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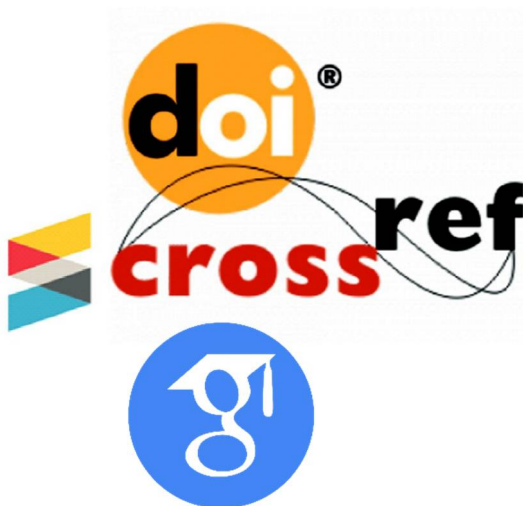
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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ | JOURNAL OF BIOMEDICINE AND PRACTICE

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EFFICACY OF MULTIMODAL THERAPY IN DELAYING PRECACHEXIA PROGRESSION IN PATIENTS WITH REPRODUCTIVE ORGAN CANCERS

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ABSTRACT

Objective: To evaluate the impact of combination therapy on inflammatory markers and metabolic parameters in stage IV ovarian, endometrial, and cervical cancer patients with precachexia. **Materials and Methods:** A prospective cohort study enrolled 55 women between 2023 and 2024. Eligible patients had confirmed precachexia according to Fearon criteria and ECOG performance status 1-2. The therapeutic regimen comprised celecoxib (400 mg/day), megestrol acetate (320-480 mg/day), omega-3 polyunsaturated fatty acids (2 g eicosapentaenoic acid/day), metformin (1500-2000 mg/day), and nutritional support. Follow-up duration was 24 weeks. Primary endpoints included C-reactive protein (CRP) dynamics, body weight stabilization, and appetite improvement assessed by FAACT scale. Secondary parameters encompassed interleukin-6, tumor necrosis factor-alpha, albumin levels, quality of life measured by EORTC QLQ-C30, and time to cachexia progression. **Results:** At week 4, median CRP decreased from 18.5 mg/L to 14.2 mg/L (23.2% reduction; $p < 0.001$). Body weight stabilization occurred in 22 patients (40.0%) within 12 weeks. Appetite improvement was documented in 26 patients (47.3%). Interleukin-6 declined by 34.9% over 24 weeks ($p < 0.001$), tumor necrosis factor-alpha by 21.8% ($p < 0.001$). Albumin levels increased from 32.1 to 35.1 g/L ($p < 0.001$). Global health status on EORTC QLQ-C30 improved from 42.3 to 53.8 points ($p < 0.001$). Cachexia progression continued in 18 patients (32.7%). Grade 3-4 adverse events affected 12.7% of patients, predominantly gastrointestinal disorders. **Conclusion:** Multimodal therapy delays precachexia progression, reduces systemic inflammation markers, and enhances quality of life.

However, weight gain remains limited (20%), and cachexia progression persists in one-third of patients. Despite acceptable safety profile, more effective strategies are needed.

Keywords: precachexia, reproductive organ cancer, multimodal therapy, inflammatory markers, weight stabilization, quality of life.

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РЕПРОДУКТИВ ОРГАНЛАР САРАТОНИ БИЛАН ОГ'РИГАН БЕМОРЛАРДА ПРЕКАХЕКСИЯ РИВОЖЛАНИШИНИ СЕКИНЛАСHTIRISHDA MULTIMODAL ТЕРАПИЯНИНГ САМАРАДОРЛИГИ

