

## **TREATMENT OF GASTRIC CANCER AND ITS IMPORTANCE**

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Gastric cancer occupies a leading position in the world in terms of mortality. According to statistics, the East Asian region leads in disease incidence. The low mortality rate is led by North America, Europe and Central America, in particular Mexico, Cuba, Porte Rico. However, the incidence rate remains at a regular high in Russia, Central and East Asia and some Latin American countries. 5-year survival shows 30% in developed countries and 20% in developing countries[2,4]. The absence of specific pathognomic symptoms in the early stages of gastric cancer causes diagnosis in the late stages of patients. At the same time, improving the quality, treatment efficiency and results of specialized medical care is one of the pressing problems of fundamental medicine [1,3,5]

**Purpose of the study:** It consists in improving the treatment of gastric cancer.

**Materials and methods of the study:** in the course of our study, 70 patients who were voluntarily isolated from 110 patients with gastric cancer were found to express Ki67, KRAS, BRAF and NRAS in the tumor, microsatellite and PD-L1 through NGS(next generation sequencing) testing.

**Results obtained:** in the course of our study, 70 patients who were voluntarily isolated from 110 patients with gastric cancer were found to express Ki67, KRAS, BRAF and NRAS, microsatellite and PD-L1 in the tumor through NGS(next generation sequencing) testing. Microsatellite instability characterizes the genetic variability of many tumors. Determination of this indicator is used in the process of diagnosing colon, gastric cancer, as well as in the appointment of chemotherapy treatment.

According to the results obtained, progression was observed in 37% of type WT patients, abnormal remission in 44.4% and complete remission in 18.4%. In 62.5% of patients with the KRAS/NRAS mutation, progression is irregular remission in 21.8% and complete remission in 15.7%. 45.5% of patients with BRAF mutations reported progression, 18.2% reported abnormal remission, and 36.3% reported complete remission. It was not found that the effectiveness of Nivolumab depended on these changes in the genotype.

Patients with microsatellite abnormalities received a positive result from immunotherapy. Of the 10 patients with MSI-H, 6 (60%) reported complete remission(Figure 1), 2(20%) reported abnormal remission, and 2 (20%) reported

progression. MSI-l patients received an average result from immunotherapy. Complete remission was observed in 30% of such patients. In patients with persistent microsatellite, the effectiveness from immunotherapy gave a low result.

Patients in this group did not experience complete remission. It is worth noting that patients with abnormal microsatellites in patients with gastric cancer received a positive result from immunotherapy immunotherapy, since such a new method of treatment was found to be one of the effective methods in treating the disease.

### **LITERATURE USED**

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