SECOND PRIMARY OVARIAN CANCER AFTER FIRST PRIMARY BREAST CANCER

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Background: Breast cancer is the most commonly diagnosed cancer after nonmelanoma skin cancer, and it is the second leading cause of cancer deaths after lung cancer and ovarian cancer is the fifth most deadly cancer in women. Breast and ovarian cancer are features of several hereditary syndromes. Metachronous cancer (multiple primary tumors developing at intervals) will appear more commonly as cancer patients live longer lives. Although ovarian cancer management is well established, less is known of ovarian cancer trends among survivors of breast cancer. Therefore, we examined second primary ovarian cancers after first primary breast cancer during the period of observation In order to ensure that ovarian cancer patients access appropriate treatment to improve the outcome of this disease, accurate analysis of prior cancer disease is essential.

Objectives: The relationship between the occurrence of breast and ovarian cancer in patients, there treatment, time span between the occurrence of diseases and stages .

Subjects and Methods: The medical records of 68 patients with a history of breast and ovarian cancer, who had been operated on primary cancer between 1994 and 2014 in Grodno Regional Clinical Hospital, were reviewed retrospectively.

Results: 68 patients were divided in 3 groups according to first and second diagnose respectively : A) primary breast cancer and second primary ovarian cancer patients from 35 to 77 years old Forty-seven patients (69%), B) primary ovarian cancer and second primary breast cancer - from 38 to 69 years old sixteen patients (24%), C) primary breast cancer and breast cancer + second primary ovarian cancer women from 39 to 47 years old Five patients(7%). The mean age for the first diagnose in every group was same that is 50 years. So the median age of primary breast and primary ovarian cancer is the same - 50 years. The mean age for the second diagnose was different: for second breast cancer 53 years and for second ovarian cancer was 55 years. We've analyzed the protocols of treatment for 1st diagnosed primary breast cancer. Surgery treatment for primary breast cancer had 48 out of 52 patients. Patients undergo mastectomy with 37 on chemotherapy with 25 on radiotherapy combination. In 3 cases only radiotherapy was administrated. 3 patients disagree from treatment. According to International Federation of Gynecology and Obstetrics (FIGO) stages: stage I 13 patients, Stage II 7 patients, Stage III 32 patients. Treatment of second ovarian cancer: 42 of 47 patients undergo surgery, with 47 having chemotherapy. According to International Federation of Gynecology and Obstetrics (FIGO) stages: Stage I 9 patients, Stage II 2 patients, stage III 32 patients and stage IV 4 patients.

Conclusion: Patients with lower stage of primary breast cancer further developed the second primary ovarian cancer and they are 69 % of all patients with primary metachronous breast and ovarian cancer. Furthermore, the average interval between first and second cancers is substantial, and suggests opportunities for in-

terventions (prevention and screening) that might reduce the burden of sequence two and higher cancers.

CARDIOVASCULAR DISEASES AND ASSOCIATED RISK FACTORS

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INTRODUCTION. Cardiovascular disease is a broad term for a range of diseases affecting the heart and blood vessels. A substantial amount of the literature on this subject is centred on sex differences in clinical aspects of ischemic heart desease (IHD). Many reports have documented sex-related differences in presentation, risk profiles, and outcomes among patients with IHD, particularly acute myocardial infarction. Such differences have often been attributed to inequalities between men and women in the referral and treatment of IHD, but data are insufficient to support this assessment [1].

THE AIM. To know which risk factors are more important in cardiac patients and what should be done in order to prevent the complication of disease. In order to design and employ effective preventive and control strategies against the disease, it is necessary to identify the risk factors of the disease prevailing in the country to have targeted approach. This study was conducted to determine the risk factors associated with IHD in admitted patients .

METHODOLGY. This cross-sectional descriptive study was carried out during the September 2014 at hospital №3 in Grodno, including 15 patients . Patients were selected through convenience sampling, admitted in medical wards with IHD and complications.

RESULTS

parameters	male	female
Number of patients	40%	60%
high cholesterol	100%	100%
patients treated with statins and which statins	33% Atorvastatin	0% --
values of cholesterol	4.1 (avg)	5,5 (avg)
patients with diabetes values of glucouse	33% 14.6 (avg)	23% 6.25 (avg)
Patients with renal disease Type of renal disease	67 % with renal disease Chronic pyelonephritis 75% Renal cyst 75% Renal stone 25%	44 % with renal disease Chronic pyelonephritis 100% Diabetic nephropathy 25% Cyst of kidney 50%
Patients with atrial fibrillation treatment of atrial fibrillation,	83% Amiodarone 22% Metaprolol 22% Digoxin 40%	80% Amiodarone 86% Metaprolol 15% Digoxin 15 %
patients with hypertension degree of hypertension, how they treated	66 % AH 2 Risk 4 – 50% AH 3 Risk 4 – 50% 1 antihypertensive = 18% 2 antihypertensive = 35%	100 % AH 2 Risk 4 – 78% AH 3 Risk 4 – 22% 1 antihypertensive = 56% 2 antihypertensive = 22%
Patients with Antitrombotic therapy	Aspirin 50% Warfarin 35%	Aspirin 90% Warfarin 12%
TAKING: Beta-blockers, ACE inhibitors,	50% 34%	45% 67%