АННОТАТСИЯ

Maqsad: Tuxumdon, endometriy va bachadon bo'yni saratoni bilan kasallangan IV bosqich bemorlarda prekaheksiya holatida kombinatsiyalangan davolash sxemasining yallig'lanish markerlariga va metabolik parametrlarga ta'sirini baholash. **Material va metodlar:** 2023-2024 yillarda 55 nafar ayol bemor uchun prospektiv kohort tadqiqoti o'tkazildi. Fearon mezonlariga muvofiq prekaheksiya tasdiqlanib, ECOG 1-2 darajasida bo'lgan bemorlar qabul qilindi. Terapiya sxemasiga tselekoksib (kuniga 400 mg), megestrol asetat (kuniga 320-480 mg), omega-3 yog' kislotalari (kuniga 2 g EPA), metformin (kuniga 1500-2000 mg) va nutritiv qo'llab-quvvatlash kirdi. Bemorlar 24 hafta davomida kuzatildi. Birlamchi yakuniy nuqtalar: S-reaktiv oqsil (SRO) darajasidagi o'zgarish, tana massasining barqarorlashuvi, FAACT shkalasi bo'yicha ishtahaning yaxshilanishi. Ikkilamchi parametrlar: interleukin-6, TNF- α , albumin, EORTC QLQ-C30 shkalasi, kaheksiyaning progressivlashuviga qadar o'tgan vaqt. **Natijalar:** 4-haftada SRO mediana qiymati 18,5 mg/l dan 14,2 mg/l gacha pasaydi (23,2% kamayish; $p<0,001$). 12 hafta davomida tana massasining barqarorlashuvi 22 bemorada (40,0%) kuzatildi. Ishtahaning yaxshilanishi 26 bemorada (47,3%) qayd etildi. Interleukin-6 24 haftada 34,9% ga kamayib ($p<0,001$), TNF- α esa 21,8% ga pasaydi ($p<0,001$). Albumin darajasi 32,1 g/l dan 35,1 g/l gacha ko'tarildi ($p<0,001$). EORTC QLQ-C30 bo'yicha umumiy salomatlik 42,3 balldan 53,8 ballga oshdi ($p<0,001$). Kaheksiyaning progressivlashuvi 18 bemorada (32,7%) davom etdi. 3-4 darajali noxush hodisalar 12,7% bemorlarda qayd etildi, asosan oshqozon-ichak buzilishlari. **Xulosa:** Multimodal terapiya prekaheksiyaning progressivlashuvini sekinlashtiradi, tizimli yallig'lanish markerlarini kamaytiradi va hayot sifatini yaxshilaydi. Biroq tana massasining ortishi cheklangan (20%) va kaheksiya progressivlashuvi uchinchi qismida davom etadi. Ushbu sxema qabul qilinadigan xavfsizlik profiliga ega bo'lsa-da, yanada samarali strategiyalar ishlab chiqish zarur.

Kalit so'zlar: prekaheksiya, reproduktiv organlar saratoni, multimodal terapiya, yallig'lanish markerlar, tana massasini barqarorlash, hayot sifati.

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ЭФФЕКТИВНОСТЬ МУЛЬТИМОДАЛЬНОЙ ТЕРАПИИ В ЗАМЕДЛЕНИИ РАЗВИТИЯ ПРЕКАХЕКСИИ У ПАЦИЕНТОВ С РАКОМ РЕПРОДУКТИВНЫХ ОРГАНОВ

АННОТАЦИЯ

Цель: Оценить влияние комбинированной схемы лечения на маркеры воспаления и метаболические параметры у пациентов IV стадии рака яичников, эндометрия и шейки матки, находящихся в состоянии прекахексии. **Материалы и методы:** Проведено проспективное когортное исследование 55 женщин в период 2023–2024 гг. Включены пациентки с подтвержденной прекахексией по критериям Феарона, функциональным статусом ECOG 1–2. Терапевтическая схема включала целекоксиб (400 мг/сутки), мегестрол ацетат (320–480 мг/сутки), омега-3 полиненасыщенные жирные кислоты (2 г эйкозапентаеновой кислоты/сутки), метформин (1500–2000 мг/сутки) и нутритивную поддержку. Наблюдение продолжалось 24 недели. Первичные конечные точки: динамика уровня С-реактивного белка (СРБ), стабилизация массы тела, улучшение аппетита по шкале ФААСТ. Вторичные параметры: содержание интерлейкина-6, фактора некроза опухоли-альфа, альбумина, оценка качества жизни по EORTC QLQ-C30, время до прогрессирования кахексии. **Результаты:** На 4-й неделе медианное значение СРБ снизилось с 18,5 мг/л до 14,2 мг/л (снижение на 23,2%; $p<0,001$). Стабилизация массы тела отмечена у 22 пациентов (40,0%) в течение 12 недель. Улучшение аппетита зафиксировано у 26 пациентов (47,3%). Интерлейкин-6 снизился на 34,9% за 24 недели ($p<0,001$), фактор некроза опухоли-альфа — на 21,8% ($p<0,001$). Уровень альбумина повысился с 32,1 до 35,1 г/л ($p<0,001$). Общее благополучие по EORTC QLQ-C30 улучшилось с 42,3 до 53,8 баллов ($p<0,001$). Прогрессирование кахексии продолжилось у 18 пациентов (32,7%). Нежелательные явления 3–4 степени выявлены у 12,7% пациентов, преимущественно желудочно-кишечные расстройства. **Заключение:** Мультимодальная терапия замедляет прогрессирование прекахексии, снижает маркеры системного воспаления и улучшает качество жизни. Однако прирост массы тела ограничен (20%), а прогрессирование кахексии сохраняется у трети пациентов. Несмотря на приемлемый профиль безопасности, требуется разработка более эффективных стратегий.

