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Algorithm for Further Routing of Patients with Cancer of the Oral Cavity and Pharynx

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Abstract: Oncological processes of the head and neck are a large number of tumors that have a different course and require different treatment. In advanced stages, this treatment can lead to the loss of vital functions and disrupt the appearance of a person with the appearance of bone and soft tissue defects [3]. But if this process is detected at the very beginning with an asymptomatic course or at stage I of the disease, then in 95-97% of cases, the neoplasm can be removed without disability [5]. At this stage in the development of modern medicine, with the help of radiation therapy and endoscopic surgery, it is possible to effectively treat oncological processes of the head and neck at stages I and II of the disease [2, 6]. With regard to the use of endoscopic surgery, the risk of developing psychological trauma in patients is reduced due to the absence of large incisions [8]. This article analyzed, examined and questioned 217 patients, aged 30 to 89 years, residents of the city of Tashkent and the region with a confirmed diagnosis of a malignant neoplasm of the oropharyngeal zone, of which 127 were men and 90 were women. Of the total number of patients, 30% initially turned to a dentist. The greatest number of cases of malignant neoplasms is determined at the age of 50 to 69 years in both sexes. Patients living in Tashkent were statistically significantly ($p<0.05$) less likely to meet, in the aggregate, in terms of negotiability than patients living in the Tashkent region. Primary T1 tumors were statistically significantly ($p<0.05$) more common. The absence of regional metastases (N0) was statistically significant ($p<0.05$) more often. Also, neoplasms with a high degree of cell differentiation (G1) were more often statistically significant. Most often ($p<0.05$) malignant neoplasms were localized on the tongue and lips. The keratinizing form of squamous cell carcinoma was statistically significantly ($p<0.001$) more common.

Keywords: dentistry, oncology!, malignant neoplasms of the oral cavity, oncostomatology, patient routing, primary detection.

Relevance. In the era of the scientific and technological process and high technology, dental science is also experiencing rapid development. However, not all areas are developing equally optimally. Currently, the focus is on aesthetics, the introduction of digital technologies and materials. The beauty industry, which combines aesthetic dentistry and cosmetology, comes to the fore in dental treatment. Dentists, like most medical specialists, in fact, in the current development are hostages of their own profession, and this quickly leads to the loss of general medical skills and knowledge obtained, including at the university. However, returning to the origins of medical education, we must not forget that dentists, along with therapists, otorhinolaryngologists, have always been, are and will be doctors of the first medical contact, and it is on them that professional responsibility is assigned, in primary diagnosis, including, associated with cancer awareness. It is known that the main principle of medicine is prevention, that is, the prevention or accidental detection of an early asymptomatic course, sometimes a serious disease. This is the difference between screening and early diagnosis, when patients do not show any complaints.

Given the rapid and asymptomatic growth of malignant neoplasms, the oropharyngeal zone in particular, and the head and neck in general, oncologists, on average, get people in an advanced stage [7, 11]. Up to 80% of malignant tumors of this localization are diagnosed in stage III-IV of the disease.

According to WHO, oncological processes of the head and neck account for about 10% of all malignant neoplasms. In 90% of cases, head and neck cancer is represented by a squamous cell form originating mainly from the mucous membrane of the oral cavity, pharynx and larynx [1, 4]. The disease is more common in men over 50 years of age. Unfortunately, over the past two decades in Russia there has been an increase in the incidence of oncological processes of the head and neck. The lack of alertness among the population leads to late diagnosis and seeking help from specialists at an already advanced stage. The above once again confirms the importance of cancer screening at a dental appointment. Based on the fact that the first clinical symptoms of oncological processes of the head and neck are inconspicuous, special attention should be paid to the identification of precancerous diseases by a dentist, who has access to a large coverage of the population in the mode of primary and regular sanitation. Any ulcer in the oral cavity, on the tongue, various painful seals of soft tissues on palpation, age spots on the skin with a peripheral contour of inflammation, the appearance of increasing hoarseness should alert the dentist to the presence of an oncological process [9, 12].

A dentist, as a primary contact doctor, needs to collect a detailed anamnesis, find out the timing of the appearance of changes and make a preliminary diagnosis, including the necessary research [10]. The importance of understanding the responsibility that lies with dentists in the detection of neoplasms in the head and neck of patients and the manifestation of oncological alertness was the reason for this publication.

The purpose of the study: to increase the level of professional literacy of dentists in the primary diagnosis of precancerous diseases and the initial stages of malignant neoplasms of the oropharyngeal zone.

Materials and methods. A clinical examination, examination and questioning of 217 people, aged 30 to 89 years, residents of Tashkent and the Chelyabinsk region, who were referred to the regional clinical center of radiology and nuclear medicine by specialists of various profiles, were carried out. Of the total number of patients who applied for specialized care, 127 (58.6%) men and 90 (41.4%) women were examined.

Statistical processing was performed using SPSSStatistica 26.0 (USA) and MSExcel 13 (USA). Comparative analysis of quantitative data was carried out using the non-parametric Mann-Whitney test. For nominal and categorical data, descriptive statistics were presented as absolute (number of people) and relative (%) values. Significance of differences was tested using Fisher's exact test and Pearson's chi-square (%2) test. Differences were considered statistically significant at $p<0.05$.

Research results. All patients referred for a consultation at the Center for Radiology and Nuclear Medicine initially turned to specialists in other fields in addition to oncologists. This situation most often arises as a result of patients' fear of oncological diseases. According to the survey data, out of 217 people with a confirmed diagnosis of a malignant neoplasm, 30% of patients initially turned to a dentist, which is the majority and once again proves the importance of dentists as first contact specialists.

