

was multiple organ failure, surgeons need to take into account concomitant pathology and correct violations of the function of various body systems even in the preoperative period.

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AN EPIDEMIOLOGICAL STUDY ASSESSING THE SURVIVAL RATES OF SKIN MELANOMA PATIENTS

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Relevance. Skin melanoma is a type of malignant cancer affecting melanocytes found in the upper layer of the skin due to excess exposure of unprotected ultraviolet rays. Mutations in the DNA of these cells lead to uncontrolled rapid propagation[1]. This type of skin cancer is responsible for 4% of skin cancers and 80% of all skin cancer deaths. In addition to its primary cause the occurrence of melanoma is observed to be multifactorial which includes the Caucasoid race, gender, age, family history etc. [2] A sound understanding about such factors enables an early detection rendering its treatment to be faster and more effective.

Object. To investigate how main prognostic factors affect the mean 6-month, 1-year and 5-year survival rates of patients treated for skin melanoma.

Research methods. Data of 577 patients from the Grodno University Clinic database, within the time interval from 2018 to 2023 were taken. The data was then filtered, to exclude patients who were diagnosed with other comorbidities, those who died due to other diseases and patients with insufficient data. Out of these collected data age, gender, type of melanoma and the primary location of lesion in accordance with ICD-10 were factors taken into consideration in determining the impact on the 6-month, 1-year and 5-year survival rates. Further, each risk factor was analysed in order to ascertain the prognosis of disease.

Results and discussion. After taking the exclusion criteria in to consideration, 352 patients were selected. The 6-month survival rate among males was 95% and 96% among females. [Table 1]. The survival rate in 1 year has dropped to 87%

among the males and 92% among the females. By 5 years the survival rate had further decreased to 25% among males and 55% among females.

Additionally, the survival rates were observed to decrease with increasing age, with the highest 1-year survival rate among the 15 to 24 years age group (100%) and the lowest 6-month survival rate among the patients more than 75 years of age (68%). The correlation of patient survival rate after the age of 65 against time is shown to decline drastically.

According to ICD10, patients with a primary focus of C43.8 (overlapping malignant melanoma of skin) showed the lowest 6-month rate of 75%, 1-year rate of 25% and 5-year rate of 0%. Moreover, primary foci on face, head and neck (C43.2, C43.3, C43.4) showed deteriorating outcomes with 0% survivals by 5 years. Primary foci in the trunk (C43.5) showed better survival whilst primary foci in extremities (C43.6 and C43.7) showed the best survival.

In accordance with the histological type of melanoma, the superficial spreading melanoma has shown to be 100% in 6-months, 1-year and 5-year survival rates. The Nodular and Lentigo Maligna types have displayed good survival rates up to one year with 93% and 83% respectively.

[Table 1]

SURVIVAL RATES BY AGE (%)			
<i>Age range</i>	6-month	1-year	5-year
15-24	100	100	60
25-34	97	96	77
35-44	97	97	60
45-54	97	89	54
55-64	98	93	41
65-75	99	68	25
75<	80	87	13
SURVIVAL RATES BY TYPE OF MELANOMA (%)			
<i>Type of melanoma</i>	6-month	1-year	5-year
Nodular	97	93	28
Superficial spreading	100	100	100
Lentigo maligna	93	86	52
Acral lentiginous	100	100	0
Spindle cell	100	88	0
Epithelioid cell	100	100	0
Spitz	0	0	0
SURVIVAL RATES BY GENDER (%)			
<i>Gender</i>	6-month	1-year	5-year
Male	94	87	25
Female	96	92	52
SURVIVAL RATES BY ICD 10 CRITERIA (%)			
<i>ICD 10 criteria</i>	6-month	1-year	5-year
C43.2	100	83	0

C43.3	91	86	36
C43.4	100	100	0
C43.5	98	96	44
C43.6	98	93	55
C43.7	95	89	50
C43.8	75	25	0
C43.9	85	69	10

Conclusions. Upon evaluation, the following factors presented multifarious results in the 6-month, 1-year and 5-year survival rates. The prevalence of survival rates of the female gender over the male gender (2:1) further confirms the male sex to be a risk factor of melanoma. Due to the poor prognosis and results of patients, it is possible to confirm that overlapping malignant melanoma of skin possesses the greatest risk amongst the different types of melanomas. Furthermore, it is equitable to state that the superficial spreading melanoma has shown the best survival in the 6-month, 1-year and 5-year survival rates.

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RETROSPECTIVE COMPARISON OF DRUG EFFICACY IN VEMURAFENIB+COBIMETINIB VS DABRAFENIB+TRAMETINIB AS TARGETED THERAPY OF ADVANCED MELANOMA USING RECIST 1.1 AND SURVIVAL RATES

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Relevance. Advanced melanomas are often distinguished as pernicious owing to its fast-spreading nature alongside its resistance to standard chemotherapy, immunotherapy, radiotherapy and surgical therapy. Melanomas are a fatal type of skin cancer responsible for 4% of all skin cancers and 80% of all skin cancer deaths predominant amongst the caucasoid race. Modern targeted therapy has proven to be a