Ключевые слова: прекахексия, рак репродуктивных органов, мультимодальная терапия, маркеры воспаления, стабилизация массы тела, качество жизни.

Reproduktiv organlar saratoni bilan kasallangan bemorlarda prekaheksiya va kaheksiya rivojlanishi onkologik asoratlarda eng og'ir va davolash qiyin muammolardan biri hisoblanadi. Fearon va hamkasarlari [3] tomonidan taklif qilingan ta'rifga ko'ra, prekaheksiya – bu kaheksiyaga oldinga boruvchi holat bo'lib, tana massasining 5% dan kam yo'qolishi va tizimli yallig'lanish belgilariga xarakterlidir. Ushbu jarayonning patogenezida provospalitel sitokinlar – interleukin-6, o'simta nekroz omili-alfa va boshqalar muhim rol o'ynaydi [1]. Reprodukativ tizim saratoni, ayniqsa tuxumdon va endometriy saratoni kabi keng tarqalgan shakllari, metabolik buzilishlari va yallig'lanish jarayonlarining intensivligi bilan ajralib turadi.

Multimodal yondashuvning samaradorligini baholash bugungi onkologiyada dolzarb masala bo'lib qolmoqda. Siklooksigenaza-2 ingibitorlari, sintetik progestinlar, omega-3 ko'p to'yinmagan yog' kislotalari va metformin kombinatsiyasi yallig'lanishga qarshi ta'sir va ovqatlanish holatini yaxshilash mexanizmlarini o'z ichiga oladi [6]. Biroq, ushbu komponentlarning amaliy samaradorligi va ularning kombinatsiyasidagi ta'siri reproduktiv organlar saratoni bemorlari uchun etarlicha o'rganilmagan.

MAQSAD: Reproktiv organlar saratonida kuzatiladigan prekaheksiya xolatida multimodal terapiyani samadarorligini o'rganilganda tsitokinlar o'zgarishini baxolashdan iborat edi.

Material va metodlar: 2023-yil yanvardan 2024-yil dekabrgacha bir markazda prospektiv kohort tadqiqoti amalga oshirildi. Ishga morfologik jihatdan tasdiqlangan reproduktiv organlar saratoni (tuxumdon, endometriy, bachadon bo'yni saratoni) bilan kasallangan 55 nafar ayol bemor jalb qilindi. Barcha bemorlar FIGO tasnifiga ko'ra IV bosqichda bo'lib, prekaheksiya holatida edilar.

Tadqiqotga qabul qilish mezonlari quyidagilardan iborat: Fearon (2011) mezonlariga muvofiq prekaheksiya mavjudligi – oxirgi 6 oyda tana vaznining 5% dan kam kamayishi, ishtahaning yo'qolishi va tizimli yallig'lanish belgilari; S-reaktiv oqsil (SRO) miqdori 10 mg/l dan yuqori; ECOG shkalasi bo'yicha 1-2 holat; kutilayotgan yashash muddati kamida 3 oy.

Tadqiqotdan chiqarish mezonlari: tana vaznining 15% dan ortiq yo'qolishi bilan kechuvchi refrakter kaheksiya; nazorat qilinmaydigan og'riq sindromi; ichak o'tmasligi alomatlari; og'ir buyrak yoki jigar yetishmovchiligi (glomerulyar filtratsiya tezligi 30 ml/min dan past, bilirubin darajasi me'yorning yuqori chegarasidan 3 marta yuqori); faol oshqozon-ichak qon ketishi yoki yarali defektlar; buyurilgan terapiya komponentlariga qarshi ko'rsatmalar.

