Federal State Budgetary Educational Institution of Higher Professional Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Guidelines

# "ONCOLOGY" IN CLINICAL RESIDENCE

## Section 1. Organization of oncological service. Statistics and epidemiology

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Teaching sections of the discipline "oncology" in clinical residency: guidelines for teachers Associate Professor S.M. Kozyreva - Vladikavkaz: SOGMA, 2016. - 92p. head department, d.m.s. Associate Professor Khasigov A.V., Art. laboratory assistant Sautieva M.G.

Methodological recommendations are intended to help teachers of medical universities in organizing the educational process at the departments of oncology of postgraduate medical education. The recommendations are drawn up in accordance with the work program of the discipline "Oncology" of the main professional educational program of postgraduate professional education for students in residency in the specialty "Oncology". The recommendations provide for theoretical and practical forms of organizing training for clinical residents, the sequence of classes to systematize knowledge on the clinical course, diagnosis, treatment, and prevention of malignant neoplasms.

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TOPIC 1. "ORGANIZATION OF ONCOLOGICAL SERVICE. STATISTICS AND EPIDEMIOLOGY".

1. Duration: 4 academic hours (1 academic hour - 45 minutes).
2. Venue: oncology dispensary.
3. The purpose of the lesson:
To acquaint residents with the structure of the oncological service, regulatory documents for its functioning, medical examination of risk groups and oncological patients, forms of accounting documentation, concepts of primary and secondary cancer prevention.
For this you need:
3.1. To systematize knowledge about the continuity of the work of medical institutions and oncological dispensaries, forms of accounting and reporting documentation, clinical groups
3.2. To study the organization of medical and preventive care for the population, the tasks and functions of oncological and examination rooms, an oncological dispensary, the concept of a cancer registry, forms of reporting and accounting documentation, the structure of oncological incidence and oncological service indicators. Clinical examination of patients with malignant tumors of the thyroid glands, lips, oral mucosa.
3.3. To train residents in filling out forms of accounting documentation, the system and terms of medical examination of patients, the functions and tasks of an examination and oncology room.
3.4. The educational value of the topic: the analyzed material serves to develop the skills of the residents to analyze the performance of the structural divisions of the oncological service, assess the effectiveness of modern medical-organizational and socio-economic technologies in the provision of medical services to oncological patients, fill out forms of accounting documentation, and form knowledge of the organizational structure of the oncological service , managerial and economic activities of medical organizations providing primary health care.
3.5. The origins of the topic: residents acquired initial knowledge at the Department of Public Health and Health Organization
3.6. Output of the topic: the knowledge and skills acquired in the classroom are necessary for the implementation of oncological preventive measures, the conduct of sanitary and educational work on hygiene issues, and the completion of oncology records.

Motivation of the theme of the lesson. Mastering by clinical residents the orders of the Ministry of Health of the Russian Federation, federal oncological institutions, the algorithm for conducting cancer preventive examinations, the nature of the medical examination of cancer patients, the procedure for issuing medical records, referrals for consultations and treatment to other cities.

Lesson plan.
1. Control test tasks.

2. Oral-speech survey based on theoretical material (the system and timing of clinical examination of cancer patients, the procedure for filling out and forms of accounting documentation, the functions of the oncology and examination room, the definition of the concept of "cancer register", the tasks of cancer epidemiology, the structure of oncological morbidity, oncological service indicators).

Test questions:
- How is the incidence rate of malignant neoplasms calculated?

What is active cancer detection?
What is a standardized and crude incidence rate?
What industries with carcinogenic hazards do you know?
What professions with carcinogenic hazards do you know?
Is the term “early cancer detection” correct?

Listening to abstracts on the following topics:
Examination room work
Police record of those examined,

- Clinical groups,
- Epidemiology of cancer and its tasks,
- Types of indicators of oncological morbidity.
- The structure of cancer incidence in men and women,
- Clinical examination of background and precancerous conditions.
- Managed negative environmental factors.
- Criteria for areas of risk according to the oncological situation.

