents is more aggressive, which dictates the need for thyroidectomy as the operation of choice in this group of patients in order to prevent tumor recurrence, control the level of thyroglobulin and antibodies to thyroglobulin in the postoperative period and, if necessary, radioiodine therapy. In terms of the rate of increase in the incidence of thyroid neoplasms, they occupy one of the leading positions in the structure of endocrine pathology. The frequent occurrence of malignant pathology of the thyroid gland is explained by the wide spread of iodine deficiency diseases, genetic predisposition, excessive technogenic





load, alimentary and social factors. The thyroid gland (TG) is the main endocrine gland that secretes thyroid hormones. Although thyroid tumors account for 1–3% of the total number of all tumors in humans [Bezrukov OF; 2009], in the group of endocrine tumors this indicator is 90% and it accounts for 60% of mortality in this group of tumors [Bojunga J., Zeuzem S. , 2004]. Among patients with thyroid cancer operated on for nodular formations in non-oncological hospitals, the correct preoperative diagnosis is established only in 54-61% of cases, which leads to the performance of obviously non-radical operations [Mikhnin A.E. , 2007].

Most thyroid tumors develop from the follicular epithelium and are divided into benign and malignant tumors. Malignant carcinomas of the thyroid gland, based on their histological structure, are classified into differentiated carcinoma, medullary carcinoma, and undifferentiated thyroid cancer. Differentiated cancer: papillary cancer (50-60% of all thyroid cancers) and follicular cancer. Undifferentiated or anaplastic thyroid cancer is a rare and most aggressive form of malignant tumors of the thyroid gland, consisting partially or completely of undifferentiated cells, characterized by rapid extraorganic invasive growth, a high rate of metastasis, and an extremely poor prognosis, regardless of the method of treatment. Papillary cancer accounts for 85% of the total number of all histological variants of thyroid cancer. Follicular cancer accounts for 15%, medullary 5% and anaplastic cancer 1% of all tumors.

According to Professor M.N. Tillyashaykhova, in the Republic of Uzbekistan at the end of 2021, 113168 (in 2020 - 107196) patients were registered in oncological institutions, i.e. 0.3% of the country's population. In 2021, 45111 (39.9%) patients with MN were registered in the dispensary for 5 years or more (in 2020 - 39.4%). By regions, this indicator varied from 18.9% in the Republic of Karakalpakstan to 51.6% in the Bukhara region. In the Republic of Uzbekistan, 1595 cases (4.6 per 100,000 population) of malignant neoplasms of the thyroid gland were diagnosed in 2021.

### **Information on the contingent of patients with malignant neoplasms of the thyroid gland registered in oncological institutions of the Bukhara region in 2021**

Abs.number of detected cases	Per 100,000 population	Actively detected (%)	Diagnosis confirmed morphologically (%)	1-year mortality (%)
40	2,1	0,0	95,0	13,0





### Distribution by disease stages (%)

I	II	III	IV	Registered at the end of the year (total)		
				Absolute number	Per 100,000 population	Of which 5 years or more (%)
5,0	42,5	22,5	30,0	175	9,0	53,1

### Information about patients who died from malignant neoplasms of the thyroid gland (C73) in the Bukhara region in 2021

Absolute number	men	women	Total	Rate per 100,000 population.
	3	9	12	0,6

### Oncological incidence of the thyroid gland in the population of the Republic of Uzbekistan for 2015-2021 (per 100,000 population)

	years						
	2015	2016	2017	2018	2019	2020	2021
Total MN	0,5	0,6	0,6	0,7	0,7	0,5	0,9

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