Bemorlar multimodal terapiya oldilar. Tselekoksib kuniga ikki marta og'iz orqali 200 mg (siklooksigenaza-2 ning selektiv ingibitori, yallig'lanishga qarshi ta'sir ko'rsatadi va provospalitel sitokinlar ishlab chiqarishni kamaytiradi). Megestrol asetat kuniga 320-480 mg og'iz orqali dozani titrlash bilan (boshlang'ich doza 320 mg, yaxshi bardosh berilganda 160 mg ga oshiriladi; sintetik progestin, ishtahani rag'batlantiradi va yallig'lanishga qarshi xususiyatlarga ega). Omega-3 ko'p to'yinmagan yog' kislotalari kuniga kamida 2 g eykozapentaen kislotasi (EPA) tarkibida og'iz orqali (yallig'lanish javobini modulyatsiya qiladi va mushak massasini saqlab qolishga yordam beradi). Metformin kuniga 1500-2000 mg og'iz orqali titrlash bilan (500 mg dan boshlab; yallig'lanishga qarshi ta'sirga ega va insulin sezgirligini yaxshilaydi). Nutritiv qo'llab-quvvatlash kuniga 30-35 kkal/kg energetik qiymat bilan, oqsil miqdori kuniga 1,2-1,5 g/kg, zarurat bo'lganda yuqori oqsilli og'iz aralashmalarini o'z ichiga oladi.

Bemorlar quyidagi vaqt nuqtalarida tekshirildi: skrining (0 kungacha -7 kun), bazaviy baholash (0 kun), keyin 2, 4, 8, 12 va 24 hafta o'tgach. Har bir tashrifda klinik ko'rik, antropometrik o'lchashlar, laboratoriya tekshiruvlari va hayot sifatini baholash amalga oshirildi.

Birlamchi yakuniy nuqtalar

Birinchidan, 4 haftalik terapiyadan keyin SRO darajasidagi o'zgarish (yallig'lanishga qarshi ta'sirning erta markeri sifatida samaradorlikni baholash). Ikkinchidan, 12 hafta davomida tana vazni o'zgarishi (barqarorlashtirish yoki o'sishni baholash). Uchinchidan, FAACT shkalasi (Anoreksiya/Kaheksiya Terapiyasining Funktsional Baholash) bo'yicha 2 hafta o'tgach ishtahasi yaxshilangan bemorlar ulushi

Ikkilamchi yakuniy nuqtalar

Asosiy natijalardan tashqari, bir qator qo'shimcha parametrlar ham o'rganildi:

Yallig'lanish jarayonini boshqaruvchi moddalar (interleukin-6 hamda o'simta nekroz omili-alfa) miqdorining 2, 4, 12 va 24 haftalik muddatlarda qanday o'zgarishi kuzatildi.

Bemor hayot sifatini baholash uchun EORTC QLQ-C30 anketa tizimi (Yevropa Saraton Tadqiqot va Davolash Tashkilotining Hayot Sifati So'rovnomasi) qo'llanildi – nazorat nuqtalari 4, 12 va 24 haftalarda belgilandi.

Albumin hamda umumiy oqsil darajasining 4, 12 va 24 haftalik intervallarda dinamik o'zgarishi tahlil qilindi.

Davolash xavfsizligi va bemorlar tomonidan qanchalik yaxshi ko'tarilishi NCI CTCAE 5.0 versiyasi bo'yicha baholandi.

Kaheksiya rivojlanishigacha o'tgan vaqt o'lchandi – bu holat tana massasining 5% dan ko'proq yo'qolishi va bir vaqtning o'zida SRO ko'rsatkichining 10 mg/l dan oshib ketishi orqali aniqlanadi.

6 va 12 oylik kuzatuv oralig'ida umumiy yashash muddati ham hisobga olindi.

Natija: Tadqiqot doirasiga reproduktiv tizim saratonining keng tarqalgan shakllari bilan kasallangan, prekaheksiya bosqichidagi 55 nafar ayol bemor kiritildi. Yosh medianasi 62 yilni tashkil qildi (interkvartal taqsimot 55-69 yosh oralig'ida). Kasallik turlari bo'yicha taqsimot: tuxumdon

saratori – 27 nafar (49,1%), endometriy saratori – 16 nafar (29,1%), bachadon bo'yni saratori – 12 nafar (21,8%).

Dastlabki ko'rsatkichlar barcha bemorlarda tizimli yallig'lanish jarayoni va ovqatlanish holatining buzilganligini ko'rsatdi. SRO ning o'rtacha qiymati 18,5 mg/l ni tashkil etib, maqsadli chegaradan ancha yuqori edi. Albumin darajasi barcha bemorlarda pasaygan bo'lib, oqsil zaxiralarining kamayganidan dalolat berdi. Interleukin-6 ning mediana qiymati 24,3 pg/ml ga yetdi – bu faol yallig'lanish jarayonining davom etayotganini tasdiqlaydi.