Practical work of residents:
Establishment of a clinical group in 4-5 patients according to outpatient cards, compilation of 4-5 protocols of neglect on outpatient cards and their analysis, registration of referrals for treatment to federal centers, analysis of 3 reports on oncoprofessional examinations, analysis of 6 passports of districts on oncological indicators.

INTRODUCTION The increase in the incidence of malignant neoplasms (MN) and mortality from them is one of the negative trends in the dynamics of the state of health of the Russian population. In 2007, the death rate from cancer was 13.8%. In this regard, the Ministry of Health and Social Development of the Russian Federation, within the framework of the priority national project “Health”, developed the National Cancer Program, focused on the early detection of diseases and their timely treatment. Until 2015, the program should cover all Russian regions. The fundamental point of the program is the formation of stages in the provision of specialized oncological care, i.e. development of patient routing. The next task is to form the primary link of oncological alertness among doctors in relation to their patients. This means that local general practitioners and general (family) practitioners must convince and encourage their patients to undergo preventive screening for cancer. The primary link in the organization of oncological care for the population is the primary oncology room (POC), which is expected to be opened in every outpatient clinic. Primary oncology rooms are becoming mass conduits of ideas for improving oncological care in the country's medical network, the first consultants of polyclinics on the diagnosis and treatment of oncological patients, organizers of preventive examinations of the population aimed at detecting oncological diseases. The completeness of registration of oncological patients, the effectiveness of their dispensary observation depend on them.

ORGANIZATION OF ACTIVITIES AND TASKS OF A PRIMARY ONCOLOGICAL ROOM Oncology rooms are the primary link in the system of oncological care. They are created on the basis of city and central district polyclinics, including children's ones. The POC is headed by a qualified oncologist or pediatric oncologist with the appropriate certificate. In methodological terms, he reports to the head doctor of the regional (regional, district, republican) oncological dispensary, and in administrative terms - to the head doctor of his medical institution. The work of the QAP is built in accordance with the Procedure for the provision of medical care to the population in case of oncological diseases, approved by the order of the Ministry of Health and Social Development of the Russian Federation dated December 3, 2009. No. 944n (registered in the Ministry of Justice of the Russian Federation on December 15, 2009 No. 15605). The regulation on the organization of the activities of the QEP of city and central district polyclinics, as well as the children's QEP are presented in appendices 1, 2. The QEP is organized in accordance with the current staff standards in an outpatient clinic (subdivision) of urban and rural areas, in which it is a structural division. It should have facilities for the reception of patients, the implementation of medical procedures and the storage of medical records. The recommended list of QAP equipment is given in Appendix 3. The staff of QAP medical personnel is established depending on the volume of medical care, but not less than 1 full-time position of a doctor and paramedical worker. In accordance with the Procedure for the provision of medical care to the population in case of oncological diseases, approved by order of the Ministry of Health and Social Development of the Russian Federation dated December 3, 2009 No. No. 944n, the position of an outpatient oncologist is established at the rate of 1 position per 500 people of the contingent of dispensary oncological patients. With a smaller number of dispensary oncological patients - 1 position of a doctor and 1 position of paramedical personnel in a ratio of 1:1. The load rate at an outpatient appointment is as follows: consultative appointment - 20 minutes; medical and diagnostic reception, incl. repeated - 20 min; on-site consultation – 60 min.

