

ANALYSIS OF THE EPIDEMIOLOGICAL SITUATION OF MORBIDITY AND MORTALITY OF CANCER OF OROPHARYNGEAL ZONE IN TASHKENT REGION

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Interest in the study of tumors of the head and neck (THN) is increasing every year, which necessitates the solution of the problems of the organization of epidemiological monitoring of this pathology. First of all, this is due to the unsatisfactory state of diagnostic and therapeutic and preventive work, in particular primary health care, from which the early diagnosis of this pathology begins. Because of the late diagnosis, a large number of patients turn to specialists directly involved in the treatment of this pathology in advanced stages, in which even the beginning of timely special therapy has sometimes unsatisfactory results. A large number of patients with THN are often referred to otorhinolaryngological, dental, surgical and other departments, losing so precious time spent on diagnosis and finding an accurate diagnosis.^[1,2,3]

The urgency of the problems of early diagnosis of diseases of the oral mucosa and oropharynx is due to the presence of territorial variability and geographical prevalence, as well as the tendency to increase. According to world statistics, oral and pharyngeal cancer is the sixth most common cancer in the world, while the authors in some countries there is a high incidence among different groups of the population, possibly due to their lifestyle. According to world experts, the annual number of cases of this pathology in the world is 275 000 cases for the oropharynx and 130 300 for the larynx, with 2/3 of cases in developing countries. It should be noted^[1,4] that there is a wide geographical spread in the

incidence of this pathology, for example, a high incidence is observed in South and South-East Asia (India, Pakistan, Sri Lanka, Taiwan), Western (France) and Eastern Europe (Hungary, Slovakia, Slovenia), Latin America and the Caribbean (Brazil, Uruguay, Puerto Rico), the Pacific region (Papua, New Guinea and Malaysia) (Fig.1, 2, 3).

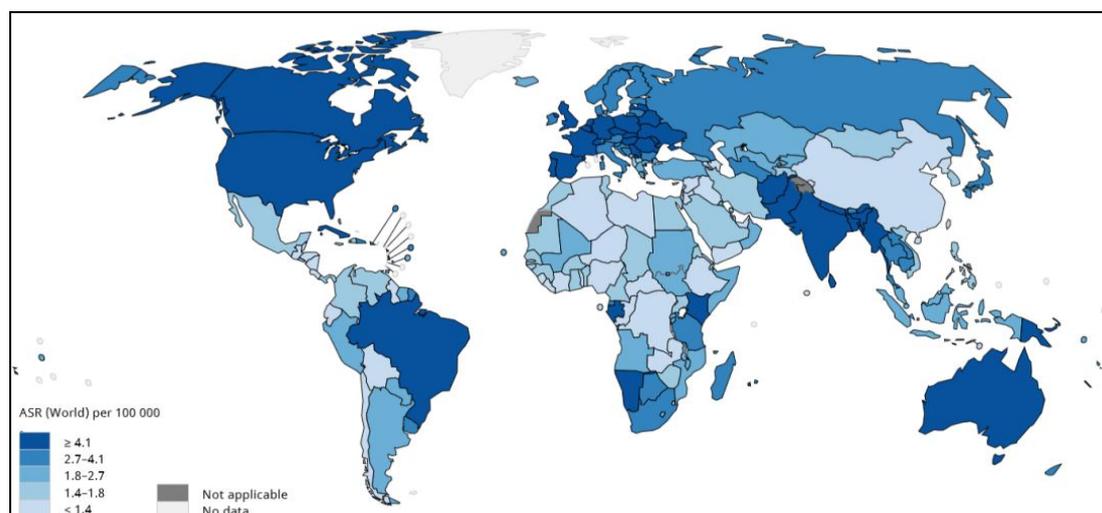


Figure 1. The incidence of malignant neoplasms of the oral cavity and pharynx in the world (standardized indicators for the world standard by age, 2018y.