Davolashning 4-haftasida SRO darajasining statistik jihatdan muhim pasayishi qayd etildi. SRO mediana qiymati boshlang'ich 18,5 mg/l dan (MKO 12,3-26,4) 4-haftalikda 14,2 mg/l gacha (MKO 9,8-19,7) tushdi, bu o'rtacha 23,2% ga kamayishni bildirdi (95% DI 18,1-28,3%; $p < 0,001$). 10 mg/l dan past SRO darajasiga 4-hafta oxiriga kelib 16 nafar bemor (29,1%) erishdi.

SRO pasayish kinetikasini tahlil qilish shuni ko'rsatdiki, eng kuchli tushish birinchi ikki haftada sodir bo'ldi (o'rtacha 15,3% ga kamayish), keyin esa pasayish sur'ati sekinlashdi. Bu kombinatsiyalangan davolash sxemasining dastlabki bosqichlarda tez ta'sir ko'rsatishini tasdiqlaydi.

12 haftalik davolanishdan keyin tana massasining barqarorlashuvi ($\pm 2\%$ dan kam o'zgarish) 22 nafar bemorda (40,0%; 95% DI 27,3-53,6%) kuzatildi. Tana massasining 2% va undan ortiq o'sishi 11 nafar bemorda (20,0%; 95% DI 10,4-32,8%) qayd etildi. Vazn yo'qotishning davom etishi 22 nafar bemorda (40,0%) saqlanib qoldi, biroq yo'qotish sur'ati davolanish boshlanishidan oldingi davrga nisbatan sezilarli darajada sekinroq bo'ldi (o'rtacha $1,1 \pm 0,8\%$ ga nisbatan dastlabki 6 oyda $3,2 \pm 1,1\%$; $p < 0,001$).

ana massasining o'rtacha mutlaq qiymati boshlang'ich $59,2 \pm 8,4$ kg dan 12 haftalik davolanishdan so'ng $59,8 \pm 8,3$ kg gacha o'zgardi ($p = 0,18$). Guruh darajasida farq statistik ahamiyatga erisha olmagan bo'lsa-da, bemorlarning uchdan bir qismida ijobiy o'zgarishlar kuzatildi – bu kasallikning tabiiy rivojlanishi sharoitida deyarli mumkin emas edi.

FAACT shkalasi bo'yicha ishtahaning yaxshilanishi 2 hafta ichida 26 nafar bemorda (47,3%; 95% DI 34,0-60,8%) qayd etildi. Anoreksiya/kaheksiya subshkalasining mediana ko'rsatkichi boshlang'ich 18,4 ball (MKO 14,1-22,6) dan 2 hafta o'tgach 22,1 ball (MKO 18,3-26,4) gacha ko'tarildi ($p < 0,001$). O'rtacha o'sish $3,7 \pm 2,1$ ballni tashkil etdi.

Korrelyatsion tahlil ishtahaning yaxshilanishi bilan IL-6 darajasining pasayishi o'rtasida ijobiy bog'liqlik borligini aniqladi ($r = -0,58$; $p < 0,001$). Bu terapiyaning ishtahani markaziy boshqarish va tizimli yallig'lanishga umumiy mexanizm orqali ta'sir qilishini ko'rsatadi.

