

program [2]. Statistical analysis was performed using STATISTICA 10.0 (SNAXAR207F394425FA-Q).

Results. Almost all CRC (90.9%) were located in the distal site. In 29 patients it was verified Grade 1 adenocarcinoma (52.7%) and 26 –Grade 2 (47.3%). In 39 cases (70.90%) was T3, in 14 cases (25.45%) - T2, 1 patient - T1, and 1 patient - T4. At the time of diagnosis in 32 patients metastases were found in the regional lymph nodes (58.2%), in 6 patients (10.9%) - hematogenous metastases. On average, the tumor recurred after 2.46 years (1.90-3.69). Overall survival (January 2016) was 6.2 years (3.5-12.5). Adjusted progression-free survival was 3.1 years (2.2-4.3).

We evaluated the expression of Erk2 in the parenchyma and stroma of CRC, as well as the edges of the incision. No significant differences of Erk2 expression in tumor tissue ($p = 0.4$) or in the edges of the operating sections ($p = 0.86$) adjusted depending on disease-free survival is not detected.

Conclusion. Further research of ERK2 expression should be carried out in conjunction with other markers of angiogenesis, as the self-antigen can not be used for the prediction of CRC.

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THE SPATIAL DISTRIBUTION OF SUICIDES IN EUROPE

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Introduction: The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIX century. That social and spatial phenomenon was continuous through the XX century, either its theoretical interpretation posed a serious problem for contemporary scholars (3-4).

Aims: The present study aims to assess the continuation of this phenomenon in XXI century.

Methods: To explore this phenomenon suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern the data sets were subjected to Spearman's rank order correlation analysis.

Results: The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ($rs = 0.91, 0.81, \text{ and } 0.80$, respectively, $p < .001$). The national suicide death indices show the significant positive correlation over the studied period, what means the

definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus the fixed gradient in suicide distribution with the growing to the north and north-east of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.

Conclusions: The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.

Literature

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AFFORDABILITY OF CIGARETTES AND SMOKING PREVALENCE

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Background: Cigarettes smoking is the leading cause of chronic diseases, disability and mortality around the world [1]. A large body of research evidence suggests the negative relationship between cigarette prices and smoking prevalence [2]. Furthermore, young adults appeared to be more responsive to increases in cigarette prices [1]. The prevalence of smoking in Belarus is among the highest in the world. During the recent five years, the Belarusian government has adopted a comprehensive range of measures designed to reduce tobacco-related burden. **Objective:** The aim of this paper was to estimate the relationship between tobacco excise taxes, real cigarette prices, cigarettes consumption per capita and smoking prevalence rates in Belarus.

Methods: Trends in tobacco excise taxes, real cigarette prices, cigarettes consumption per capita and smoking prevalence rates between 2010 and 2015 were compared.