Globocan data, www.gco.iarc.fr)

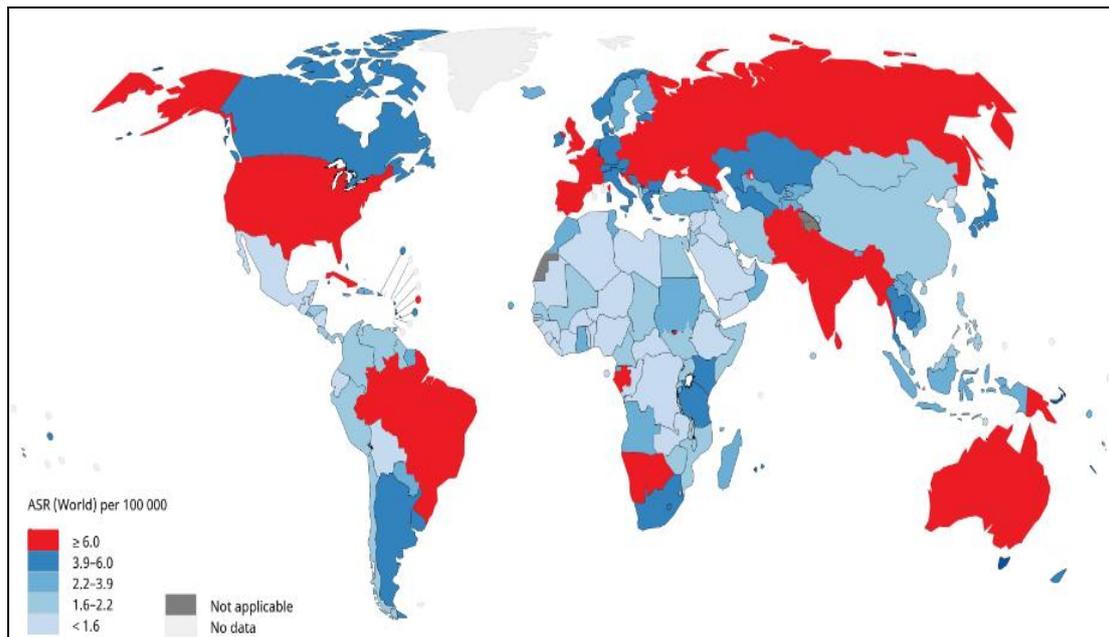


Figure 2. The incidence of malignant neoplasms of the oral cavity and pharynx in the world among men (standardized indicators for the world standard, 2018y.
Globocan data, www.gco.iarc.fr)