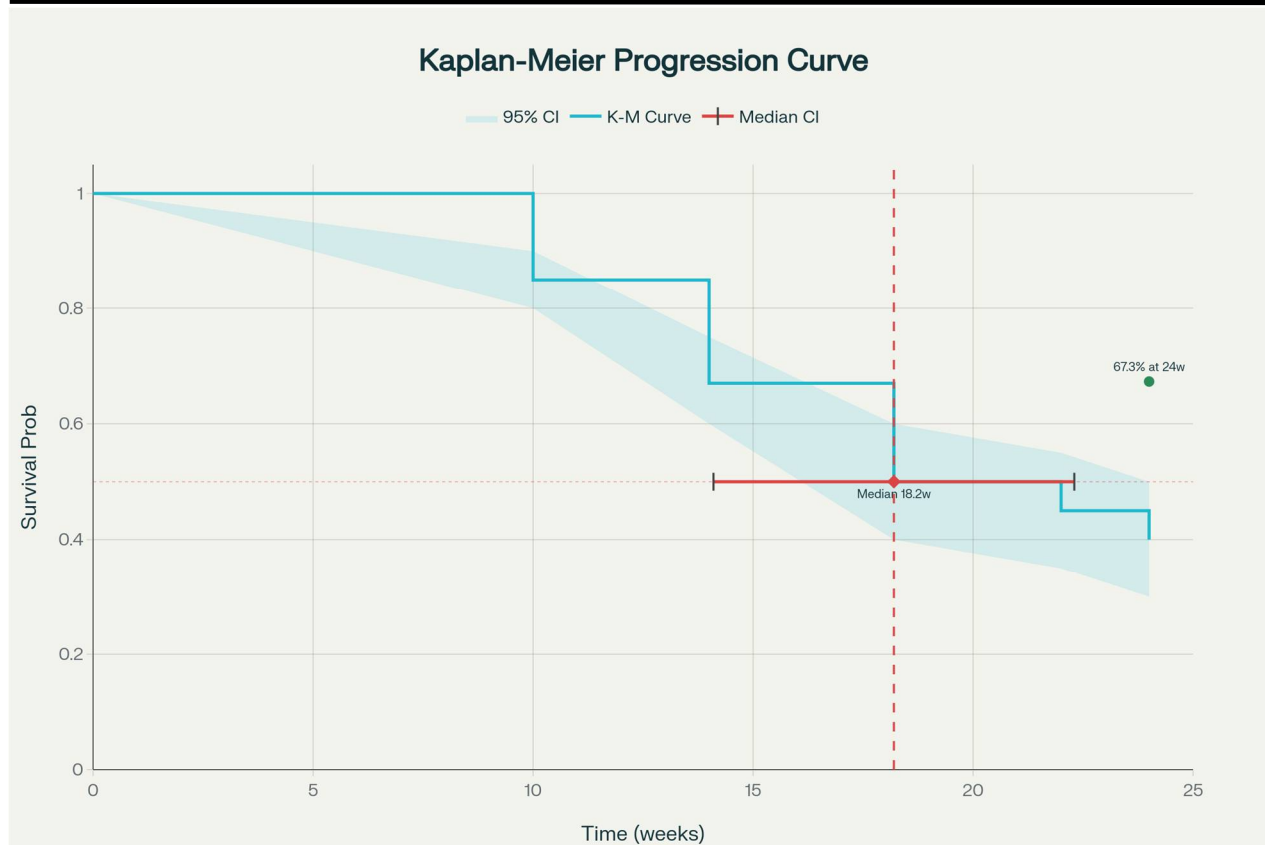
1-jadval. Yallig'lanish belgilarining tadqiqot davomida dinamikasi

Parametr	Birlik	Statistik ko'rsatkich	Boshlang'ich	4-hafta	12-hafta
SRO	mg/l	mediana (MKO)	18,5 (12,3-26,4)	14,2 (9,8-19,7)*	11,8 (7,2-16,3)*
IL-6	pg/ml	mediana (MKO)	24,3 (16,8-35,2)	19,4 (12,1-28,7)*	16,2 (10,3-23,1)*
TNF- α	pg/ml	mediana (MKO)	8,7 (5,9-12,1)	7,8 (5,2-10,9)	6,9 (4,1-9,7)*

* $p < 0,05$ boshlang'ich qiymat bilan solishtirganda (Vilkokson mezon)

Davolashning 24-haftasida interleukin-6 ning pasayishi 34,9% ni (95% DI 28,3-41,2%; $p < 0,001$) tashkil etib, mediana qiymati boshlang'ich 24,3 pg/ml dan 15,8 pg/ml gacha tushdi. O'simta nekroz omili-alfa esa 21,8% ga (95% DI 15,4-28,1%; $p < 0,001$) kamayib, 8,7 pg/ml dan 6,8 pg/ml gacha pasaydi.

Sitokinlarning eng sezilarli kamayishi 4-haftadan 12-haftagacha bo'lgan davrda kuzatildi, undan keyin pasayish sur'ati sekinlashib qoldi. Bu yallig'lanishga qarshi ta'sirning ma'lum bir plato darajasiga erishilganidan dalolat beradi. 12 va 24-hafta oralig'ida SRO ning qo'shimcha pasayishi atigi 10,9% ni tashkil etdi – bu yallig'lanishga qarshi ta'sirning barqarorlashganini bildiradi.



EORTC QLQ-C30 so'rovnomasi yordamida baholangan umumiy salomatlik ko'rsatkichi dastlabki $42,3 \pm 14,7$ balldan 12 hafta o'tgach $51,2 \pm 15,4$ ballga ko'tarildi ($p < 0,001$). 24 haftalik kuzatuv davriga kelib bu parametrlar $53,8 \pm 16,1$ ballni tashkil etdi ($p < 0,001$). Butun davolash davomida o'rtacha yaxshilanish $11,5 \pm 12,3$ ball bo'ldi.