In order to improve oncological care for the urban population, especially in large cities, it is advisable to create district oncology departments by pooling the personnel and material and technical base of the POC of urban polyclinics. This allows you to significantly increase the volume and improve the quality of medical and diagnostic care for cancer patients. The POC

works according to a plan agreed with the chief physician of the oncological dispensary and approved by the head of the institution, in which the office is organized. When creating QAPs and their staffing and medical equipment, it is necessary to take into account the characteristics of a particular territory (length, transport links, demographic indicators) and

her oncological situation (morbidity and mortality from malignant neoplasms, indicators of neglect and one-year mortality). The main tasks facing QAP are: registration of patients with malignant neoplasms living in the territory of the office, control over the timely sending of notices to them in oncological dispensaries; provision of advisory and diagnostic assistance to patients with cancer and with suspicion of them and, if necessary, referral of the patient to an oncological dispensary; treatment in accordance with the standards of medical care for patients with cancer; dispensary observation of patients with malignant neoplasms and some forms of precancerous diseases; consultations and patronage at home of patients with malignant neoplasms (according to indications); control over the timely hospitalization of patients for special, ¬ palliative and symptomatic treatment, analysis of the reasons for refusals from hospitalization; analysis and analysis of diagnostic errors with doctors of outpatient and polyclinic institutions; methodological assistance to doctors of the general network in organizing preventive examinations, clinical examination of patients with precancerous and chronic diseases, sanitary and educational work among the population. REGISTRATION OF PATIENTS WITH MALIGNANT NEOPLASMS In order to ensure the registration of patients by physicians of PKD and institutions of the general medical network, in which the patient was diagnosed with cancer for the first time, regardless of the departmental subordination of these medical institutions, the registration form “Notice of the patient with the first time in of life with an established diagnosis of a malignant neoplasm” (form No. 90/U) (hereinafter referred to as the “Notice”), approved by order of the Ministry of Health of the Russian Federation No. 135 of April 19, 1999. The “Notice” is filled in for all patients who were diagnosed - a new malignant neoplasm for the first time, including: on patients who independently applied to a medical institution for medical care; on patients identified during medical examinations, on preventive examinations, during the implementation of screening programs; on patients identified during a medical examination; on patients identified during examination and treatment in a hospital of a medical institution, in particular, in the diagnosis of malignant neoplasms during surgery; for patients who were diagnosed with malignant neoplasms at autopsy ("Notice" in this case should be completed in the prosecture, pathoanatomical department (laboratory) of a medical institution); on patients who were diagnosed with cancer after death and information was obtained by reconciling information about those who died from cancer according to the registry office and statistical offices with information from oncological institutions; for patients with pre-invasive cancer (carcinoma in situ). - "Notice" is not filled in for patients with diseases suspected of MN, for patients with precancerous diseases, for patients with benign tumors. The “Notice” must be completed on the day of diagnosis, sent to the oncological institution of the regional level (regional, republican, regional) at the place of permanent residence of the patient within 3 days from the date of filling. The QAP doctor must ensure quality control, completeness and timeliness of filling out the "Notice". In case of violation of the rules for filling in and sending out the "Notice" by the medical institution, the physician of the POC must notify the head physician of the indicated medical institution about this. The QAP carries out the removal of duplicates of the "Notice", clarification and verification of the information entered in the "Notice". The stage of the tumor process in patients with malignant neoplasms can be specified taking into account the data obtained during the surgical intervention, if it was performed no later than two months after the diagnosis was established. The POK doctor draws up a “Notice” in cases where only an “Extract from the medical record of an inpatient

with a malignant neoplasm" (f. No. 027-1 / U, approved by order of the Ministry of Health of the Russian Federation No. 135 of April 19) comes to him from a medical institution 1999) or "Protocol in case a patient is diagnosed with an advanced form of a malignant neoplasm" (f. No. 027-2/U, approved by order of the Ministry of Health of the Russian Federation No. 135 of April 19, 1999). All collected and verified "Notifications" no later than the 10th day of each month must be sent to the regional (regional, republican) oncological dispensary. QAP exercises control over the completeness of registration of post-mortem diseases. On a monthly basis (until the 25th day of the current month), POK employees must verify the number of registered deaths from malignant neoplasms with the data of the registry offices (territorial bodies of the Federal State Statistics Service). Simultaneously with reconciliation, the correctness of coding the cause of death of the deceased from MN is checked in accordance with ICD-10. The underlying disease must be listed as the cause of death. If the deceased was not registered with the POC, the underlying disease is clarified at the medical institution at the place of residence or treatment of the patient. If it is established that the main