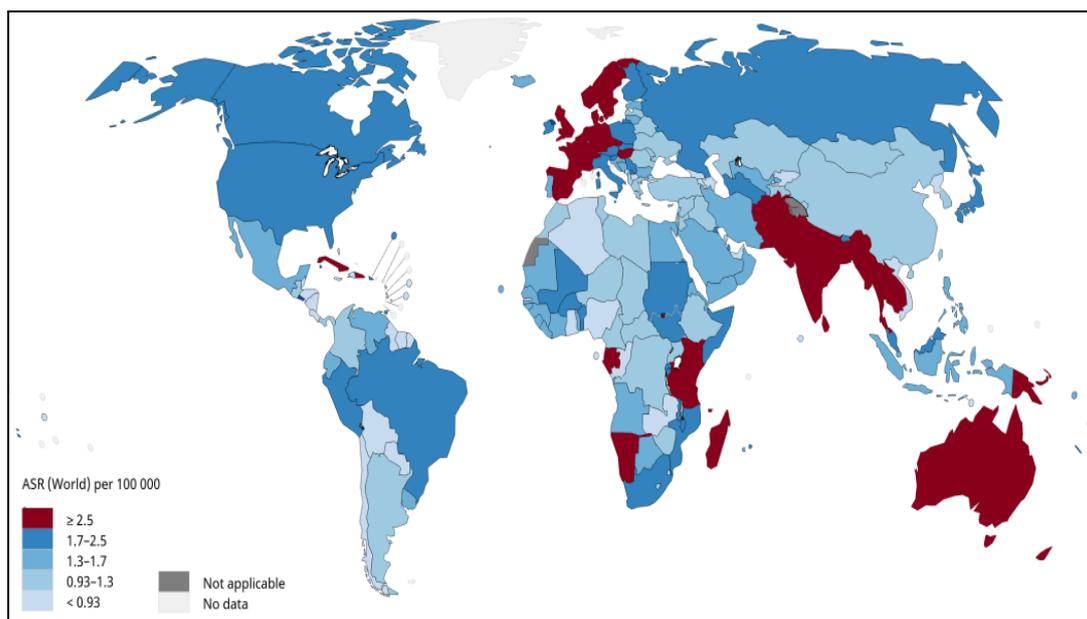


Figure 3. The incidence of malignant neoplasms of the oral cavity and pharynx in the world among women (standardized indicators for the world standard, 2018y.
Globocan data, www.gco.iarc.fr)

As can be seen from the figures presented in countries at high risk of developing the disease – Sri Lanka, India, Pakistan and Bangladesh oral cancer is most common among men. According to Globocan in the European Union, this pathology is ranked 7th, while among men, high rates of morbidity are observed in Hungary (11,8), Romania (10,3), France (9,2), and the lowest in Cyprus (2,6). The lifetime risk of oral and pharyngeal cancer in the European population is 1,0% for men and 0,32% for women. There are also territorial differences between Western Europe^[5, 6], where the incidence is higher than in

Northern and southern Europe, with the highest mortality rates in Eastern Europe (Fig. 4).

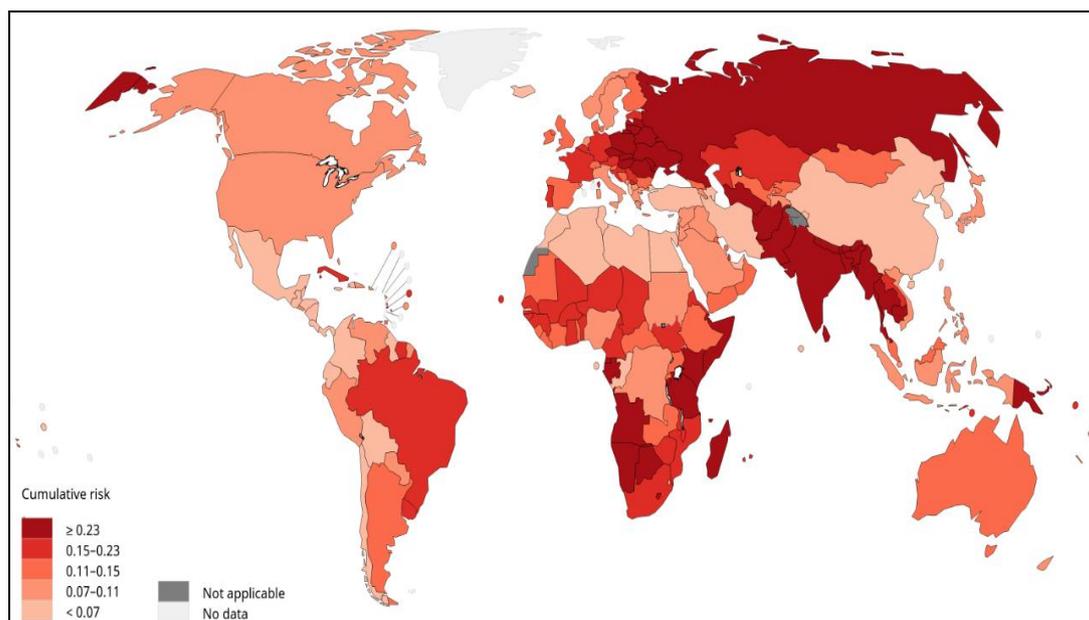


Figure 4. Mortality of malignant neoplasms of the oral cavity and pharynx in the world (standardized indicators for the world standard by age, 2018y.