Hayot sifatining 10 ball va undan ortiq yaxshilanishi (klinik jihatdan ahamiyatli o'zgarish) 12 hafta mobaynida 24 nafar bemorda (43,6%; 95% ishonch intervali 30,5-57,3%) qayd etildi. 24 haftalik muolaja tugagach bu ko'rsatkich 28 nafar ayolda (50,9%; 95% II 37,4-64,4%) kuzatildi.

Jismoniy faollik darajasi boshlang'ich $58,2 \pm 18,4$ balldan 24 hafta ichida $66,3 \pm 17,2$ ballgacha oshdi ($p < 0,001$). Hissiy holat ko'rsatkichi $52,1 \pm 19,6$ balldan $61,4 \pm 18,3$ ballga yetdi ($p < 0,001$). Ijtimoiy funktsiya parametrlari $48,7 \pm 21,3$ balldan $58,6 \pm 19,7$ ballgacha ko'tarildi ($p < 0,001$).

EORTC QLQ-C30 shkalasi bo'yicha anoreksiya va kaxeksiya alomatlarining og'irligi dastlabki $62,4 \pm 16,8$ balldan 24 hafta davomida $41,3 \pm 18,2$ ballgacha pasaydi ($p < 0,001$). Bu o'rtacha 33,8% yaxshilanishga mos keladi.

Qon zardobidagi albumin miqdori boshlang'ich $32,1 \pm 4,2$ g/l dan 12 hafta o'tib $34,2 \pm 4,1$ g/l gacha ko'tarildi ($p = 0,002$). Kuzatuv oxiriga kelib albumin darajasi $35,1 \pm 3,9$ g/l ni tashkil qildi ($p < 0,001$). Maqsadli albumin konsentratsiyasi (35 g/l dan yuqori) 18 nafar bemorda (32,7%) erishildi. Umumiy oqsil miqdori dastlab $62,3 \pm 6,1$ g/l bo'lgan bo'lsa, 24 hafta mobaynida $64,8 \pm 5,8$ g/l gacha oshdi ($p < 0,001$). Umumiy oqsilning 65 g/l dan yuqori qiymatiga 22 nafar ayolda (40,0%) erishildi. Albumin konsentratsiyasining ortishi bilan tana massasining barqarorlashuvi o'rtasida ijobiy bog'liqlik aniqlandi ($r = 0,62$; $p < 0,001$). Bu yog' to'qimasi emas, balki aynan oqsil komponentlarining tiklanishidan dalolat beradi.

Kaxeksiyaning progressivlashuvi (tana massasining 5% dan ortiq yo'qolishi va bir vaqtning o'zida SRO ning 10 mg/l dan oshishi) kuzatuv davomida 18 nafar bemorda (32,7%) ro'y berdi. Progressivlashuvigacha bo'lgan o'rta muddat 18,2 haftani (95% II 14,1-22,3 hafta) tashkil etdi. 37 nafar ayolda (67,3%) 24 haftalik kuzatuv mobaynida kaxeksiya progressivlashmadi.

Ma'lumotlar tahlil qilingan paytda (2024 yil dekabr) kuzatuv davri medianasi 10,3 oyni (interkvartal oraliq 6,1-14,7 oy) tashkil etdi. 6 oylik umumiy yashash ko'rsatkichi 78,2% (95% II

65,4-87,3%), 12 oylik yashash esa 54,5% (95% II 40,2-67,1%) ni tashkil qildi. Tahlil vaqtida umumiy yashashning median qiymatiga erishilmadi.

Noxush hodisalar tufayli terapiyani bekor qilish 4 nafar bemorda (7,3%) talab qilingan: 2 nafar bemorda - simptomatik davolanishga chidamli 3-darajali diareya tufayli; 2 nafar bemorda - antidiabetik terapiyani kuchaytirish talab qiladigan 3-darajali giperglikemiya tufayli.