make an appropriate correction within a month from the date of issuance of the certificate. For those who died from cancer, who were not registered with the POK during their lifetime, they fill out a "Notice" with the note "Recorded posthumously". In addition, for all those registered posthumously, a "Protocol in the event that a patient has an advanced form of a malignant neoplasm" is drawn up (form No. 027-2/U). "Notice" is a signal document, on the basis of which the patient's data is entered into the database of the territorial population cancer registry, into the "Control card for dispensary observation of a patient with a malignant neoplasm" (form No. 030-6 / U, approved by order of the Ministry of Health RF No. 135 dated April 19, 1999) or "Registration card of a patient with a malignant neoplasm", (form No. 30-6 / GRR, approved by order of the Ministry of Health of the Russian Federation No. 135 dated April 19, 1999), the patient is taken under dispensary observation. "Notification" is the main source of information in the preparation of annual statistical reports of the territorial oncological institution in the form No. 7 "Information on diseases of malignant neoplasms." The period of storage of the "Notice" is not less than 5 years. To control the reliability of the presented statistical data and plan the organization of medical care for cancer patients, it is necessary to regularly analyze the quality of patient records. An objective criterion for assessing the completeness of accounting is the Accounting Reliability Index (IAI), i.e. the ratio of the number of deaths from cancer to the number of cases of cancer during the reporting period. It is advisable to study the quality of registration of patients using IDU to control the registration of the total number of patients with malignant neoplasms, to identify defects in the registration of patients with malignant neoplasms of various sex and age groups, as well as to control the registration of patients for each tumor localization in order to objectively analyze patterns spread of ZNO. It should be borne in mind that when calculating the LI for the total indicator, it is necessary to exclude malignant tumors of the skin (C44), since the mortality from them is very low and may distort this indicator for the reporting period. The calculation formula for determining the index of reliability of patient registration has the following form: $IMU = \frac{U - Uk}{Z - Zk}$, where U - the total number of deaths from all forms of malignant tumors for the reporting period; Uk - the number of deaths from malignant skin tumors for the reporting period; Z - the total number of patients with all forms of malignant neoplasms for the reporting period; Zk - the number of cases of malignant skin tumors for the reporting period.

It should be remembered that when calculating the MDI, the proper level of registration of deaths from malignant neoplasms is of particular importance, since underestimation of

mortality creates the appearance of the well-being of the indicator under consideration. With a well-established record and level of medical care for patients with cancer, the number of cases of diseases should exceed the number of deaths by at least 25%, i.e. IMU should be no more than 0.8 (80%). An IMU indicator of more than 0.8 indicates the absence of a well-established system for sending “Notifications” to the POK by institutions of the general medical network and departmental medical institutions, as well as the need for stricter control over the correctness of encryption by the registry offices of the main cause of death of the deceased from MN. When analyzing the quality of registration of cancer patients, special attention should be paid to the older age groups (60–69 years, 70 years and older), the so-called “unorganized” population, since the incidence of malignant tumors in these age groups is higher. , and there are relatively fewer opportunities for timely diagnosis. Therefore, the probability of undercounting patients in these populations is greater. It is most expedient to use IMU when assessing the quality of registration of patients with internal malignant neoplasms, less accessible for diagnosis and treatment of localization, with high mortality. DISPENSARY MONITORING OF PATIENTS WITH MALIGNANT NEOPLASMS In the context of the transition of medical institutions of the Russian Federation to the registration and monitoring of patients in the State Cancer Registry, one of the following documents is filled out for each patient in the QC: "Control card for dispensary observation of a patient with malignant neoplasm formation" (form No. 030-6/U) or "Registration card of a patient with a malignant neoplasm" (form No. 030-6/GRR). The "Registration card" is an extended analogue of the "Control card" and corresponds to the software product "Information and analytical system" Cancer-Register "(certificate of state registration of the computer program No. 2008612165), created at the Russian Center for Information Technologies and Epidemiological Research - research in the field of oncology of the Ministry of Health of the Russian Federation as part of the P. A. Herzen Moscow Research Institute of Oncology.

