Epidemiology of malignant neoplasms of the oral cavity and pharynx in the territory of the Chelyabinsk region

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The Chelyabinsk region is a classic example of the technologically-saturated region. The index of pollution of atmospheric air is estimated as high. The Chelyabinsk region is among the areas of increased cancer risk. The incidence of head and neck cancer is steadily increasing, accounting for 20–25% of all cancer cases in Russia. Oropharyngeal cancer makes up 5.1% of all cancers.

Materials and methods: The object of the study was the population of the Chelyabinsk region. The analysis was conducted according to the materials of the annual reports of the statistics department of the Chelyabinsk district oncology dispensary.

Results: Out of the total cancer cases for the population of Chelyabinsk region in 2014, oro-pharyngeal cancer comprised 2.06%, including cancers of the lip (0.35%), tongue (0.47%), major salivary glands (0.22%), other unspecified parts of the mouth (0.52%), oropharynx (0.33%), nasopharynx (0.1%) and hypopharynx (0.07%). From 2008 to 2014, the incidence of oral and pharyngeal cancer among adult population of Chelyabinsk city and Chelyabinsk region showed an 8.8% increase. In the period from 2011 to 2014, the incidence of oral and pharyngeal cancer tended to increase, the overall rise being 71.8%. It should be noted that the oral and pharyngeal cancer incidence was 3 times higher in males than in females in 2013 and 2 times higher in 2014. One of the main indicators that determine the prognosis for the development of cancer, is the extent of tumor at time of diagnosis.

Out of the total cancer cases for the population of Chelyabinsk region in 2014, cancer of the oral cavity comprised 1.33%, pharyngeal cancer 0.6%, lip cancer 0.13%, ranking the 17th, 19th and 24th place respectively among the causes of death from all cancers. Analyzing the dynamics of mortality from cancer of the oral cavity and pharynx during the study period, it was revealed that the mortality rate increased by 0.7%.

Conclusion: Head and neck tumors are a rare group of clinically and biologically diverse neoplastic diseases. Among the residents of the Chelyabinsk region, men are 2–3 times more susceptible to cancer of the oral cavity and pharynx than women. High mortality rate is due to late referral of patients to specialized clinics; most head and neck cancer patients are diagnosed at advanced stages.

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Biochemical markers and clinical symptoms in pancreatic cancer patients

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Background: To evaluate the clinical symptoms in pancreatic cancer patients (PCa) and compare some biochemical blood serum parameters in patients with different pathology of the pancreas (PCa, acute (OP) and chronic pancreatitis (CP)).

Materials and methods: During a one-time clinical research on the type of “series of cases” 130 patients were examined (42 patients with OP, 81 – CP and 7 patients with PCa). The diagnosis of PCa, OP, CP was verified by clinical and instrumental methods. Glucose, cholesterol, triglyceride and bilirubin serum levels were determined by ELISA.

Results: The mean age of patients with PCa was 63.6 ± 4.9 years, morbidity duration of PCa – 3.5 ± 1.1 months. Among patients with PCa, 83.3% of people – smoked, 16.7% – smoked every day. Half of the respondents PCa patients noted that over the last year they did not drink alcohol; 16.7% of people – drank alcohol several times a year, and 33.3% of patients consumed alcohol 1–2 times a month. BMI of PCa patients was equal to 26.3 ± 3.5 kg/m², OP patients – 23.8 ± 1.0 kg/m², CP patients – 26.3 ± 0.6 kg/m², p > 0.05. In this case, 85.7% of PCa patients noted a significant decrease in body weight (11.7 ± 6.0 kg) for 3–4 months after the onset of symptoms. There was no pain in 42.8% of PCa patients, and frequent pain noted only in 28.6% of persons. Among CP patients, frequent and persistent pain noted in 65.5% of patients and among OP patients in 48.6% of cases. All PCa patients experienced pain in the right upper quadrant. Pain was of low intensity in 75% of cases and moderate in 25% of cases. Elimination of pain was observed in half of the PCa patients, and 1/4 of patients continued to experience pain. Episodes of nausea and vomiting noted in 25% of PCa patients. Bloating feeling in the stomach and overflow were noted in 42.8% of the all surveyed PCa persons. The level of glucose in PCa patients exceeded the normal limits and was significantly higher compared to that in OP and CP patients (8.5 ± 1.4 mmol/L, 5.4 ± 0.3 and 5.1 ± 0.1 mmol/L, respectively, p < 0.05). Hyperbilirubinemia was detected in PCa patients – 89.9 ± 27.5 μmol/L, in OP and CP patients bilirubin levels were 32.2 ± 11.0 and 13.4 ± 1.8 μmol/L, respectively, which were significantly lower than those in patients with PCa, p < 0.05. Triglyceride levels did not differ in patients with different pancreas diseases (PCa – 1.7 ± 0.3, CP – 1.86 ± 0.1 and OP – 1.88 ± 0.11 mmol/L, p > 0.05). However, the total cholesterol in CP patients was significantly higher than that in PCa and OP patients (5.8 ± 0.1, 5.0 ± 0.6 and 4.1 ± 0.2 mmol/L, p < 0.05). In PCa patients, the elevated levels of some markers of cholestasis and hepatocyte injury were also found: ALP – 185.0 ± 12.7 IU/L, ALT – 108.4 ± 33.5 IU/L, AST – 85.3 ± 31.5 IU/L, amylase – 44.9 ± 14.9 IU/L, fibrinogen – 2696.6 ± 398.6 g/L.

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