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MAIN RISK FACTORS AND PROBLEMS OF ONCOLOGICAL DISEASES

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Abstract

Currently, the early detection and early treatment of risk factors and precancerous diseases among the population play a key role in preventing the development of malignant tumors. Among the causes of death of the population, oncological diseases occupy a leading place, which in turn leads to a decrease in the average life expectancy of the population and significant economic losses. Identifying environmental factors that cause the spread of oncological diseases, risk groups of the population, and developing measures aimed at improving their health make it possible. According to statistical data, the number of new cases of oncological diseases is increasing every year. According to numerous statistical studies conducted in recent years, the number of oncological diseases is characterized by a rapid increase. Risk factors for oncological diseases are diverse.

Keywords

fibrocystic mastopathy, abortion, inflammatory diseases of the genitals, menstrual cycle, childbirth, risk factors, tumor, breast cancer, cyst, lipoma.

INTRODUCTION: Currently, the identification of risk factors for oncological diseases among the population and the early detection and early treatment of precancerous diseases play a key role in preventing the development of malignant tumors. Despite many achievements in the diagnosis and treatment of tumors and precancerous diseases in modern medicine, tumors and precancerous diseases remain one of the most pressing problems. According to statistics from the World Health Organization, according to 2022, lung cancer (2.5 million new cases, 12.4%), breast cancer (2.3 million new cases, 11.6%) and colorectal cancer (1.9 million new cases, 9.6%) will take first place in terms of new cases of oncological diseases, followed by prostate cancer (1.5 million new cases, 7.3%) and stomach cancer (970,000 new cases). 4.9%) was identified. Scientists estimate that by 2040, new cases of oncological diseases will increase by 47% annually, reaching 28.4 million...". Among diseases in the world, oncological diseases occupy a high place in terms of mortality at all ages [5,9].

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Presidential resolutions have been developed for the 18th goal of the "Plan of Practical Activities in the Targeted Areas for 2024" (Increasing the Effectiveness of Non-Communicable Disease Prevention), approved by the Decree of the President of the Republic of Uzbekistan No. PF-37 dated February 21, 2024, on State Programs for the Implementation of the Strategy "Uzbekistan-2030" in the "Year of Youth and Business Support". The resolutions of the President of the Republic of Uzbekistan, one of the main problems of medicine, are aimed at timely detection, early diagnosis and prevention of oncological diseases, and improving the quality of qualified medical services in remote and remote areas [1,2,3].

Tumors and precancerous diseases of the female genital organs are also among the most common gynecological diseases[6]. Precancerous diseases of the female genital organs are characterized by a negative impact on reproductive and sexual function. Due to their mild course, patients do not always seek medical attention[7,8].

Therefore, early detection and early treatment of tumors and precancerous diseases among the population remains one of the most urgent problems among oncological diseases.

According to numerous statistical studies conducted in recent years, the number of oncological diseases is characterized by a rapid increase. Risk factors for oncological diseases are diverse. Scientists believe that genetic, reproductive, adaptive and energy homeostasis disorders are important risk factors [4].

In this area, we can safely say that, given the current increase in oncological diseases and the high mortality rate among the population with cancer, the study of precancerous diseases and their relationship with the risk of cancer is of great interest in modern medicine. At the same time, the main problem of medicine remains the timely detection of the disease.

Thus, the onset of the disease and mortality depend on the geographical characteristics of the permanent residence of the population, for example, this indicator differs in the west and east of Eurasia.

Purpose of the study: To study the most important risk factors and problems for oncological diseases.

Materials and methods: In-depth medical examinations conducted by the Central Military Clinical Hospital among the population of the Tashkent region from August to November 2024, patients who were treated for tumors and precancerous diseases and were first detected among the population, and patients were examined using UTT, mammography and vaginal smear examination methods, based on the information in the outpatient card. Complete anamnesis data and instrumental examinations of those who underwent a medical

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examination allowed us to identify those at risk of developing precancerous diseases.

The age distribution of those in the observation group is presented in Table 1.

Table 1

Information by age of those surveyed

Age	Number of patients	Share, %
25-29	11	3,0
30-34	23	6,2
35-39	82	22,2
40-44	98	26,6
45 and above	155	42,0
Total	**328**	**100**

The women in the observation group numbered 369. In terms of age, 11 (3.0%) of the women were between 25 and 29 years old, 23 (6.2%) between 30 and 34 years old, 82 (22.2%) between 35 and 39 years old, 98 (26.6%) between 40 and 44 years old, and 155 (42.0%) among those over 45 years old. The highest rate was recorded among those over 45 years old.

