

Treatment Tactics after Relapses in Cases of Complex Treatment of Cervical Cancer

Jurayeva Gulbaxor Alisherovna, Amanov Akmal Karimjonovich
Termiz Branch of Tashkent Medical Academy.

Abstract: For patients with primary stage IVB, persistent, or recurrent cervical cancer, chemotherapy remains the standard treatment, although it is neither curative nor associated with long-term disease control. In this review, we summarized the history of treatment of recurrent cervical cancer, and the current recommendation for chemotherapy and molecular targeted therapy. This article is devoted to the tactics of treatment of cervical cancer (BBS) in cases of recurrence after complex treatment. In cases of relapse, it is important to determine and use effective treatment methods. The article examines methods for detecting relapses, what treatment strategies are used for relapses at what stage, and new treatment technologies.

Key words: cervical cancer, recurrence, complex treatment, radiotherapy, chemotherapy, surgery

Introduction: Cervical cancer is a serious threat to women's health is one of the diseases. More than 311,000 women die from this disease every year is enough. Cervical cancer is common in Uzbekistan, as it is in the world. It is second only to breast cancer in terms of prevalence among women stands Cervical cancer is a malignant tumor in which the cervical epithelium is malignantly transformed. Cervical cancer is malignant in general statistics, and it affects about 15% of women, mainly mammary cancer. Cervical cancer is one of the most common oncological diseases among women. Although great progress has been made in the diagnosis and treatment of BBS, relapses are still a serious problem. This article focuses on treatment tactics in cases of relapse. Secondary to effective cervical cytology screening, cervical cancer incidence has declined by 70% over the last half-century in most developed countries . In Japan, cervical cancer is the most common gynecologic cancer and the second most common cause of death among these patients. Moreover, cervical cancer is the third most common cancer worldwide with an annual incidence of 530,000 cases; 250,000 deaths are expected from this largely preventable disease . Although early-stage and locally advanced cancers may be cured with radical surgery, chemoradiotherapy, or both, patients with metastatic cancers and those with persistent or recurrent disease after platinum-based chemoradiotherapy have limited options. These indicators showed that she was suffering from cervical cancer In patients in stages IIA and IIB, only neoadjuvant treatment is recommended improves the condition temporarily, but the average viability indicator is low. Depending on the condition of the patient, the stage of the disease and, of course, the patient's wishes chemotherapy (2 or 3 courses) and then surgery. The patient's condition improved five years after the practice the average viability rate is 49.3%.

Materials and methods.

Since the 1980s, oncologists hypoxic cells in cancer tissues radiotherapy to shrink tumor foci by reducing mortality before using neoadjuvant chemotherapy for cervical cancer they tried Preoperative neoadjuvant for cervical cancer Chemotherapy was first reported in 1988 by Benedetti et al for the treatment of locally advanced cervical cancer from combined chemotherapy (cisplatin + bleomycin + methotrexate) used. Patients in this study achieved a 75.7% response rate and all patients treated with chemotherapy from radical hysterectomy was conducted. Since then,

preoperative neoadjuvant chemotherapy has gradually become a common treatment modality for cervical cancer turned. Neoadjuvant chemotherapy even advanced (stage III) cervix potential for successful surgical resection in cancer patients has been tried to increase and has had some success. Besides, in recent years, many studies have shown that early cervical cancer patients with after preoperative neoadjuvant chemotherapy saved birth. The advantages of the intensified method are not only local control over the tumor to do, but the most tumor cells compared to standard chemotherapeutic regimens the approximate possibility of deactivation in a short time and thus long is to improve the results of long-term treatment.

Relapse Detection

1. Clinical examination: Periodic clinical examination and taking anamnesis from patients.
2. Imaging techniques: Modern imaging techniques such as computed tomography (CT), magnetic resonance imaging (MRT) and positron emission tomography (PET).
3. Laboratory tests: monitoring the level of ONCO-markers (for example, SCC-antin).

Treatment Tactics. Surgical Intervention:

In cases of relapse, surgical intervention is recommended in the following cases:

1. Local recurrences: Radical hysterectomy may be performed in cases of recurrent tumors confined to the uterus.
2. Transvaginal excision: Effective for small volume and early stage recurrences.

Radiotherapy

1. Brachytherapy: For local recurrences, it is used in combination with bowel irradiation.
2. External beam radiation therapy: Intended for advanced or metastatic relapses.

Chemotherapy

1. Platinum-based regimens: Drugs such as cisplatin and carboplatin are used as the main treatment agents.
2. Combination regimens: Several different chemotherapy drugs can be used in combination (eg, cisplatin and paclitaxel).

Immunotherapy and Targeted Therapy

1. Immunotherapy: PD-1 inhibitors (eg, pembrolizumab) may be effective in recurrent cervical cancer.
2. Targeted therapy: VEGF inhibitors (eg, bevacizumab) are often added to complex therapy.

Discussion

The tactics of treatment of relapses depends on the general condition of the patient, the location and stage of the relapse. Surgical interventions, radiotherapy and chemotherapy are the main methods of treatment, and the effectiveness is increasing due to the use of new methods and drugs.

News and New Technologies

1. Personalized medicine: Creation of individual treatment plans based on genetic and molecular profiling.
2. Modern imaging methods: Application of PET-CT and PET-MRT methods for early detection and monitoring of relapses.

The main reason for the development of relapse of cervical cancer is the malignant cells of the primary tumor remaining in the tissues. Tumor cells may persist in tissues after insufficiently radical treatment, or, due to underestimation of the primary tumor and its aggressiveness, the tumor's ability to progress. In oncological practice, the following terms are used: disease relapse and local relapse. Relapse of the disease is a broad concept that includes the development of a

tumor in tissues in which or near which the tumor was previously located, and metastases in regional lymph nodes, and metastases in distant organs and tissues. Local relapse is the development of a tumor only in tissues in which or near which the tumor was previously located (along the resection line, in the bed of the removed tumor, etc.). Recurrence of cervical cancer at the initial stage is practically not manifested. But later, as it progresses, the following groups of symptoms can be noted: Asthenovegetative syndrome - increased unexplained fatigue, decreased mood, decreased ability to work, development of depressive disorders, weight loss. Dyspeptic syndrome - loss of appetite, digestive disorders, nausea, vomiting, stool upset, weight loss. Pain syndrome – the appearance of pain in the lower abdomen, lower back, sacrum. The intensity of pain is insignificant at first, but may intensify in the evening or at night, or intensify after sexual intercourse. The pain most often does not radiate to other organs and is of a pulling, twisting nature.

Summary

For the effective treatment of cervical cancer relapses, a combination of different treatment methods is necessary. Surgical interventions, radiotherapy, chemotherapy and new therapeutic methods help prolong the life of patients and improve their quality. After the diagnosis of the disease, the patient must undergo surgery neoadjuvant treatment, depending on the condition, also showed effective results the annual survival rate averaged 45%, and this method of treatment. If there are small metastases, they will be removed.

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