

Evaluation of the Result of Postoperative Treatment in Elderly Women with Breast Cancer (Literature Review)

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Abstract:

Breast cancer occupies the first place in terms of oncological disease in our republic. In our republic, breast cancer occupies 22.3%. Of this number in Bukhara, 17.4%. 6.9% are women aged 60 to 74 years old. According to the cancer registry of the Republican Cancer Research Center in Uzbekistan, breast cancer has the greatest share in the structure of female mortality from malignant neoplasms (20.4%)

Keywords: breast cancer, elderly women, screening, positive effect

About 1.38 million new cases of the disease and more than 500,000 deaths from breast cancer are detected annually (IARC, Globocan, 2012). To date, breast cancer is the most common tumor disease in women worldwide, both in developed and developing countries [1,2,3]. In 2000, the share of elderly and elderly people was approximately 14% of the world's population, and by 2050 it may reach 25% or more. In developed countries, 46% of cancer cases are registered in the age group over 64 years, and in 2005 this indicator is expected to increase to 71%. According to the WHO forecast, an increase in the population and the aging of the human population may cause an increase in oncological diseases to 15 million by 2020 and an increase in the frequency of deaths to 10 million. Despite the fact that prevention can achieve some reduction in the risk of morbidity, such a strategy cannot prevent most cases of breast cancer in low- and middle-income countries, where the disease is diagnosed at very late stages. Morbidity rates vary widely worldwide, with age-standardized rates in North America reaching 99.4 per 100,000. In Eastern Europe, South America, South Africa and Western Asia, relatively moderate morbidity rates are observed, but they have been increasing recently. The lowest incidence rates are observed in most African countries, but even here these indicators are growing. Breast cancer survival rates in different countries vary widely – from 80% or more in North America, Sweden and Japan, to 60% in middle-income countries and less than 40% in low-income countries [23]. Low survival rates in less developed countries are mainly due to the lack of early detection programs, which leads to an increase in the frequency of detection of the disease at late stages, as well as the lack of necessary funds and equipment for adequate diagnosis and treatment [13; 11].

The presence of breast cancer in the family history increases the risk of the disease by two to three times. Some mutations, especially BRCA1, BRCA2 and p53, lead to an extremely high risk of developing breast cancer. However, such mutations occur rarely, and they account for a small proportion of the total number of breast cancer cases, no more than 5-12% [19]. The cornerstone in the fight against breast cancer is its early detection in order to improve treatment outcomes and survival [5]. For example, the current recommendations of the American Cancer Society include the beginning of screening from the age of 40, which includes an annual mammography and a clinical examination of the breast as part of a periodic medical examination. The American Cancer Society recommends that elderly women perform mammography for as long as possible for health reasons [4,9].

The best breast cancer screening strategy is a series of mammograms for a long time. With this approach, 8 international prospective clinical studies have shown a 20-30% reduction in mortality in women aged 50-70 years, and in three of them significant statistical reliability has been achieved.

The positive effect of screening has been proven in the age group of 40-75 years. At that time, screening in the age group over 75 years is considered not informative, due to the fact that the potential benefits of early detection of breast cancer are eroded by the high risk of death from other concomitant diseases. The risk of death in this group of patients is 20 times greater from other causes than from breast cancer [12].

