THE IMPORTANCE OF IMMUNOTHERAPY IN THE TREATMENT OF GASTRIC CANCER

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A topographic approach to Ms prediction has also been proposed. As a Progno-inhibitory criterion, the location of the tumor in the stomach was used. Carcinomas in the pyloric and minor oblique areas were predicted to be better in prognosis, while those in the proximal area were assumed to be more difficult. Subsequent research has shown that there is no significant correlation between carcinoman-ing anatomical location and survival. In carcinomas located in the pyloric part of the stomach, body and Cardia, the postoperative 5 - year survival is 28.6%, 31.4%, 28%, respectively [2.4.5].

The MS classification, based on the identification of the functional properties of tumor cells through histochemical techniques, was not widely used in practice. The reason is, through more informative IGK methods in Undan, the discovery that the risk potential of gastric carcinoma depends on the Morpho-functional

differentiation of tumor cells in it has actively penetrated MS diagnostics. This led to the emergence of a number of modern classifications, based on immunogystochemical identification of the expression of various molecular-biological markers in cancer cells [1,3,6].

Purpose of the study: to justify the importance of immunotherapy in the treatment of gastric cancer.

Materials and methods of research: At the non-governmental medical institution" Akfa Medline " in 2020-2022, the results of the treatment of 70 patients diagnosed with gastric cancer and treated stasionar were estimated.

Results obtained: a patient with gastric cancer was given immunotherapy with nivolumab, a PD-1 receptor - ri inhibitor. In this case, 8 courses were carried out every two weeks at a dose of nivolumab 3mg/kg. Nivolumab is a human monoclonal antitana that blocks the interaction between programmed death receptors (PD-1) and un-ing ligands (PD-L1 and PD-L2). Patients with metastasized and relapsed stage chemotherapy followed by pro-recession in the

background were sorted for immunotherapy. The results of chest and abdominal CT and/or PET/CT examination to assess the effect of Immuno-therapy, Karnovsky and ECOG scales were used to represent the objective condition of the patient. This examination is based on na-tics and patient objective condition to express the effect of immunotherapy without progression survival (PHY),

indicators of general survival (home), progression, abnormality and complete remission have been released

Primary and metastatic foci size, regional lymph node status were used as a benchmark to assess disease progression, abnormality, and complete remission. As a progression, the continued increase in the size of primary and metastatic foci, the presence of lymphadenopathy in regional lymph nodes, was taken into account. As
a non-linear remission, a decrease in the size of the primary and metastatic furnace
by 50% or more was taken into account. As a complete remission, a reduction in the size of the primary and metastatic furnace by 90% or more was taken into account. Patients undergoing immunotherapy were observed for 36 months. The average total survival in this was 12.4 months. PHY-non-progression survival,
home-common survival. The results obtained when the effectiveness of immunotherapy was analyzed by age category did not show the age dependence of the effectiveness of nivolumab ($p<0.015$). The effectiveness according to the
primary localization of the tumor in patients receiving immunotherapy was as follows:

Localization	n (value)	PHY	Home	P
proximal	22(31,5%)	5,7 month	6,3 month	<0,0112
distal	48(68,5%)	6,4 month	7,3 month	

The results obtained when the efficacy of immunotherapy was analyzed under the category of tumor primary localization did not show the spatial dependence of nivolumab efficacy ($p<0.0112$).
We must insist, immunotherapy treatment for patients with gastric cancer has been found to be one of the effective methods in preventing disease withdrawal symptoms and complications.

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