Globocan data, www.gco.iarc.fr)

It should be noted another feature that this pathology is most common among young people under the age of 45 years. Disappointing remains the situation of morbidity in the US, where the absolute number of morbidity of cancer disease is recorded more than 35,000 cases per year, with the highest incidence rates among black men, particularly for oropharyngeal cancer. In South America and the Caribbean, this pathology ranks fifth among men and sixth among women. The highest rates are in Brazil (3,6), Argentina (2,3), Uruguay (2,7), with the Brazilian male population having the highest risk of oral cancer among men, after the French and Indian populations.

Due to limited data and the lack of Cancer registers in Africa, the registration of MT IS difficult, but despite this, it remains a known fact that this pathology is a serious problem on the African continent. There are literary sources which describe a high incidence of oral cancer among men in the Sudan, linking it with the use of oral snuff mixed with sodium bicarbonate.^[7, 8]

For the Asian continent, South Asia has the highest incidence of this disease in the world, with Sri Lanka (4,5), Pakistan (11,7) and India (8,4) having the highest incidence of cancer of the language, with more than 10 per 100 000 males.

Among Asian countries, the lowest rates of oral cancer are observed in the UAE (0,38), Korea (0,76), Iraq (0,96), Syria (1,0), Jordan (1,1), Israel (1,2).^[2,4,7]

The incidence of this pathology in Russia is 3,8 per 100 000 population, in men-6,7, in women-1,6, which is 4,2 times more. In Uzbekistan, the standardized incidence rate is 1,8; 2,5 for men and 1,2 per 100 000 for women.

The most common malignant tumors affects the tongue 50-60% and the mucous membrane of the bottom of the oral cavity 20-35%, extremely rare tumors of the mucous membrane of the hard palate – 1,3%. As is known, the occurrence of MT of the oral cavity and oropharynx is preceded by precancerous conditions, which include any mechanical injuries of a usually chronic nature, microtrauma occurring with an inflammatory component, as well as erosive and ulcerative lesions of the mucous membranes, papillomatosis, leukoplakia. This review presents the main statistical indicators of morbidity and mortality in the Tashkent region for lip, oral cavity and pharynx BASED on the analysis of data obtained from accounting forms 7-HM for the period from 2012 to 2016y. in comparison with the indicators of this pathology in the whole Republic of Uzbekistan.

According to the data obtained, the incidence of lip cancer in the Tashkent region during the study period was relatively low and averaged 0,3 per 100 000 population, while the national figure was 0,4. Mortality from this disease in the Tashkent region was 0,2; Republican-0,1, respectively. The incidence of oral cavity and pharynx in the Tashkent region averaged 1,0; in the Republic – 1,5; mortality-1,4; 1,3, respectively (Fig. 5, 6).

