



СЕКЦІЯ 16
КЛІНІЧНА ОНКОЛОГІЯ, ПРОМЕНЕВА ДІАГНОСТИКА ТА ПРОМЕНЕВА ТЕРАПІЯ

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CHOICE OF OPTIMAL SURGERY IN THE TREATMENT OF RECTAL CANCER

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Despite the development of modern medicine, colon cancer in Ukraine ranks second in the structure of morbidity and mortality. Over the last 10 years, there has been a significant increase in the above-mentioned indicators, both among the male and female populations.

Radical treatment of rectal cancer is possible only if surgery is performed. Despite current methods of sphincter-saving and colostomy surgery, many questions remain radical ensuring optimal quality of life and reducing the number of postoperative complications.

Therefore, the study aimed to study and compare some of the technical characteristics of sphincter sparing and colostomy surgery, as well as the quality of life of patients during the 1-year postoperative period.

A retrospective analysis of 115 outpatient case histories of patients with rectal cancer, who under conditions of the Chernivtsi Regional Clinical Oncology Center experienced abdominal perineal extirpation of the rectum according to Kenyu-Miles and abdominal-anal resection of the rectum with descending of the significate.

The duration of surgery and early postoperative period depending on the stage of the disease, the location of tumor were studied. The quality of life of patients for 1 year after surgery was examined, using a questionnaire from the American Society of Colorectal Surgeons (ASCRS) with the inclusion of the Cleveland Clinical Incontinence Scale.

The results of the study indicate a probable predominance of the duration of abdominal and perineal extirpation, approximately 1.17 times ($p < 0.001$). However, there is a lack of a likely difference in the duration of each surgery, depending on the stage of the disease. It should be noted that there is no plausible difference in the duration of the early postoperative period, depending on the type of surgery, tumor localization, and stage of the disease.

Patients' quality of life improves more rapidly after abdominal-perineal extirpation, but over time, the number of individuals after performing abdominal-rectal resection with sigmoid reduction, with a slight degree of disruption of quality of life, is likely to be three times greater.

Therefore, both the sphincter-sparing and colostomy surgery can be the optimal choice for the treatment of distal colon cancer, since they have several advantages and disadvantages. Given the better quality of life of patients early in the post-abdominal Kenyu-Miles extirpation, the previous surgery should be preferred.

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CHARACTERISTICS OF BREAST CANCER PROGRESSION

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Despite the rapid development of oncology, the prediction of breast cancer metastasis still remains a disputable and unexplored issue.

A retrospective study of the characteristics of breast cancer progression will provide an opportunity for better understanding of the problem. This one can serve as the basis for further research aimed at identifying objective criteria for predicting breast cancer progression.

The objective of the research was to study the clinical and statistical characteristics of the breast cancer course with the verified progression of the tumor process, depending on the stage of the disease and the molecular subtype of the tumor.

A retrospective analysis of 242 outpatient records of patients with breast cancer was carried