**IMMUNOLOGICAL DIFFERENCES THREE NEGATIVE AND LUMINAL BREAST CANCER IN YOUNG PATIENTS**


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**MATERIALS AND METHODS**

The study was conducted on the basis of RSSPMCOR of the MH RUz from 2012 to 2016. The study included 30 patients with morphologically confirmed breast cancer. The age of patients ranged from 35 to 45 years. The first group consisted of 15 patients with luminal A subtype. And the second group consisted of 15 patients with three times negative subtype of breast cancer. All patients underwent clinical and laboratory examination, and the state of the immune system was additionally studied using the parameters CD19, CD20, CD4, CD8, NK with the calculation of average values of M / m, statistical significance of t and p. Interpretation of the depth of immunological damage and the toxicity of drug therapy was carried out according to integral criteria for the classification of D. Mail. In accordance with it, selective immunodeficiency is a decrease in the number of immunoglobulins of various classes or an increase in immunoglobulin M. A common variable immunodeficiency is a decrease in B-lymphocytes below 0.2 / 10 in combination with the above. Severe combined immunodeficiency is an additional reduction of T-lymphocyte helper cells lower than 0.5 / 10.

**RESULTS**

The cytokine reaction was estimated by reaction rates for each cytokine (TNF-a, IL-2, IFN-y) at the time of initiation of cancer therapy and in the dynamics 12 months after the transition to the rehabilitation group. The calculation of cytokine reaction coefficients was carried out according to the formula (Kp = nCD3 + stim / n CD3 + spont) in various subpopulations of CD3 + synthesizing TNF-a, IL-2, IFN-spontaneously and stimulated in test systems. The state of hyperactivity is determined by CR> 100 Units. Statistical analysis was performed by calculating the average values of M / m, the significant reliability of t and p. and 95% confidence intervals. According to the data obtained in the
immunogram, leukocyte indicators in patients of group 2 are slightly higher than in group 1 (5.1 / 0.07 and 4.43 / 1.56). A similar trend is observed when comparing lymphocytes and granulocytes, as well as in terms of B- and T-lymphocytes. In both studied groups, severe combined immunodeficiency was formed: in one case due to a slowly growing tumor in the body, in the other case due to the chemotherapy. When comparing the mean data, with the luminal A subtype, the frequency of detection of severe combined immunodeficiency is lower than with three times negative. Patients with a threefold negative subtype of breast cancer without chemotherapy are repeated under the scenario of a threefold negative subtype with chemotherapy in comparison with the group with luminal A subtype of breast cancer. Indicators of leukocytes, lymphocytes, granulocytes, as well as all T-and B-lymphocytes with a three-fold negative subtype is higher than with the luminal A subtype. On average, in the luminal A subtype, severe combined immunodeficiency was formed in 68.7% of cases, and in three times negative without chemotherapy, the overall vareableine immunodeficiency was 66.7%. The exception was NK cells, the number of which with a threefold negative subtype of breast cancer is reduced, which indirectly indicates the beginning of the depletion of reserve capacity and the possible transition of the total variable immunodeficiency to severe. In the group with triple negative breast cancer, it is noted that during chemotherapy, there is a decrease in CD4+ of less than 0.5 / 10 l, which forms a severe immunodeficiency in 77.8%. When comparing cytokine levels in serum in patients of the 1st and 2nd study groups, by the end of the first year of therapy, it was noted that the adjuvant hormonal and chemotherapeutic treatment forms in the body various types of pro-inflammatory responses. In patients with hormone-dependent Luminal A subtype of breast cancer, there is a tendency to the successful involvement of TNF-a, on CD3+. Typical is the manifestation of normo-reactivity for the Luminal A subtype of breast cancer and the hyperactivity of a threefold negative subtype. In cases of selective metastasis to the liver in patients with Luminal A, the subtype shows an increase in TNF-a in two cases. In one case of selective metastatic lesion of the skin of the chest and lung lymphangitis, a combined activation of the TNF-a and IL-2 system was detected in patients with triple negative breast cancer.

CONCLUSIONS
The patients with luminal A subtype of breast cancer and triple negative subtype after treatment differ in their immunologic parameters. Differences in the system of immunological homeostasis and cytokine reactivity can be the basis for assessing the risks of selective metastasis in breast cancer.

REFERENCES