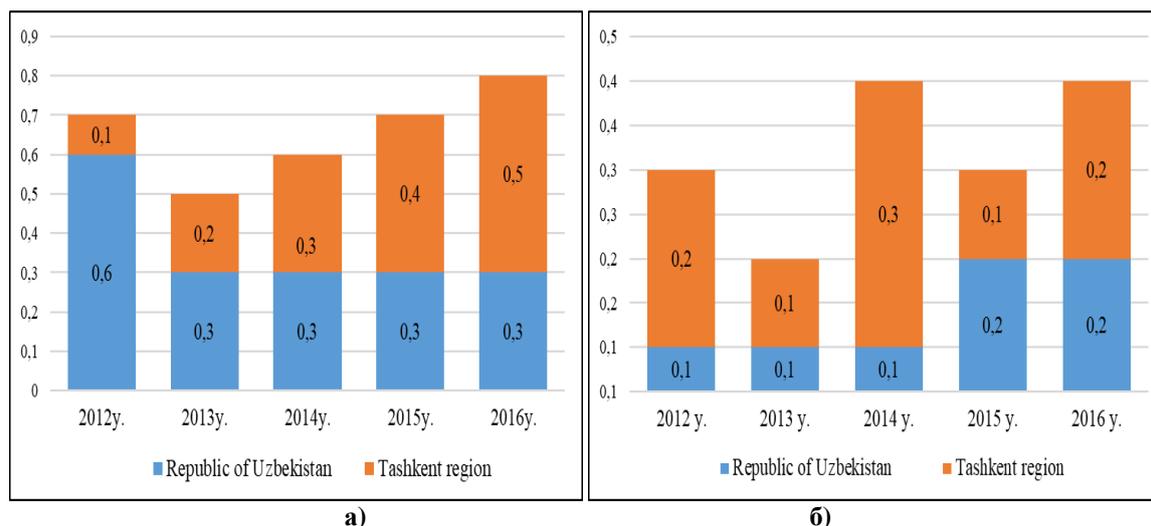


Figure 5. Indicators of morbidity (a) and mortality (b) from MT of lips in the Republic of Uzbekistan and Tashkent region for the period from 2012 to 2016y.

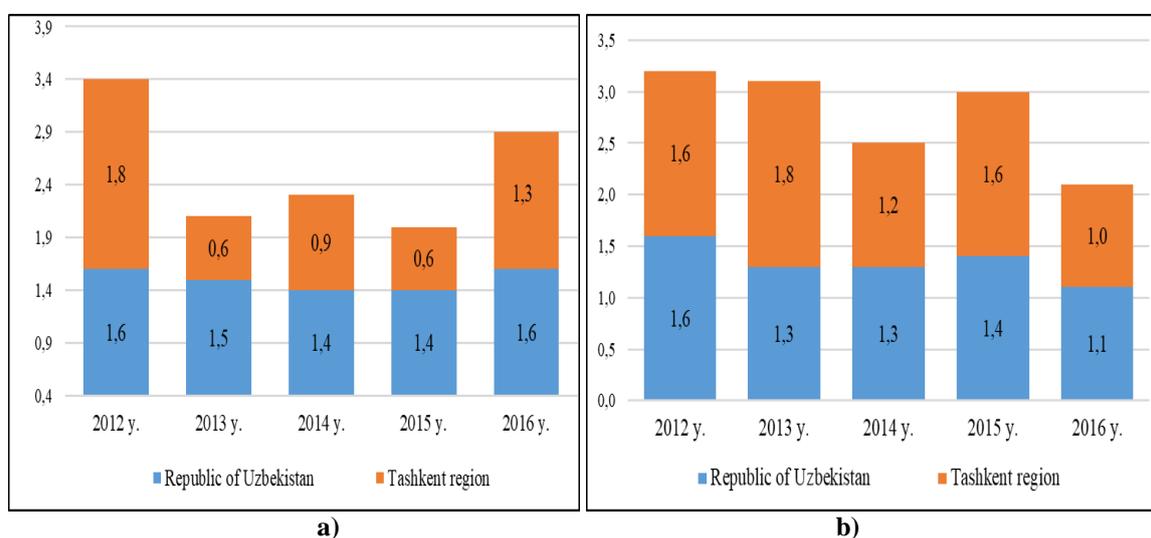


Figure 6: Morbidity (a) and mortality (b) from MT of oral and pharynx in the Republic of Uzbekistan and Tashkent region for the period from 2012 to 2016y.