monitoring the state of health and the process of special treatment of a patient with cancer. Correct filling it provides for the unification and reliability of the entered data and ensures the formation of an information array of the population cancer register of the administrative territory on paper. The "control card" is focused on entering the information contained in it about a patient with cancer into the database of the population cancer registry of the administrative territory and updating this database. "Control cards" are the main source of information when compiling annual statistical reports of a territorial oncological institution according to form No. 35 "Information on patients with malignant neoplasms." "Control cards" are filled in for all patients with an established diagnosis of cancer (including patients with a diagnosis established earlier; patients with a diagnosis established post-mortem) living in the service area of an oncological institution. "Control cards" are filled in for all patients with diagnoses that fit into the headings C00 - C96 and D00 - D09 of the ICD-10. The "control card" is also filled in for newly arrived in the area of operation of the territorial oncological institution of patients with malignant neoplasms, who were previously registered with another territorial oncological institution. In case of multiple primary tumors (synchronous, metachronous, synchronous-metachronous) in case of detection of a second (third, etc.) malignant neoplasm, a new "Control Card" or "Registration Card" for the patient is not filled out. Fill in the insert, in which information

about the new tumor and its treatment is entered (sections "Diagnosis", "Treatment"), and put it in the "Control card" of the patient. Those registered posthumously with a diagnosis established during their lifetime include those who died in the reporting year from malignant neoplasms, who were not registered with a territorial oncological institution, but who were diagnosed with a malignant tumor during their lifetime. These include patients who were registered with medical institutions of other ministries and departments (the Ministry of Internal Affairs, the Federal Security Service, the Ministry of Defense, the Ministry of Railways, etc.), patients who died in the hospital shortly after the diagnosis of MN was established, for whom "Notice", etc. The sources of information for filling in the "Control card" are: "Notice of a patient with a diagnosis of a malignant neoplasm for the first time in his life" (form No. 090/U), "Extract from the medical record of an inpatient patient with a malignant neoplasm" ( f. No. 027-1/U), “Medical card of an outpatient patient” (f. No. 025/U), “Medical card of an inpatient” (f. No. 003/U) and other primary medical documentation. The "control card" is also filled in for patients registered with an oncological institution with diseases suspected of having malignant neoplasms and for patients with precancerous diseases. "Control cards" of patients with pre-invasive cancer (carcinoma in situ), with diseases suspected of MN and with precancerous diseases are kept separately. Their data are not included in the report of the oncological institution in the form No. 7 “Information on diseases with malignant neoplasms”. The "control card" must be completed within 3 days from the moment the oncological institution receives signal information about the detection of a malignant tumor in a patient, which is the basis for taking the patient to a dispensary. If the signal documentation about the case of MN does not contain any data necessary to fill in the relevant items of the "Control Card", they should be clarified according to the entries in the medical records of the outpatient and inpatient patient, other medical documents or by request sent to the competent medical institution, bodies that register the causes of death, disability, etc. It is mandatory to fill in items 02 (last name, first name, patronymic), 03 (date of birth), 04 (gender), 06 (home address), 17 (date of diagnosis), 21 ( topography of the tumor), 23 (morphological type of the tumor), 25 (stage of the tumor process), 26 (localization of distant metastases), 27 (method of confirming the diagnosis), 30 (date of start and end of special treatment of the primary tumor), 31 ( the treatment of the primary tumor), and in the case of the death of the patient, also items 14 (date of death), 15 (cause of death), 16 (autopsy), 29 (result of autopsy in relation to this tumor). The card file is compiled according to the territorial principle, placing "Control cards" within each territory according to the location of the malignant tumor, and then in alphabetical order. With the centralized accounting of information about oncological patients, the data of this card file is quarterly checked by the nurse of the POC with the data of the oncological dispensary (regions, territories, republics). After the treatment, patients with malignant neoplasms are subject to a dispensary, the patient is subject to examination one observation throughout his life: the first year once every 6 months, subsequent years - once every 3 months, the second year a year. For dispensary observation of patients with malignant tumors and their registration, the following clinical groups are defined: patients with diseases suspected of MN; − Ia patients with precancerous diseases subject to dispensary − Ib observation by doctors of relevant specialties; patients with malignant tumors subject to special treatment − II, including: patients subject to radical treatment; − IIa practically healthy persons (after radical treatment); − III patients with advanced forms of malignant tumors not − IV subject to radical treatment. The clinical group in patients with newly diagnosed cancer is determined prior to the start of treatment based on the results of