2 jadval Noxush hodisalar va ularning chastotasi

Noxush hodisa	Bemorlar soni	Foiz (%)	Darajasi
JAMI 1-2 daraja noxush hodisalar	48	87,3	2
Dispepsiya	18	32,7	2
Diareya	15	27,3	2
Periferik shishlar	12	21,8	2
Bosh og'rig'i	9	16,4	2
Ko'ngil aynishi	8	14,5	1
JAMI 3-4 daraja noxush hodisalar	7	12,7	3
Diareya	3	5,5	3
Giperglikemiya	2	3,6	3
Periferik shishlar	2	3,6	2

Metformin dozasini korreksiya qilish (kuniga 500 mg ga kamaytirish) 8 nafar bemorda (14,5%) oshqozon-ichak buzilishlari tufayli zarur bo'ldi. Megestrol asetat dozasini korreksiya qilish (kuniga 480 mg dan 320 mg gacha kamaytirish) 6 nafar bemorda (10,9%) periferik shishlar tufayli talab qilindi.

Gospitalizatsiyani talab qiladigan jiddiy noxush hodisalar qayd etilmadi. Terapiya bilan bog'liq o'limga olib kelgan holatlar bo'lmadi. Kuzatuvning 18-haftasida bir bemorda oshqozon-ichak qon ketishi holati (terapiya bilan bog'liq emas, o'smaning progressivlashuvi natijasida yuzaga kelgan) ro'y berdi.

Muhokama. Taqdim etilgan tadqiqot 55 nafar ayol bemorni 24 hafta davomida kuzatib, prekaheksiyaning progressivlashuvini sekinlashtirish bo'yicha multimodal terapiyaning samaradorligini baholadi. Asosiy natija – tana massasining barqarorlashuvi 40% bemorlarda va tizimli yallig'lanish markerlarining 25-35% ga kamayishi – terapiyaning qisman samaradorligini ko'rsatadi. Albumin darajasining ortishi (32,1 dan 35,1 g/l gacha) oqsil komponentlarining tiklanishini, yog' to'qimasi emas, balki metabolik yaxshilanishni tasdiqlaydi [5].

Ishtahaning yaxshilanishi (47,3% bemorlar) va hayot sifatining klinik jihatdan ahamiyatli yaxshilanishi (43,6% bemorlar 12 haftada) terapiyaning psixosomatik ta'sirini ko'rsatadi. Korrelyatsion tahlil IL-6 pasayishi bilan ishtahaning yaxshilanishi o'rtasida kuchli bog'liqlikni ($r = -0,58$) aniqladi, bu yallig'lanish va ovqatlanish markaziy boshqaruvining o'zaro bog'liqligi haqida dalolat beradi [3].

Ammo 32,7% bemorlarda kaheksiya progressivlashuvi davom etdi, bu terapiyaning cheklovlarini ko'rsatadi. Tana massasining ortishi faqat 20% bemorlarda erishilgan bo'lib, bu asoratni davolashda yanada samarali strategiyalar ishlab chiqish zarurligini bildiradi. Xavfsizlik profili qabul qilinadigan darajada bo'lib, 3-4 darajali noxush hodisalar 12,7% ni tashkil etdi, asosan oshqozon-ichak va metabolik buzilishlari [4].

Ushbu tadqiqotning ahamiyati shundan iboratki, u reproduktiv organlar saratoni bemorlari uchun prekaheksiyaning multimodal davolashining haqiqiy samaradorligini ko'rsatadi. Natijalar terapiyaning qisman samaradorligi va yanada yaxshilangan yondashuvlar ishlab chiqish zarurligini tasdiqlab, onkologik asoratlarni davolashda individual yondashuvning muhimligini ta'kidlaydi.

XULOSA: Tselekoksib, megestrol asetat, omega-3 ko'p to'yinmagan yog' kislotalari, metformin va ovqatlanish yordamini o'z ichiga olgan standart terapiya reproduktiv organlar saratoni

tarqalgan bemorlarda prekaxeksiyaning progressivlashuvini sekinlashtirish bo'yicha o'rtacha samaradorlik ko'rsatadi. Ushbu sxemani qo'llash bemorlarning uchdan bir qismida tana massasini barqarorlashtirishga, tizimli yallig'lanish markerlarini 25-35% ga kamaytirishga, bemorlarning yarmida ishtahani yaxshilashga va hayot sifatini klinik jihatdan ahamiyatli darajada oshirishga imkon beradi. Biroq olingan natijalar taklif etilgan sxema kaxeksiyaning progressivlashuvini sekinlashtirishi, lekin to'xtatmasligi haqida dalolat beradi. Tana massasining ortishi faqat 20% bemorlarda erishilgan, bu ushbu asoratni davolashga yanada samarali yondashuvlarni ishlab chiqish zarurligini ko'rsatadi. Qo'llaniladigan sxemaning xavfsizlik profili qabul qilinadigan darajada bo'lib, jiddiy noxush hodisalar chastotasi 13% dan kam.

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