



A Modern Approach to the Detection of COVID-19 in Oncological Patients in Pandemic Conditions

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Abstract

Relevance: Ra is common COVID-19 began in the whole world at the beginning of 2020, and one of the most vulnerable subgroups of the population were identified oncological diseases. The purpose of the study: to study the risk of recurrence of COVID-19 in the subtype of swollen face in malignant diseases. and conduct monitoring with the help of the created registry “Can COVID” в г. Shymkent (Turkestan region).

Keywords: COVID-19; SARS-CoV-2; Swelling

Identify risk factors and criteria for rapid progression of organ damage and COVID- 19 treatment systems in oncology patients for the selection of medical tactics and prevention of complications and adverse outcomes in patients.

The program “Can COVID” is planned to start on 01.01.2021 and is aimed at attracting more than 90% of medical centers in the city. Shymkent, which will allow achieving the delivered goal: cancer, disease, SARS-CoV-2, risk, register.

About 24 million people around the world are diagnosed with cancer, and every day there are 1000 new diagnoses. Patients with cancer have increased susceptibility to SARS-CoV-2 infections and have serious consequences of impaired immune function.

The course of the disease in humans infected with acute respiratory coronavirus syndrome (SARS-CoV-2) is phenotypically different [1]. Most people have only mild symptoms, and these antibodies show that some people have symptoms, but they

are still actively transmitting and spreading the virus. However, some people develop severe symptoms and may have an extreme phenotype with respiratory insufficiency, a syndrome of the release of cytokines and poly organic deficiency. Subgroups of patients with COVID-19 with increased risk of disease and death, including elderly patients, men (for women), and patients with concomitant diseases, such as arterial diabetic hypertension, hypertension, hypertension. and cancer [2].

COVID-19 is everywhere in the world by 2020 from the beginning to spread from the very beginning after a while oncological patients Population special vulnerable groups in appearance identified. Dangerous cancer infected SARS-CoV-2 infection in patients and risk of more serious diseases _ this _ _ while people publicly part high-level intensive caring necessary The disease develops rapidly_ _ I want to and to die Danger increases [3].

But it is dangerous cancer diseases each different collections and originals cancer Assortment of different stages, forecasts and results very much different all age patients heterogeneous in a group effect does. So that's all oncological patients sensitive to COVID-19 tot marking come to mind irrational and without information to be possibly [4].

Research goal

Swelling small type risk from COVID-19 research work and in the city of Shymkent created malignant cancer patients with diseases with use monitoring.

Research obligations

- Treatment tactics choice and patients complexity and inconvenience Results prevention to raise for oncological in patients with COVID-19 organisms and systems to harm dangerous factor and criteria determination.
- Individual patient developed register With help deep research work set questions solution find possibility gives. diseases development inconvenient factor weather forecasters to determine and treatment and prevention to raise methods find possibility gives.

Scientific _ novelty and significance

The project novelty - positive on CIVID-19 result under the conditions oncological patients with CMIS (integrated medical

Information system) database on the basis of the Can COVID register _ application through whole Turkestan positive result for COVID-19 in the region result under the conditions oncological patients control with the purpose of monitoring will become will be found [5].

This project from 01.01 begins. 2021 and malignant cancer infected among urgent according to the report _ in the world first projects one will become is available in the registry "Can COVID". Left At [6] oncology at COVID-19 patients control possible not removed, and the COVID-19 virus malignant with cancer interaction and malignant swelling treatment not clear was and reports small patients research work on the basis of. As a result extraordinary event case Delete within limits project report _ begins. The project The goal is to have 14 clinics and 10 people in the clinic and in the city of Shymkent urban oncological oncology center (ONC) COVID-19 status in patients to determine and research.

Basic questions take off Contains COVID-19 for oncology patients and malignant in humans with diseases virus in the body interaction deep research work necessary. Research work in the flow malignant Disease COVID-19 in humans with disease flow Features determined. and diseases bad Results reason to determine and treatment and prevention options improvement [7].

Project malignant Detection and prevalence of COVID-19 in humans with the disease to determine each polyclinic and oncology in the centers real-time in mode developed register With help physical face to learn nacelen on. Also oncological _ in patients caused by coronavirus 2 (SARS-CoV-2) heavy urgent _ respiratory with syndrome infections frequency learned. This approach oncologists treatment tactics in management solution reception for important Information get possibility gives [8].

Wenhua Liang and his colleagues 6 of 1590 patients with COVID-19 in China standing from 18 oncologists in cohort patient found reported that _ oncological COVID-19 in patients China General residents by comparison with growth (1.13% vs. 0.29%) [9,10]. This competition In Wuhan third with cancer in the hospital sick SARS-CoV-2 infection in patients studied completely Researchers also suggested. oncology The incidence of COVID is 19 in patients (1524 patients) within 0.79% of the city of Wuhan General residents above (0.37%) was [11-13].