In a number of European countries, the age of 75 is the upper limit of inclusion in mammographic screening. A meta-analysis of a Scandinavian study, which includes data from 1966 to 1993, proved that annual mammograms in women aged 50 to 74 years reduced mortality rates from breast cancer by about 26%. At the same time, Balducci (2001) believes that participation in mammographic screening is necessary for all elderly women, especially those with suspected the life expectancy is more than 5 years, since it is believed that the beneficial effect of screening ranges from 3 to 5 years (from the beginning of screening). [11] There is also evidence that in all age groups from 67 years and older, a decrease in mortality from breast cancer was recorded, excluding the oldest group [15]. And even if screening does not reduce mortality from breast cancer in the oldest groups, it still reduces the likelihood of local complications (relapses, edema, etc.), which is especially important in patients of this age category. [28] The American Society of Oncologists suggests considering the possibility of performing only a physical examination method in patients over 75 years of age, since with age the mammary gland loses its density, and areas of gland compaction are easily diagnosed during examination. For example, palpation of a painless node in elderly women will be considered one of the first symptoms of cancer, as well as symptoms such as swelling of the areola, thickening of the skin, discharge from the nipples, etc.. Raising public awareness of the problem of breast cancer and mechanisms to combat it, as well as awareness-raising regarding screening programs are key strategies for the fight against breast cancer on an equal basis with the entire population. Regardless of the method of early diagnosis used, the successful early detection of breast cancer at the level of the entire population is based on careful planning and a properly organized and sustainable program focused on the relevant population group and ensuring coordination, continuity and quality of actions within the entire oncological service.

With age, elderly patients become a more heterogeneous group, differing in both physical and psycho-emotional state, which undoubtedly affects the choice of treatment. Aging affects all body systems and remains an individual process, which, as a rule, does not correlate well with chronological age. In patients with depleted functional reserves, chemotherapy can have serious or even fatal complications. To determine treatment tactics and assess survival, it is necessary to conduct a geriatric assessment of such patients. Elderly patients differ in the level of daily life (ADLs): movement within the apartment, taking a bath, dressing, eating, toilet. They also differ in the level of instrumental activity of everyday life (IADLs), such as using transport, going to the store, going to the doctor on their own, cooking. The question of concomitant pathology is also very important. The doctor needs to examine the patient very carefully for concomitant diseases, in addition to cancer. When assessing the condition of an elderly patient, in order to make a decision on treatment tactics, it is necessary first of all to determine whether cancer is the main disease of the patient. For example, patients with insitu cancer at the age of 75, as a rule, have hypertension, dementia and a number of other diseases. And despite the fact that the patient and his family are understandably concerned about breast cancer, the real problem may lie in concomitant pathologies. Thus, in elderly patients, it is very important to identify the most important medical problems. The number of concomitant diseases increases significantly with age. A 70-year-old patient has an average of 2-3 concomitant diseases. And this is important, since hypertension, COPD, diabetes and other diseases can themselves significantly shorten life expectancy. Thus, the specialist must assess not only the presence of concomitant diseases, but also the physical status of the patient. Laboratory tests play an important role in assessing the condition of an elderly patient, for example, low levels of interleukin - 6 and D-dimers may indicate the presence of physical abnormalities and a high risk of death. Unfortunately, all these tests do not give us accurate data that we can rely on. At the moment, a group of scientists under the leadership of Martihurria are working on creating a convenient independent geriatric instrument that would take no more than 30 minutes of time.[10] This is an important tool for identifying the most vulnerable patients to treatment. Given the extremely low percentage of geriatric doctors who are able to give a correct assessment of the condition of an elderly patient, the need for such a tool is very high. The existing SEER data analysis program evaluates the estimated cause of death in breast cancer patients aged 70 years or older, analyzes the entire spectrum of breast cancer: insitu cancer, patients without lymph node damage, with lymph node damage, as well as the metastatic form of breast cancer. And among all these cases, most women die from concomitant diseases, such as COPD, diabetes mellitus, stroke or cardiovascular diseases. Therefore, it is so important to evaluate not only the stage and physical function, but also concomitant diseases in elderly patients with breast cancer. One of the research methods is to determine the so-called molecular markers of aging, which can predict myelosuppression or other problems.