the examination. In patients with malignant tumors of the internal organs, subjected to surgery, the clinical group is determined taking into account the data obtained during the surgical intervention. Patients of clinical group Ia, after establishing the final diagnosis, are removed from the register or transferred to other clinical groups. An in-depth examination of patients of this clinical group should be completed no later than 10 days from the moment they were taken for dispensary registration. Patients about whom the dispensary had no information during the reporting year are considered to be out of observation. If during the examination or treatment of a patient it is revealed that the diagnosis of malignant neoplasm was established erroneously, it is removed from the register. At the same time, the “Control card” of a patient whose diagnosis was not confirmed in the same year when he was registered is subject to withdrawal from the card index, and the “Control card” of the patient registered earlier remains in the card file until the end of the reporting year. In paragraph 13 of the "Control card" the mark "diagnosis was not confirmed" is entered and in paragraph 12 the date of deregistration is indicated. After the summary of data for the year is completed, these "Control cards" are removed from the card index. When a patient is deregistered due to any other reason (a patient leaves the area of operation of a medical institution, the death of a patient, etc.) and there is no information about the patient during the year, the "Control card" is stored in the general array of cards until the end reporting year. After compiling the annual statistical report of the territorial oncological institution according to form No. 7 “Information on diseases with malignant neoplasms” and form No. 35 “Information on patients with malignant neoplasms”, “Control cards” of such patients are withdrawn for archiving. If necessary, in the future, to re-register a patient who has dropped out of observation due to the lack of information about him during the year, a new "Control card" is drawn up for him with an indication of re-registration. It is absolutely unacceptable to store in the general array of "Control Cards" cards of deceased patients and patients about whom the dispensary or register has no information for more than 1 year. These violations are related to the failure by the dispensary of instructions on reconciliation of data on the deceased with the information of the territorial bodies of the Federal State Statistics Service and on the regime for dispensary observation of patients with cancer, which leads to significant distortions in the reporting of the territorial oncological institution. 10 years.-Archival period of storage of "Control cards" Each "Control card" is assigned a permanent serial number. The serial number of the "Control card" must correspond to the order in which the patient was registered in the reporting year. If a patient is removed from the register, the number of his "Control card" in the current year is not reused. In the arrays of "Control cards" of the same year, card numbers should not be repeated. To identify "Control cards" of different years, it is desirable to use the last two digits of the year the patient was registered as the last two characters in the "Control card" number. The serial numbers indicated in the "Control cards" are permanent and do not change in the future. Each dispensary assigns "Control Card" numbers independently of other dispensaries. Patients with precancerous diseases, clinical group Ib, should be under the supervision of doctors of the general medical network (in accordance with the order of the USSR Ministry of Health No. 770 of May 30, 1986) (Appendix 4). In order to ensure the oncological component in the prophylactic medical examination of the population, the oncologist must exercise control over the dispensary observation by general medical doctors of persons suffering from precancerous diseases. Patients with precancerous diseases with a high incidence of malignancy (the so-called obligate precancer) are subject to systematic observation by oncologists. In the surgical

treatment of precancerous diseases, a histological examination of the preparation of the removed focus is mandatory.

