

according severe indications. In the result all newborns of the studied patients were healthy.

ЛІТЕРАТУРА

1. Hiralal Konar, DC Dutta's textbook of obstetrics / Hiralal Konar // ninth edition. – India. – 2021. – 662 p.
2. Kevin. P. Hanratty, Obstetrics illustrated /Kevin. P. Hanratty // seventh edition. – UK. – 2009. – 448 p.

USING BEVACIZUMAB IN MANAGEMENT OF OVARIAN CANCER

Segarajasingam Akshayan, Rosa Sellappulige Sadul
Visvajith, Rupasinghe Dulki Semini

Grodno state medical university

Научный руководитель: Лагун Ю. Я.

Introduction. Ovarian cancer (OC) derived from the epithelium of the reproductive tract, fallopian tube cancer and primary peritoneal carcinoma. Eastern Europe stands with the highest incidence 11 ASR per 100000 and a mortality 6 ASR per 100000 according to WHO 2022 GLOBOCAN reports. Bevacizumab is used as a target therapy (TT) in combination with other chemotherapy drugs to treat OC of different stages. It targets a cancer cell protein – vascular endothelial growth factor and blocks it so the blood vessels to cancer are starved and can't grow [1].

Aim of the study. To assess the first progression (FP), compliance and efficacy of Bevacizumab when used as target therapy with standard chemotherapy (SCT), analysis of OC patients using Bevacizumab.

Materials and methods. Data of patients with OC was taken from Grodno University Clinic database. A total of 41 patients were discovered who have started Bevacizumab and have been continuing their previous chemotherapy regime from 2018 to 2024. Their chemotherapy reports, instrumental diagnostic methods such as CT, MRI, Ultrasound, histological and laboratory reports were reviewed and analyzed. Using the extracted data, the time for the FP to appear was calculated for SCT and Bevacizumab. Average chemotherapy cycles were calculated for the FP to occur.

Results and discussion. The standard management for ovarian cancer begins with cytoreduction surgery then followed by SCT. If there is no improvement in treatment and the cancer shows resistance, target therapy with Bevacizumab is indicated.

19 patients (46,34%) had been diagnosed before age of menopause and 22 patients (53,67%) in menopause. Average age of diagnosis was 49,29 years. Out of 41 patients 6 patients are dead (14,63%), and the rest are continuing treatment.

Taking into account the total course of disease, the common site of metastasis in patients were seen in the peritoneum. 15 (36,58%) developed peritoneal carcinomatosis, 12 patients (29,26%) were recorded ascites, 13 (31,70%) had metastatic foci in the liver. 2 (4,87%) lung and pleural metastasis, 2 (4,87%) bones and 1 (2,43%) brain can be considered as less frequent foci metastasis. Retroperitoneal, pelvic, inguinal-iliac and supraclavicular were the most repeated lymph nodes. Elevated oncomarkers CA-125, HE-4 were found out during the FP after SCT and Bevacizumab.

Cytoreduction was done on the tumor in all patients, following the diagnosis of the cancer primarily except in 2 – (4,87%), 2 (2,43%) had optimal interval cytoreduction. 7 (17,07%) patients had secondary cytoreduction during treatment. 2 (4,87%) underwent radiotherapy on the metastatic foci and 1 (2,43%) underwent radiotherapy before primary cytoreduction surgery.

In the SCT course of most of the patients, in 23 (56,09%) Carboplatin and Paclitaxel were included, and 10 (24,39%) continued their treatment with Carboplatin and Paclitaxel in the 1 course of Bevacizumab chemotherapy cycles. Most used combined drug with Bevacizumab was Gemcitabin in 14(34,14%). Irinotecan, Doxorubicin, Docetaxel, Cisplatin also had been given to the patients in combination with Bevacizumab. In 2 (2,43%) had an allergy reaction to Carboplatin. Most common noted side effects were nausea and vomiting.

During diagnosis Stage 3 (60,97%), Stage 4 (21,95%), Stage 2 (9,75%) and Stage 1 (7,31%) severity of cancer was detected. Most common histological type was serous adenocarcinoma. Grading of cancer: G3 – 53,65%, G2 – 41,46 %), G1 – 4,87%.

Average number of SCT cycles before FP is 5,42 courses and for Bevacizumab is 5.78 courses. When comparing the duration of FP of cancer 24 patients (58,53%) had a longer time period for FP when using Bevacizumab, 13 patients (31,70%) had a longer time period for FP when using SCT, 4 patients (9,75%) had an equal amount for time during FP. Median time for FP in SCT is 12,21 months and 9 months in Bevacizumab. 16 Patients never had a FP when using Bevacizumab, their median duration up to date is 12,68 months.

Conclusion. Bevacizumab is effective as target therapy for OC in different stages. It prolongs time for FP of metastasis and stabilizes further progression.

ЛИТЕРАТУРА

1. Real-world study of bevacizumab treatment in patients with ovarian cancer: a Chinese single-institution study of 155 patients / N. Zhang [et al] // *BMC Women's Health* 23 – 178 (2023).