Options for surgical treatment of breast cancer usually include mastectomy or organ-preserving surgery. The role of axillary lymph node dissection is an area of active discussion. In a randomized study (IBCSG) of 473 women over 60 years of age with hormone-sensitive breast cancer, operations with and without lymph node dissection were compared with clinically intact lymph nodes. The average age was 74 years, and all patients received Tamoxifen after surgery. With a median follow-up of 6.6 years, relapse-free survival and overall survival were the same in both groups. The researchers concluded that it is possible to avoid axillary lymph dissection in patients aged 60 years and older with hormone-sensitive breast cancer and clinically negative lymph nodes, provided that patients receive adjuvant endocrine therapy after surgery. Currently, the approach to the volume of surgical treatment for both breast and lymph nodes has

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been revised. The question of the benefits of axillary lymph node dissection in elderly patients with clinically affected lymph nodes and their role in overall and relapse-free survival is still debatable [13]. It should be recognized that age is no longer the most important factor in determining surgical risk in elderly patients. The preoperative assessment of cancer in the elderly (PASE) includes elements of a comprehensive geriatric assessment (CGA) and recommendations of the American Society of Anesthesiologists. An interesting dilemma exists in the surgical prevention of breast cancer, in particular, among those elderly patients who would like to reduce the risk of developing contralateral breast cancer with the help of preventive breast removal. In older breast cancer patients, the benefit of preventive surgery is uncertain. Despite the fact that the risk of developing second breast cancer increases with age, this value was not statistically significant. Thus, it is difficult to draw a conclusion about the relative effectiveness of preventive contralateral mastectomy in the elderly compared to younger ones. Even with a genetic mutation (BRCA-1 and 2), preventive mastectomy and removal of the ovaries may not have a significant advantage in the elderly [14].

Elderly patients with malignant tumors need not only rational treatment. Many psychological, family, organizational issues need in-depth attention.

This work is devoted to the further study of the methodological aspects of the treatment of elderly patients suffering from breast cancer.

List of used literature:

1. Abeo, AbeR, EnomotoK, et al. Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet* 2005;365(9472):1687–717
2. Albain K, Anderson S, Arriagada R, et al. Comparisons between different polychemotherapy regimens for early breast cancer: meta-analyses of long-term outcome among 100 000 women in 123 randomised trials. *Lancet* 2012;379(9814):432–44
3. Alberini J.L., Meunier B., Denzler B. et al. Somatostatin receptor in breast cancer and axillary nodes: study with scintigraphy, histopathology and receptor autoradiography // *Breast Cancer Res. Treat* - 2000. - Vol. 61. -P. 21-32.
4. Allen B., Campbell I., Desai S et al Pilot study comparing the accuracy of lymphoscintigraphy sentinel lymph node localisation with axillary node dissection in women with operable breast cancer // *N. Z. Med. J* -2001. -Vol 114.-P 233-236
5. Anderson BO et al. 2008 . Guideline implementation for breast healthcare in low-income and middle-income countries: overview of the Breast Health Global Initiative Global Summit 2007. *Cancer*, 113, 2221–43.
6. Abdulhakimov Sh. The role of computed tomography in the diagnosis of spinal injuries. *International journal of development and public policy* – 2021; 106.
7. A.T.Cho'liyev.,U.S.Mamedov.,M.A.Akhmadova.,R.R.Navro'zov.,D.F.Narziyeva Diagnostics of exinococcosis in youth at the modern stage./*Journal of Natural Remedies*.2021,№1(1).-P37-40
8. Guljamol Fazliddinonvna Makhmudova, Adkhambek Uyunovich Nurboboyev.Treatment of mechanical jaundice via the modern way// *Scientific progress*, 2021.-№6.-P.530-537
9. Makhmudova G.F. Age-related clinical,anatomical and morphological features of malignant tumors of the cervix// *Journal of science and technology*//2021.-P.-475-480.
10. NurovJ.R., Khalikova F.S. Long-term results of surgical treatment patients with stomach cancer // *Вестник науки и образования*.– 2020. – №23-2(101). –С. 85-89.
11. Nurov Jamshid Raxmatovich. Morphofunctional characters of the greater omentum // *International Journal of Discoveries and Innovations in Applied Sciences*. – 2021. – Vol. 1(5). – P. 130-134.
12. Махмудова Г. Ф., Темирова, Д. В., &Баротова, Ш. Б. (2021). Бачадон бўйни хавфли ўсмаларининг ёшга хосхусусиятлари//*Academicresearchineducationalsciences* // 2(5).-Б.-186-196. <https://doi.org/10.24411/2181-1385-202100871>
13. Makhmudova G.F.,Soxibova Z.R., Mamedov U.S., Nurboboyev A.U. Fertil va keksa yoshli ayollarda bachadon bo'yni xavfli o'smalari tahlili (Buxoro viloyatida)//*Oriental Renaissance: Innovative, educational, natural and social sciences*//-2021.-V 8.-B. 175-184.
14. Нуров Ж.Р. Послеоперационная аналитика раннегопериодахирургического лечения злокачественнойопухолижелудка // *Oriental Renaissance: Innovative,educational, natural and social sciences*.– 2021. – Vol. 1(8). – P. 185-191.