It is known that the majority of malignant neoplasms of the oropharyngeal zone (93.1% - 96.6%) are detected at the age of over 45 years. In the study, when considering the age-sex structure of morbidity, the average age of all examined was 55.1 ± 9.5 years (Fig. 4). According to the data obtained, a sharp rise in the detected cases of malignant neoplasms is determined at the age of 50 to 69 years in both sexes. There were no statistically significant differences among men and women in all age groups ($p>0.05$), except for the age groups of 70-79 years and 80-89 years. So, in the group of 70-79 years old, men met statistically significantly more often ($p<0.05$) than women: there were 30 (23.5%) men and 10 (11.1%) women. But in the group of 80-89 years, on the contrary, women met statistically significantly more often ($p<0.05$) than men: there were 10 (11.1%) women, and 3 (2.1%) men.

Analysis of the statistical data of identified cases of malignant neoplasms of the oropharyngeal zone in Russia and the Chelyabinsk region showed no significant differences.

Based on the data obtained, presented in the diagram (Fig. 5), it was found that there was a statistically significant ($p<0.05$) difference between the groups at the place of residence, patients living in the city of Chelyabinsk (94 people - 43%) were statistically significantly less common, than patients living in the region (123 people - 5 7%).

For many years, staging of malignant neoplasms has been carried out according to the international TNM classification proposed in 1968. It includes three categories, indicating the size of the tumor, the condition of the regional lymph nodes, and the presence or absence of distant metastases. The formation of groups according to this classification is focused on the prognosis of the development of the disease, which directly depends on the degree of prevalence of a malignant neoplasm at the time of diagnosis. That is why the primary dental appointment opens up endless possibilities for the early diagnosis of oncological processes in the oropharyngeal zone. Most tumors of the maxillofacial region are classified as so-called visual, that is, accessible to observation with the naked eye, which undoubtedly affects their early detection. The size of the primary tumor depends on the duration of the development of the process, but no less important factor is the professional literacy of specialists who show oncological alertness. Of particular interest is the study of the frequency of occurrence of an increase in the size of the primary tumor. When conducting a pairwise comparative analysis of the incidence of tumors of T1, T2, T3 and T4 sizes, it was found that T1 tumors were statistically significantly ($p<0.05$) more common. A primary tumor that meets the criterion (T1) is up to 2 cm in size and responds well to surgical treatment. Comparison of T3 and T4 tumors showed no statistically significant differences.

The probability of the presence of regional metastases is determined by the first lymph node into which the lymph flowing from the primary tumor enters. The presence of tumor cells in the tissue of this node indicates the involvement of the lymphatic system in the process, if not, then most likely the system is not affected. That is why the first lymph node is called "sentinel". In this study, when conducting a pairwise comparative analysis of the incidence of metastases in the lymphatic system N0, N1, N2 and 143, it was found that the absence of metastases (N0) occurred statistically significantly ($p<0.05$) more often. The first stage of involvement of the lymphatic system in the oncological process (N1) was determined in 8.2% of cases. No statistically significant differences were found when comparing the second (N2) and third (N3) stages.

The appearance of metastases in distant organs indicates the duration of the process and the severity of the clinical condition. Regardless of the size and spread of the tumor, it is not operable. The prognosis for five-year survival is very poor. Among the surveyed patients with a confirmed diagnosis of a malignant neoplasm, the presence of metastases in distant organs (M) was not detected in 100% of cases.

A significant variety of the clinical picture of malignant neoplasms is individual for each patient. The prevalence of the process directly depends on the terms of treatment and the protective reaction of the human body. Therefore, even in the presence of stages III and IV of the primary focus of a malignant tumor, in some patients there is no complete defeat of the lymphatic system (N3) and metastasis in distant organs (M1), which gives a chance to increase the percentage of survival.

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In this regard, it should be considered fundamentally possible to raise the question of the need for 100% detection of malignant tumors at stages I-II, when the use of modern methods of treatment ensures the recovery of 85-90% of patients.

Making a final diagnosis if a malignant neoplasm is suspected is unacceptable without a histological examination, which determines the degree of differentiation of tumor cells. The rate of spread of the

process throughout the body depends on the degree of differentiation of the cells of a malignant neoplasm. And this, in turn, directly affects the prognosis of patient survival. When conducting a pairwise comparative analysis of the frequency of occurrence of stages of malignancy of tumors, it was found that the most statistically significant ($p<0.05$) processes were identified with high differentiation of G1 cells (64.9%) of cases Malignant neoplasms with medium (G2) and low (G3) degree of differentiation, met almost equally (17.6% and 17.5%, respectively). Tumors with a high degree of differentiation retain many features of healthy cells and tissues. They rarely grow into neighboring organs and tissues, and metastasize much more slowly. Such forms of cancer are minimally invasive. Neoplasms with an average and low degree of cell differentiation behave more aggressively and spread faster throughout the body. Considering that highly differentiated tumors respond better to radiation and chemotherapy, timely diagnosis and biopsy play a key role in developing a treatment plan. Possession of biopsy techniques by dentists can significantly speed up the process of routing patients with malignant neoplasms to receive specialized care.

Conclusion. Solving the problem of early diagnosis of malignant neoplasms of the oropharyngeal zone in particular and the head - neck, in general, without the participation of dentists is not possible because the prevention of malignant neoplasms of the localization in question is based primarily on sanitation - hygienic education of the population. The mass coverage of the population with planned oral cavity sanitation opens up real opportunities for early diagnosis of malignant tumors and direct referral of patients to oncologists for dentists.

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