As can be seen from the figures, morbidity and mortality rates both in the Republic and in the Tashkent region are quite stable and not high, i.e. there is no dynamic change in these indicators for the studied 5-year period. Perhaps this is due to the lack of a Cancer register in the Republic of Uzbekistan, while the quality of the data obtained from the accounting forms suffers, which requires its widespread distribution to the regions, followed by full functioning in the Republic. Also, one of the shortcomings of the accounting and reporting form for the registration of MT is the lack of a breakdown of nosology units of diseases of the oral cavity and pharynx by individual localizations. In statistical form, the data on the patient population are summarized in one group (other and inaccurately marked localization of the oral cavity and pharynx), which includes the following nosology codes: C01,02,07,08,09,10,11,12,13,14, that complicates the calculation of indicators separately in each nosology, although the clinical reports of these groups are quite common.

During the studied period, the indicator of morphological verification of lip, oral cavity and pharynx among patients with the first diagnosis was 90,0-92,0% in the Republic, but slightly better in the Tashkent region – 97,0-100%. Thus, low rates of morphological verifications of diagnosis of this pathology in the Republic are associated with an insufficient level of morphological diagnosis in the regions, despite the fact that this pathology is visually diagnosed and must be verified by 100% cases.

Analysis of the data on the status and diagnosis of the disease on prophylactic examinations showed that in the Republic of the average lip MT detected in 55%, oral cavity – 35,6%. These indicators in the Tashkent region amounted to – 52,2% and 43,4% respectively, which indicates a low level of cancer among primary health care workers, including dentists, who should always pay attention to the possibility of malignant growth in the diagnosis of pathology THN.

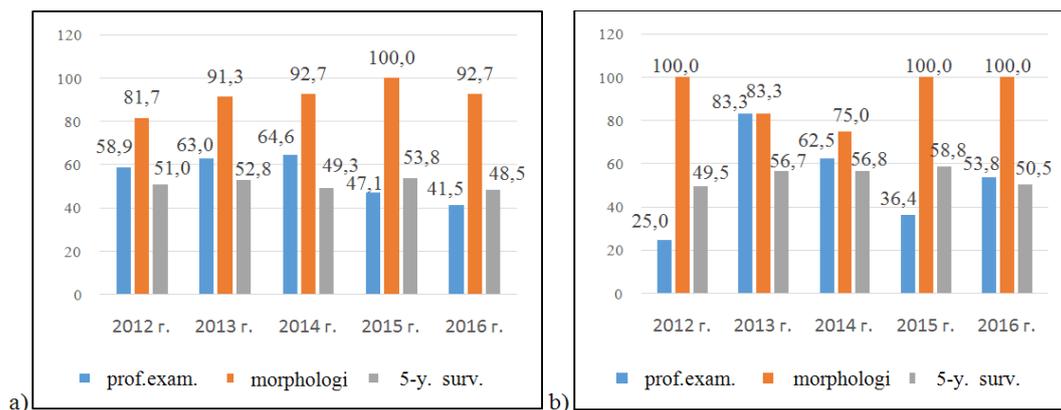


Figure 7. Indicators of professional examinations, morphological verification, 5-year survival of patients with MT of lip in Republic Uzbekistan (a) and Tashkent region (b)

Indicators of 5 – year survival in the Tashkent region in comparison with the Republican were slightly higher, so on lip cancer was 54,5%, and on the oral cavity and pharynx 43,9%, while the Republican indicators were – 51,1% and 42,3%, respectively. This is probably due to

satisfactory diagnosis and quality treatment in the framework of the Tashkent regional branch Republican Specialized Scientific and Practical Center of Oncology and Radiology Ministry of Health of the Republic of Uzbekistan (Fig. 7, 8).