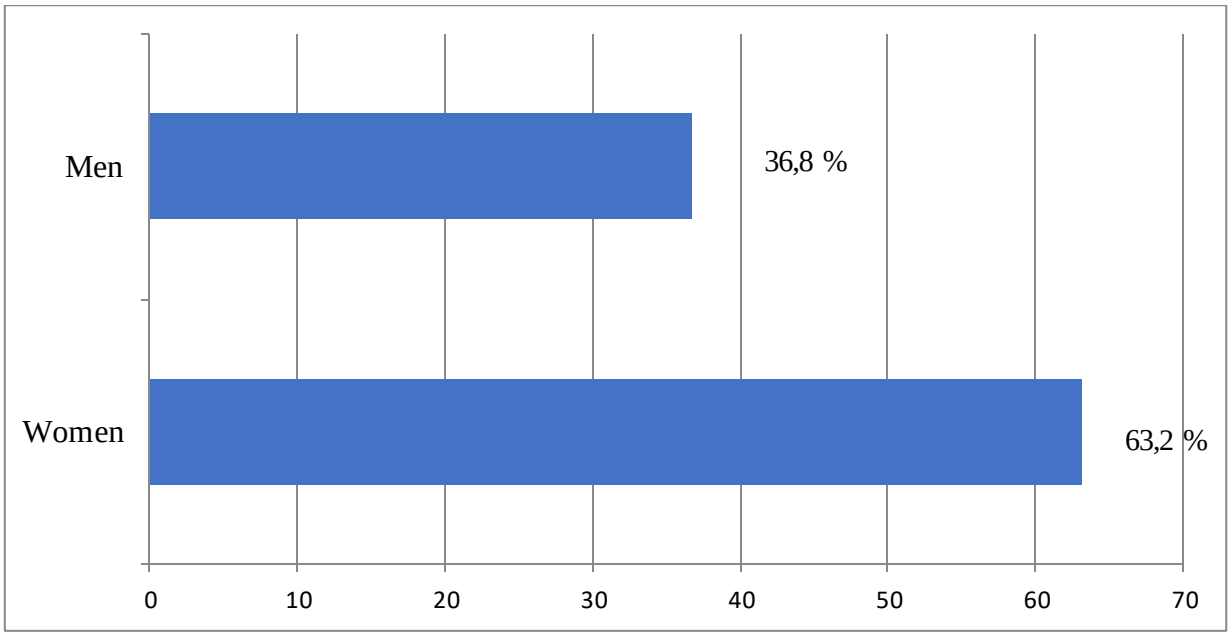

Figure 1. Analysis by gender among the population in the control group (%).

The total number of residents in the study group was 369, with a female predominance, 233 women (63.2%) and 136 men (36.8%). The description of precancerous diseases and benign tumors detected among the population in the study group is presented in Table 2.

Table 2

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Classification of precancerous diseases and benign tumors detected in the examined population

№	Classification of diseases	Number of patients	Share, %
	Small pelvic organs	**81**	**22,0**
1.	Uterine fibroids	28	7,6
2.	Endometrial polyps and endometriosis	9	2,4
3.	Ovarian cysts	12	3,3
4.	Cervical erosion and polyps	32	8,7
	Mammary gland diseases	**112**	**30,3**
1.	Fibroadenoma of the breast	22	6,0
2.	Benign dysplasia of the breast (fibrous-c mastopathy)	74	20,0
3.	Ectasia of the mammary ducts	16	4,3
	Diseases of the stomach and intestinal	**82**	**22,2**
1.	Stomach ulcer and polyp	42	11,4
2.	Duodenal ulcer	27	7,3
3.	Colon and rectal ulcer, polyp	13	3,5
	Endocrine and other diseases	**94**	**25,5**
	Thyroid cyst and nodule	51	13,8
	Benign tumors of the conjunctiva us, dermoid tumor)	4	1,1
	Lipomas	39	10,6

According to the results of the examination, 81 (22.0%) of the subjects had precancerous diseases and benign tumors of the genital organs, of which 28 women (7.6%) had fibroids of various sizes, and 32 women (8.7%) had cervical erosion and polyps. 112 women in the observation group had benign tumors of the mammary glands (30.3%). Of these, benign dysplasia of the mammary glands (fibrous-cystic mastopathy) was found in 74 women (20.0%), and fibroadenoma of the mammary glands was found in 22 women (6.0%). 82 of the subjects in the observation group had diseases of the stomach and intestinal tract. Among the detected diseases, the most common were stomach ulcers and polyps, accounting for 42 (11.4%). Benign tumors of endocrine and other organs accounted for 94 (25.5%), the highest rate was thyroid cysts and nodules in 51 (13.8%). The highest rates were benign breast dysplasia, i.e. fibrocystic mastopathy, in 74 (20.0%), thyroid cysts and nodules in 51 women (13.8%), and uterine fibroids in 28 (7.6%) women.

According to the latest research sources, the following factors play a key role, directly or indirectly:

Environment and lifestyle:

– carcinogenic substances;

– smoking and excessive alcohol consumption;
– excess body weight;
– promiscuous sex life, etc.

Features of reproductive function:

– early menstruation and late menopause;
– late age of first birth;
– a large number of abortions;
– lack of or short duration of breastfeeding.

Conclusion: Regular and high-quality in-depth medical examinations among the population are important in the prevention and early detection of oncological diseases. Therefore, when organizing medical examinations, it is necessary to ensure that they are composed of all specialists and undergo a complete medical examination. It is advisable to simultaneously conduct screening examinations for the early detection of oncological diseases of the population belonging to the risk group, as well as lectures and roundtable discussions on oncological diseases and preventive measures.

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