IMMUNOHISTOCHEMICAL STUDIES IN THE CHOICE OF ADJUVANT CHEMOTHERAPY BREAST CANCER

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Currently, breast cancer (BC) is the most common form of malignant tumors in women. At the same time, there is a whole field of immunologically assessed tumor parameters that have not yet been clearly reflected from the standpoint of the need to study them in each patient. This is, firstly, the immunophenotype of the tumor (expression of histocompatibility molecules of classes I and II, adhesion molecules, transferrin receptor, etc.), which has a direct relationship with tumor progression and antitumor immunity.Secondly, the levels and subpopulations of immunocompetent cells infiltrating breast cancer (this indicator can be useful in assessing the prognosis and in planning various immunotherapeutic measures).And, finally, the importance of immunological methods in assessing the extent of the tumor process, namely, the role of immunohistochemical detection of micrometastases of breast cancer in the lymph nodes and bone marrow of patients

Purpose of the study: The literature data of recent years show that as a prognostic factor in the complex treatment of breast cancer, an important role is played by the determination of overexpression of the implication of the receptor and the epidermal growth factor HER-2 / pei. which indicates an unfavorable prognosis for the course of the disease. In this regard, the use of chemotherapy in place of highly effective therapy with Herceptin as a humanized monoclinal antibody to HER-2 \ neu is shown.

Materials and methods: In patients with operable breast cancer in the postoperative period after histological verification, estrogen receptors (ER), progesterone receptors PR and epidormal growth factor receptors HER-2 \ neu were determined. Results and discussions: The results of immunohistochemical analyzes of 132 patients with breast cancer were analyzed. The age of patients ranged from 30 to 46 years, 92 (07%) patients were diagnosed with stage I-II, and in 40 (30%) - stage III of the disease in 44 women out of 132 patients with breast cancer, a positive response was in 64, of which 32 had a weakly positive (+), in 24 moderately positive (++), in 8 positive (+++). A negative response was in 58 sick women. 8 HER-2 neu positive women were treated with Herceptin in combination with other chemotherapy drugs.

Conclusions: Thus, the choice of adjuvant chemohormonal therapy is based on based on the stage of the disease, the presence or absence of metastatic regional

linfa nodes, receptor status EN and PR and HER-2\ neu, degree of malignancy, age and menstrual status of patients.

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