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Clinical and genealogical analysis as first step in examination of patients with endometrial cancer

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Background: Nowadays endometrial cancer (EC) incidence does not tend to decrease in spite of improvement of medicamental and radiation therapy methods. That is why the evaluation of hereditary factors contributing to EC susceptibility would give a basis to cancer prevention through forming the high risk groups.
Aim: To establish the peculiarities and patterns of oncopathology distribution in families of EC patients and find out the role of genetic factorsin this disease development.
Material and Methods: Clinical and genealogical data of 134 stage I EC patients aged 39–80 (59.1±8.3) years. All women lived in Kyiv and Kyiv region and underwent inpatient treatment on oncogynaecological ward of Oncology institute of Medical Academy of Sciences of Ukraine. When conducting clinical and genealogical examination we considered the type of marriage of patients' parents: healthy parents, presence of cancer in one or both parents, as well as the data about the number of first- and second-degree relatives, their diseases and causes of death. Obtained information was elaborated using genetic and mathematical analysis.
Results: It was determined the association of different genesis tumors in 46.3% of EC patients' pedigrees. The association of reproductive system (endometrial and breast) malignancies, gastrointestinal and lung cancers was defined in EC patients' pedigrees, proving the role of hereditary factors in this pathology development. Moreover we have distinguished hereditary EC variants and EC forms comprising familial cancer syndrome (8.2 and 91.8% of patients with burdened familial history, respectively). Segregative frequency of endometrial, breast, gastrointestinal and lung cancer increased in families where one or both parents had cancer. According to estimated segregative frequencies we evaluated the probability charts of neoplasia occurrence in families where EC patient was a proband and it can be used for medical and genetic consultation.
Conclusion: Clinical and genealogical method is an essential part and one of the first steps in EC patients complex examination for determination of the hereditary factor in EC development that would help cancer prevention in members of families with burdened history.

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Differentiated markers of endometrical hyperplasias dependent on oncological burdened familial history

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Research suggests a new solution of an important task – establishing markers for differential diagnosis of endometrial hyperplasias, dependent on the patient's cancer burdened familial history, carrying out clinicogynecological studies and evaluating pro- and antiapoptotic indices in the endometrial tissues. Pathological conditions of the endometrium, declaring themselves in the form of menometorrhagias are registered in 68 % of the cases, whose morphologic substrate is endometrial hyperplasia in 77 % of observations. It has been proved that the presence of hyperestrogenia in 87 % of the cases in combination with a low level of progesterone in 78 % of the women hampers the development of full value transformations in the endometrium and results in the development of hyperplastic processes. It has been established that oncological diseases occur in the familial histories of patients with hyperplasias of the endometrium (5 times) more often than in healthy women, including endometrial carcinoma (5.5 times), hormonal-metabolic disorders (1.7 times), thyroid gland pathology (2 times) and that this is indicative of common factors of pathogenesis of hyperplasias and endometrial carcinoma. In case, of hereditary unburdened and hereditary burdened neoplastic transformation of the endometrium a sharp inhibition of the activity of caspase-1, caspase-3 and caspase-8, occurs in the latter however the caspase activity of the endometrium reaches the lowest values in inherited burdened uterine carcinoma. The autors have determined complex clinicogynecological and laboratory (apoptotic) criteria of differentiated treatment of patients, suffering from endometrial hyperplasias, depending on oncological burden of the herediatary history at the expense of isolating groups of genetic risk and a dynamic (once a year) control of state of apoptotic factors of the 1st and 2nd order and the activity of caspases-1, -3 and -8 in the endometrial tissue ablated during hysteroscopy (diagnostic curettage).

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p53, Bcl-2, Ki-67 expression and alterations in tumor-distant oral mucosa in patients with oral squamous cell carcinoma

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Aim: Investigation of the expression of p53, Bcl-2, Ki-67 in tumor tissue from patients with oral squamous cell carcinoma (OSCC) and in tumor-distant oral mucosa.
Material and Methods: Formalin-fixed biopsy specimens of tumors and tumor-distant mucosa were obtained from 17 patients with OSCC (male, age from 43 to 79 years). Most of the patients (14/17, 20 years, 20 cigarettes per day) have the smoking-drinking status and long-term professional contact with carcinogen and mutagen. The section of tumor-distant mucosa and tumors were classified according to the UICC criteria. Tissue sections were immunohistochemically stained using monoclonal antibodies: for p53 (clone DO-7), for Bcl-2 (clone 124), for Ki-67 (clone MIB-1) and En Vision "Daco Cytomation").
Results: The positive expression of p53 was found in all OSCC. High levels were detected in 12 tumors (70.58%). In tumor-distant mucosa revealed the progression of histopathological phenotype to hyperplasia, to dysplasia to carcinoma in situ. There were: hyperplasia (2), hyperplasia with area of mild dysplasia (4), mild dysplasia (1), high dysplasia (4), dysplasia with area malignum (5) and dysplasia with carcinoma in situ (1). The estimation of profile proteins of p53, Bcl-2, Ki-67 revealed the various level and combination of the expression in tumor-distant mucosa. p53 was detected in 88.2% cases of tumor-distant mucosa. Negative expression of p53 was found in tumor-distant mucosa in cases of hyperplasia. It was negative expression of Bcl-2 and Ki-67 in one case and the low expression in another case (1.6%, 3.6%, relatively). In specimen of hyperplasia with area of dysplasia mild and dysplasia mild in tumor-distant mucosa negative expression of Bcl-2 and Ki-67were in three cases and low in two cases (Bcl-2 only in one case, 1.5%; Ki-67 in