



## Prevalence and Epidemiology of Pancreas in Bukhara Region

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ABSTRACT

This article provides information on the prevalence and epidemiology of pancreas cancer in the Bukhara region. The data was taken on the contingent of patients with malignant neoplasms of the pancreas registered in oncological institutions of the Bukhara region in 2021.

**Keywords:**

malignant neoplasms, pancreas, cancer, epidemiology.

**Relevance.** Pancreatic cancer - this is a malignant tumor that develops from the epithelial tissue of various parts of the pancreas. Prevails pancreatic cancer localized in its head (63.8%), the body (23.1%) and tail (7.1%) of the pancreas are less commonly affected [Buchler M.W., Uhl W., Malfertheiner P., Sarr M.G., 2004]. Histologically, pancreatic cancer most often (80%) is an adenocarcinoma that has developed from the ductal epithelium, with varying degrees of cellular differentiation; less common acinar cell pancreatic cancer, localized mainly in the body and tail of the pancreas [Adsay N.Y., Basturk O., Cheng J.D. et al., 2005].

According to GLOBOCAN (2020), pancreatic cancer (PC) is in 15th place among oncopathology in terms of incidence - 4.9 cases per 100,000 population. Most cases of prostate cancer are registered in China, the USA, Japan, Germany and Russia. The risk of getting PC is 1 out of 64 inhabitants of the country. The incidence of pancreatic cancer (PC) is high in developed countries and low in most countries in Africa and Asia, except for Japan. The highest rates were registered among African-Americans in the USA (men - 13, women - 9) and the Czech Republic (men - 11, women - 7). In Russia, the incidence of pancreatic cancer is also very high (St. Petersburg: men - 11, women - 6). Due to the

extremely unfavorable prognosis of this disease (5-year survival in developed countries does not exceed 3-4%), mortality rates practically do not differ from morbidity rates and have the same geographical distribution as morbidity. Until the end of the 70s. 20th century there was a pronounced increase in morbidity and mortality, but later in developed countries these figures stabilized. Pancreatic cancer often develops against the background of chronic pancreatitis and diabetes. Smoking is also one of the main causes of pancreatic cancer. Evidence for a causal relationship between smoking and pancreatic cancer comes from more than 10 prospective cohort studies and dozens of retrospective case-control studies. The RR for pancreatic cancer in smokers is 2-3 times higher, increases with smoking intensity (i.e., duration of smoking and number of cigarettes smoked per day) and can reach 6-8. About 30% of all cancers of this organ are associated with smoking. After quitting smoking, the risk of developing pancreatic cancer decreases and after a few years reaches the level of risk in non-smokers. Smoking pipes and cigars also increases the risk of pancreatic cancer. Nutritional habits also affect the risk of pancreatic cancer. A diet rich in animal products, meat and oil has been shown to

increase, and a diet rich in fiber has been shown to reduce risk. In addition, the occurrence of cancer in the pancreas is associated with heterocyclic amines, which are formed on the surface of meat and fish during frying. The incidence of pancreatic cancer is higher in miners, sawmill workers, chemical, petrochemical, metallurgical and rubber industries. The risk of pancreatic cancer is increased in workers exposed to various solvents, naphthylamine, benzidine and polychlorinated biphenyls. In some cases, pancreatic cancer may be a component of rare hereditary familial cancer syndromes, such as, for example, Li-Fraumeni and Lynch syndromes (non-polyposis colon cancer). Features of pancreatic cancer are long-term hidden current; nonspecificity of late manifesting clinical symptoms mimicking chronic pancreatitis (CP); early appearance stages of the tumor process of distant metastases; tendency to multicentric tumor growth; low sensitivity to chemoradiotherapy; limited possibilities of morphological diagnostics (biopsy).

According to Professor M.N. Tillyashaykhova, in the Republic of Uzbekistan at the end of 2021, 113168 (in 2020 - 107196) patients were registered in oncological institutions, i.e. 0.3% of the country's population. In 2021, 45111 (39.9%) patients with MN were registered in the dispensary for 5 years or more (in 2020 - 39.4%). By regions, this indicator varied from 18.9% in the Republic of Karakalpakstan to 51.6% in the Bukhara region. In the Republic of Uzbekistan, 1110 cases (3.2 per 100,000 population) of malignant neoplasms of the pancreas were diagnosed in 2021.

**Information on the contingent of patients with malignant neoplasms of the pancreas registered in oncological institutions of the Bukhara region in 2021**

Abs. number of detected cases	Per 100,000 population	Actively detected (%)	Diagnosis confirmed morphologically (%)	1-year mortality (%)
34	1,7	0,0	26,5	73,2

**Distribution by disease stages (%)**

I	II	III	IV	Registered at the end of the year (total)		
				Absolute number	Per 100,000 population	Of which 5 years or more (%)
0,0	5,9	32,4	61,8	55	2,8	29,1

**Information about patients who died from malignant neoplasms of the pancreas in the Bukhara region in 2021**

Absolute number	men	women	Total	Rate per 100,000 population
	15	8	23	1,2

**Oncological incidence of the pancreas in the population of the Republic of Uzbekistan for 2015-2021 (per 100,000 population)**

	years						
	2015	2016	2017	2018	2019	2020	2021
<b>Total MN</b>	-	1,7	1,8	1,6	1,7	1,8	1,6

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