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15. Nurov Jamshid Raxmatovich, Narzieva Dilnoza Fakhriddinovna. Immediate Results of Surgical Treatment of Gastric Cancer // International journal on orange technology.– 2021. – Vol. 03(9). – P. 62-65.
16. Nurboboyev A.U., Makhmudova G.F. Miniinvazive approach in the complex treatment of tumor and stone etiology of mechanical jaundice// International journal on Orange technology// Vol 3. Issue 9. Sep.2021.-P. 85-90
17. М.А. Ахмадова, А.Т., Сохибова З.Р., Д.К. Худойбердиев., Ж.Р. Нуров Диагностика эхинококкоза у молодёжи на современном этапе. //Тиббиётда янги кун 2019 й.3(27)- стр 54-56
18. М.А. Ахмадова, А.Т. Чўлиев, Ж.Р. Нуров, Д.К. Худойбердиев Лучевая диагностика эхинококкоза печени-стр./Биология в тиббиёт муаммолари. 2019, №4.2(115) с.20-25
19. Сохибова З.Р., Ахмадова М.А. Комплексная диагностика и хирургическое и хирургическое лечение осложненных форм эхинококкоза печени. // Oriental Renaissance: Innovative, Educational, natural and social sciences/2021й -стр 203-212.
20. Нарзиева Д.Ф. Значение иммуногистохимических маркеров при метастазировании рака молочной железы в легкие. // Oriental Renaissance: Innovative, educational, natural and social sciences. // -2021 Vol.1-C.170-175
21. Xalikova Feruza. Current concepts of breast cancer risk factors // International journal of philosophical studies and social sciences // 2021.- Vol 1.-P.57-66.
22. Z.R. Sokhibova, M.R. Turdiyev, (2021). Some Features Of Laboratory Indicators Of Micro And Macro-Elementary Condition Of The Organism Of Female Age Women In Normality And In Iron Deficiency. *The American Journal of Medical Sciences and Pharmaceutical Research*, 3(02), MO- 145.
23. Mamedov U.S., Pulatova D.S.H. The Results of Cancer Treatment of the Oral Cavity Tumors in // the Republic of Uzbekistan European journal of Pharmaceutical and Medical Research. -2019. - 6(9). - P. 326-329.
24. Narziyeva D.F., Jonibekov J.J.; Morphological features of tumor in different treatment options for patients with locally advanced breast cancer // Middle European scientific bulletin. Volume 7- 2020-Dec. – P. 105-107.
25. R. R. Navruzov. Morphological and morphometric changes of the stomach layer of one monthly white rats // Journal For Innovative Development in Pharmaceutical and Technical Science (JIDPTS). Volume:4, Issue:5, May:2021 pp :(7-10)
26. R. R. Navruzov. Lymphothorax therapy in the complex of treatment of purulent inflammatory diseases of the hand in outpatient conditions // New day in medicine 30.2020
27. Гафур Нормуродович Саидов, Учкун Гафурович Абдукаримов, Гулжамол Фазлиддиновна Махмудова. Эпидемиологические показатели первично-множественных опухолей (обзор литературы) // Биология и интегративная медицина // 2019 № 11 (39).-С.
28. Шерзод Алишер огли Абдулхакимов, Муножат Хаятовна Исмаилова Современные тенденции лучевой диагностики при очаговых поражениях печени Современная медицина: новые подходы и актуальные исследования // 2018 – с. 106-108