

itivity MMP-2 levels in the tumor parenchyma with adjusted disease-free survival ($r = 0,32$, $p = 0.048$). The tendency of lower MMP-2 expression in tumor parenchyma of patients with survival less than 3 years, compared with survival for more than 3 years (0.01 (0,004-0,026) and 0.03 (0.01-0.05), respectively ($p = 0.07$)). No statistically significant differences in the studied antigen positivity at the edges of the incision, depending on the adjusted disease-free survival were found ($p > 0.05$).

Conclusions. Expression of MMP-2 in the tumor parenchyma can be used for prediction of three-year adjusted disease-free survival in patients with colorectal cancer.

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THE EXPRESSION LEVEL OF METALLOPROTEINASE-9 IN THE LOW-GRADE COLON CANCER

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Introduction. There are few scientific papers devoted to the identification of prognostic significance of the determination of MMP-9 in low-grade colon cancer, but even in the existing results, there are some differences [1,2].

Purpose. Assess the expression of MMP-9 in the low-grade colon cancers for prediction adjusted disease-free survival of patients.

Materials and methods. The operating material of 55 patients (20 men and 35 women) aged 37.3 to 82.8 years (63.43 (56,9-69,5)) with histologically verified low-grade colon cancer (G1-2) was investigated. The study was performed on paraffin sections, 3-4 microns thick, stained with hematoxylin and eosin, immunohistochemical - performed using antibody to MMP9 (A0150) by standard methods. Quantitation of the level of expression was performed using the program Aperio Image Scope [3]. Statistical analysis was performed using STATISTICA 10.0 (SNAX-AR207F394425FA-Q).

Results. Almost all cancers (90.9%) were located in the distal. Adenocarcinoma G1 has been verified in 29 cases (52.7%) and 26 - G2 (47,3%). In 39 cases (70.90%) cancer sprouted entire thickness of the bowel (T3), in 14 cases (25.45%) - muscle (T2), 1 patient - submucosa (T1), and 1 patient had a tumor sprouted visceral peritoneum (T4). At the time of diagnosis in 32 patients metastases were found in the regional lymph nodes (N1-2 - 32 (58.2%)). Hematogenous metastases were diagnosed in 6 patients (10.9%). In 20 patients (36.42%) with time having relapses, with 6 of them during the first two years after surgery, and 13 for five years. 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). The most accurate indicator reflecting essentially a cure for cancer is adjusted progression-free survival. In its calculation of the patients who died of the underlying disease, as well as those patients who during his lifetime were diagnosed locoregional recurrence or distant metastases are counted as dead - on relapse diagnosis time and / or metastasis, or death [4]. Adjusted disease-free survival was 3.1 years (2,2-4,3).

We assessed the expression of MMP-9 in the tumors parenchyma and stroma, but also in the epithelium and stroma incision edges. Statistically significant differences in the expression of the

markers or tumor tissue ($P = 0.55$) or in the edges of the operating sections ($p = 0.62$) were found adjusted depending on disease-free survival.

Conclusions. The level of MMP-9 can't be used as an independent predictor of survival in patients with low-grade colon tumors.

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PRIMARY HEALTH CARE IN NIGERIA: THE WAY FORWARD

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Abstract. The Alma Ata declaration on Primary Health Care (PHC) which was made in 1978 is meant to address the main health problems in communities by providing promotive, preventive, curative and rehabilitative services [1]. Efforts in the implementation of this declaration in Nigeria have proved abortive due to many factors which hinder its effectiveness such as corruption and poor urbanization[2,3]. This review therefore, looks at the strategic trends and constraints in the implementation of PHC in Nigeria since the Alma Ata declaration and possible solutions/recommendations.

Objective: To assess Nigeria's socio-economic, political and cultural characteristics in the context of Health Care and proposing solutions specific for the Nigerian Dimension.

Methods: Analysis of the data provided by Nigerian medical researchers and published papers regarding PHC in Nigeria [2]; analysis of the reviews and reports provided in World Health Organisation (WHO) database; analysis of press publications from December 2015 till 13th February, 2016.

Results: The results of the data analysis revealed that Nigeria with over 400 tribes, varied languages, high illiteracy rate, and poor urbanization has a big communication gap between the people and its government, partly influenced by culture and traditions. In addition, Corruption seems to be a Norm among its people; results of the analysis of press publications revealed that this corruption spreads so far even into the Health Care System creating possibilities for mismanagement of government funds.

Conclusion: The Way forward for Nigeria's PHC is difficult but requires a clear cut systematic approach addressing every factor of its hindrance in the country's socio-economic, political and cultural mindset. However, Free Education for all, proper urbanization, increased awareness among its people to fully maximize the facilities on ground, and anti-corruption policies/campaigns will prove the most effective.

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