Research work methods and ethical questions

Forward set assignments to take off для г. Shymkent and TO clinics and honey. centers (GOC clinical grounds) COVID-19 and SARS-CoV-2 recognized positive results in patients in the database on the basis of register Can COVID Information base with use with a cohort _ research work are available. KMIS.

- **Input criteria:** Malignant patients with diseases and COVID-19, a positive result for SARS-CoV-2 result, laboratory-confirmed, 18 years older, but 72 years to with diagnosis.
- **Removal criteria:** Patients with primary immunodeficiency, tuberculosis_ _ _ sick Patients are also infected with HIV. patients.
- **Control group:** From 18 to 70 years to malignant cancer no patients.
- **Medical research work type:** Avenue, straight control.

Complaints and history of the disease (medical card, history of disease) clinical looks benefits was with the moment from pain _ in the speaker is going and analyzed.

Research predictable volume: malignant diagnosed with cancer _ all in patients positive SARSCov2 - COVID 19, light, medium, heavy, and very much heavy flow.

Patients check complex (caused by SARSCov2) Diagnosis and treatment of coronavirus infection - COVID 19 clinical to the protocol and Kazakhstan Republics malignant cancer diseases diagnosis and treatment for clinical protocols accordingly).

The next indicators is considered

- Malignant the patient with the disease diagnosis, stage to determine
- Diseases clinical flow Features analysis, vital important signs assessment (in the blood) oxygen level, blood pressure, heart war, body temperature).
- Diagnostics in the flow patient General health condition analysis.

The history of the epidemic to determine

- Blood, urine, biochemical blood analysis, urgently phase perhaps, coagulogram General analysis indicators assessment.

- Coronavirus infections diagnostics (PCR) and/or coronavirus antibodies detection (SARSCov2), infectious process period assessment viral antigens.

Instrumental methods

Histological ucheba, breast gap radiography, CT, ECG, echocardiography, spirometry, MRI. PET CT.

This Information malignant in patients with disease coronavirus under the influence was in the body necessary changes in time to determine and finally, the definition of COVID-19, SARS-CoV-2 at the end for correctly results to give oncological in patients in the body changes peculiarities of appearance _ helps to learn. diseases mass and treatment as Good to conduct independence from.

Statistical data Editing “Excel 2016” Microsoft® Office, “ IBM SPSS Statistics Version 21 “ Windows for Table to the processor for data analysis packing application throughout is realized.

If Information normal to spread laws in accordance with p students _ _ inevitably control work two independent in a group average significant comparison for is used.

Pearson two independent groups name comparison for applied. Pearson or Fisher exact square. Life to live level method Kaplan -Meyer on appreciated and magazine level tests With help are compared. Independent predictable factor to determine for coke proportional Danger regression analysis applied.

Results

Thanks to the creation of Can COVID, this monitoring register regularly provides information to physicians, providing information on high clinical efficacy for facilitation and facilitation of key decisions, and the project supports and promotes the implementation of key decisions.

As part of this project, we will identify the risks of COVID-19 and therapies, especially chemotherapy. Earlier in the UK, it was said that “patients with COVID-19 are seriously ill after systemic cancer treatment”. However, a number of requested authors, on the contrary, stated that the recent use of chemotherapy has not led to a significant increase in mortality from COVID-19, which was later confirmed by the French registry AID3 with cancer registry A3.

This project first analyzes the subtype of cancer and shows a significant increase in the risk of patients with leukemia. They also found that the risk was very low in patients with cancer of the mammary gland and ovaries/cervix and high in patients with cancer of the prostate gland. This effect was largely due to the protective nature of the woman and the risk factor for aging.

Based on the results of this project, a methodological recommendation will be developed

- Clinical and oncological features of COVID-19 are described in people with malignant neoplasms.
- Describes the development of oncological events that determine the course and outcome of COVID-19 in oncological patients.
- Developed rapidly progressive criteria for organ damage and system with COVID-19 for the choice of treatment tactics and prevention of complications and adverse outcomes in patients with malignancies.

In the course of research we hope to prove or refute the following hypotheses

- COVID-19 causes significant changes in the blood and immune system.
- With COVID-19 develop functional disorders, and in oncological patients this process is exacerbated by cancer intoxication.
- The immune response can be slow to react to leukocytosis and lymphocytopenia, and we can determine the characteristics of COVID-19 in people with oncological diseases.

Conclusion

The Can COVID program starts on January 1, 2021 and is aimed at attracting more than 90% of medical centers in Shymkent to help achieve the delivered goal. Each oncology center will have a team of emergency medical assistance to ensure the availability of clinical data distribution of Can COVID in real time. The project collects information about oncological patients who have a positive impact on SARS-CoV-2 infection, including the type and stage of the tumor, the patient's age, cancer treatment and clinical outcomes so that the oncologist can diagnose oncology. Preparation, collection, analysis and distribution of data are agreed with the Scientific Research Center - Shymkent City Oncology Dispensary.

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