After radical treatment for precancerous diseases, patients are subject to dispensary observation for 2 years, after which, in the absence of a recurrence of the disease, they are removed from the dispensary. The PHC doctor should analyze the reasons for refusing hospitalization for special or symptomatic treatment in patients with malignant tumors. The "Control card" should indicate the reasons why the treatment was not carried out. Patients who refused special treatment or who have contraindications to its implementation are in the II clinical group. If during the year these patients are transferred to the IV clinical group, they continue to be among those who refused treatment or had contraindications to it until the end of the reporting year. At the end of treatment in all hospitals, for each cancer patient, an “Extract from the medical record of an inpatient with a malignant neoplasm” (form No. 027.1/U) is compiled, which is necessary for dispensary observation, more complete accounting and study of long-term results of treatment. When the "Extract" is received by the POC at the patient's place of residence, the oncologist must transfer all the information from the "Extract" to the "Control Card". In order to improve the skills of doctors in matters of early diagnosis of cancer and its timely treatment, as well as to increase the oncological alertness of doctors in the general medical network, it is necessary to systematically monitor and study all cases of late detection.

malignant tumors. Instructions for monitoring and studying cases of late detection of malignant neoplasms are presented in Appendix 5. Visually accessible localizations should include tumors of the lip (C00), base of the tongue (C01), other and unspecified parts of the tongue (C02), gums (C03), cavity floor mouth (C04), palate (C05), other and unspecified parts of mouth (C06), parotid salivary gland (C07), other and unspecified major salivary glands (C08), palatine tonsil (C09), oropharynx (C10), straight intestine (C20), anus and anus (C21), skin (C44), breast (C50), vulva (C51), vagina (C52), cervix (C53), penis (C60), testis (C62) ), skin of the scrotum (C63.2), eyes (C69), thyroid gland (C73), skin melanoma (C43). “Protocol for the case of detection of an advanced form of malignancy in a patient” (form No. 027-2/U) is drawn up by all medical and preventive institutions where a case of late diagnosis of a malignant tumor during the patient's lifetime was first established. Drawing up the "Protocol" and analyzing the causes of neglect should also be carried out if the patient, who did not receive any special treatment, died of a malignant tumor within 3 months. from the moment of establishing the diagnosis of MN, as well as if the diagnosis of MN was established posthumously. The non-compilation of the "Protocol" should be considered as a concealment of cases of delayed diagnosis of cancer. The "Protocol" is drawn up simultaneously with the "Extract from the medical record of a patient with a malignant neoplasm" (form No. 027.1/U). In the case of diagnosing the neglect of the tumor process in polyclinic conditions, the "Protocol" is filled in on the day of the diagnosis. For each case of a neglected malignant tumor, the “Protocol” is drawn up in 2 copies: one of them is attached to the “Medical record of an inpatient” (form No. 003/U) or the “Medical record of an outpatient” (form No. 025/U), the other one is sent to the oncological dispensary of the territorial (regional, republican, krai) level at the place of permanent residence of the patient. "Protocol" must be sent no later than 3 days after its compilation.

5 years. − The archival period of storage of the "Protocol" The POC physician conducts primary and consultative appointments with patients who apply for malignant and benign tumors, pathology suspected of malignant neoplasms, precancerous diseases, and also

provides outpatient treatment (chemo-, hormonal -, immunotherapy, restorative and symptomatic therapy). In addition, the POK doctor conducts a number of diagnostic measures in order to differentially diagnose the pathological process and ensure the adequacy of the treatment: puncture of tumor formations, scraping from the ulcerated surface of formations on the skin, mucous membrane. The obtained material is sent to the cytological laboratory on the same day. In order to timely send the material to the cytology laboratory and get a quick response, the POK doctor together with the head doctor of the polyclinic (city, Central District Hospital) develop a schedule and route for traffic. The term for receiving a response from the cytological laboratory should not exceed 7 days. An oncologist together with doctors of clinical laboratory diagnostics quarterly analyze the data of cytological studies. The oncologist takes urgent measures to hospitalize patients for further examination and treatment.