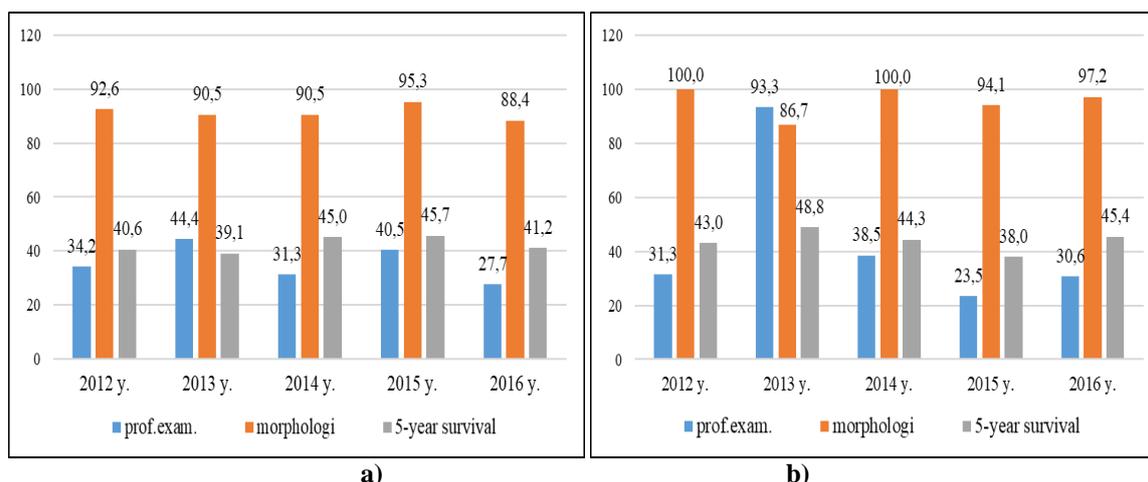


Figure 8: Indicators of professional examinations, morphological verification, 5-year survival of patients with MT of oral cavity and pharynx Republic of Uzbekistan (a) and Tashkent region (b).

The analysis first identified patients at all stages of the disease showed that MT lips on average, patients I-II stages of the Republic of Uzbekistan over the period studied amounted to 73,4%; III-senior -21,6%; IV-article – 3,4%; in the Tashkent region they totaled 86,8%; and

6,4% and 6.8%, respectively. MT of the oral cavity and pharynx by stage in the Republic of Uzbekistan was the following: I-II. – 46,3%; III-senior – 40,5%; IV-St. – 11,8%; in the Tashkent region– 47,1%, 31,8%, 21,0%, respectively (tab. 1).

Table 1: Distribution of patients with MT of lip, oral cavity and pharynx by stages of the process in Uzbekistan and Tashkent region.

Years	Republic of Uzbekistan						Tashkent region					
	lip			the oral cavity and pharynx %			lip			the oral cavity and pharynx %		
	I-II	III	IV	I-II	III	IV	I-II	III	IV	I-II	III	IV
2012	62,2	30,0	6,1	49,2	38,3	11,5	100,0	0,0	0,0	45,8	33,3	20,8
2013	78,3	18,5	2,2	53,0	36,3	10,1	83,3	16,7	0,0	53,3	26,7	20,0
2014	74,4	23,2	2,4	36,3	50,6	14,1	75,0	0,0	25,0	30,8	42,3	26,9
2015	80,0	12,9	1,2	47,2	39,0	13,8	90,9	0,0	9,1	52,9	23,5	23,5
2016	72,0	23,2	4,9	45,6	38,1	9,7	84,6	15,4	0,0	52,8	33,3	13,9
medium	73,4	21,6	3,4	46,3	40,5	11,8	86,8	6,4	6,8	47,1	31,8	21,0

As can be seen from the table, the staging of patients in the accounting-reporting form is not satisfactory enough, since there is a high percentage of patients in stage I-II and low stage III-IV, which does not quite correspond to the existing situation and requires correction and organization of proper registration of patients in the field.

Thus, the analysis of the data obtained from the existing accounting and reporting forms shows the need for a more in-depth study of the epidemiological situation that currently exists in the MT of the lip, oral cavity and pharynx. It is necessary to study the standardized indicators of morbidity and mortality with the possibility of their subsequent comparative analysis and the calculation of predictive indicators. Epidemiological monitoring data are necessary first of all for an objective assessment of the current situation on the quality of the organization of cancer control, which can be obtained on the basis of the analysis of dynamic indicators and their standardization.

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