METHODOLOGICAL GUIDELINES FOR ANTI-CANCER ACTIVITIES

One of the important sections of the work of a PKD doctor is the analysis of the causes of late diagnosis of tumor diseases. To this end, he must control the correctness of filling in the "Protocols" by medical institutions, organize their analysis at medical conferences of medical institutions with the clarification of the causes of diagnostic and tactical errors, plan and carry out activities to improve the skills of general practitioners. - training network in matters of timely diagnosis of malignant neoplasms, etc. An important place in the activities of a QAP physician is occupied by methodological guidance in conducting preventive examinations of the population in order to identify oncological and precancerous diseases, carried out by medical workers of the general medical network. All preventive measures are carried out in close contact with the chief physician of the medical institution, the head of the prevention department of polyclinics, and are also coordinated with the chief oncologist of the territory. Particular attention should be paid by the QAP doctor to work to improve the efficiency of preventive examinations conducted by paramedical workers. An examination room (male and female) is organized in accordance with the established procedure as part of the prevention department, and where it is absent, it acts as a structural unit of the polyclinic of the city, central district, district hospital, polyclinic department of the hospital. The work in the examination room is carried out by a medical worker who has undergone special training in oncology in an institution that has a license for the corresponding type of educational activity.

The POC physician provides general methodological guidance for the work of the examination room and analysis of its activities. The annual analysis takes into account the number of positions of medical workers in the examination room; work experience and their training; number of patients examined per year; number of women with cervical smears for cytology; the number of cancer patients diagnosed per year (by location and stage); number of patients with precancerous diseases (by location). Accounting should be carried out according to the final medical diagnoses. When analyzing, it is also necessary to pay attention to the daily workload of the medical worker in the examination room. In case of insufficient load, it is necessary to take measures to increase the flow of visitors to the examination room. The POK doctor performs: primary briefing of the employee of the examination room and the feldsher-obstetric station (FAP) on the methods of examining patients and maintaining documentation; systematic control over the observance by the

employee of the examination room of the mandatory examination methods; organization and analysis (together with the departments of prevention) of the card index of the examination room for persons aged 30 years and older living in the service area of the polyclinic and identifying persons from among the unorganized population who do not attend the examination room; ensuring additional examination of patients identified during preventive examinations; informing the employee of the examination room about the updated diagnosis of patients referred for additional examination (reconciliation of the identified pathology with the final diagnosis established during the additional examination by specialized specialists).

This is one of the forms of work to improve the professional knowledge of the employees of the examination room, conducting preventive examinations; control over the implementation and quality of the oncological component of preventive examinations conducted in the FAP; control over the timely sending of the material obtained in the examination room, FAP and during medical preventive examinations for cytological examination and the deadline for receiving answers from the cytological laboratory (7 days for city medical institutions and no more than 30 days for regional districts). The POC doctor, together with the doctor of clinical laboratory diagnostics, controls the correctness of sampling for cytological examination, documentation (referral forms, registration journals, file cabinet) and the timeliness of sending the material to the cytological laboratory, as well as referral of women with a cytological conclusion "cancer" and "threatened by cancer pathology" to the oncology dispensary for further examination and treatment. Women with inflammation and mild dysplasia should be referred to an antenatal clinic. An important component of anticancer measures is sanitary and educational work among the population. Sanitary anti-cancer propaganda should be targeted and carried out taking into account the oncological situation and specific local conditions (prevalence of bad habits, pollution of atmospheric air and natural landscapes, social and living conditions, etc.). To carry out this work, it is necessary to have a close relationship between the POC and the oncological dispensary (regional, regional, republican, city) in order to obtain methodological materials on anti-cancer propaganda. To conduct anticancer measures, the POC physician should widely involve public organizations, make wider use of the media - print, radio and television.