According to statistics, MNs in recent decades tend to increase and in frequency of occurrence occupy the second place after cardiovascular diseases and injuries. Issues of MN in children, their diagnosis, treatment and prevention methods are studied by the science such as pediatric oncology. Despite the fact that this science is one of the young areas in oncology, to date, there has been its significant progress. Known modern methods of treatment can cure more than 50% of children suffering from MN, and in some nosologies (nephroblastoma, retinoblastoma, lymphoma) in the presence of timely diagnosis and specialized care, the cure occurs in more than 80% of patients.

Improvement of prevention methods, early detection of MN contributes to adequate treatment, thereby leading to satisfactory results and a decrease in mortality in children. In order to fully understand the current situation, it is necessary to have reliable data on MN statistics, as well as their changes in dynamics, which can be used for epidemiological analysis and monitoring of all nosological units encountered in the child population.

Over the past 30-40 years in the dynamics of MN morbidity in children there has been an increase in a number of diseases. It can be connected both with improvement of diagnostics, and influence of various external and internal factors (physical, chemical and biological, etc.) on the developing children's organism.\textsuperscript{[1,2,3]} The internal factors, first of all, include genetic factors. To date, there are no clearly defined exogenous and endogenous risk factors affecting the mother and child, which have been studied depending on the territorial location, and therefore, this study is relevant and necessary.\textsuperscript{[2,3,4]}

Study of the prevalence, social aspects, possible causes and factors of development of childhood diseases, including malignant ones, is important in the planning of work of oncopediatrics service. Knowledge of the main epidemiological factors of prevalence and causes will allow general practitioners, pediatricians, pediatric surgeons, otolaryngologists and other specialists of various parts of the pediatric network to carry out regular targeted work to improve the level of timely diagnosis and cancer alertness, especially in childhood.

**OBJECTIVE**

To analyze the main statistical indicators of MN in the dynamics in the child population of the Republic of Uzbekistan.

Uzbekistan is the country with a huge human potential. At the end of 2015, the population of Uzbekistan amounted to more than 30 million people, including 63.1\% of the rural population, 36.9\% of the urban population. The age structure of the population is progressive: the number of children – 28.8\%; adolescents under 15 years – 6.7\%, which is much higher than the number of persons over 65 years.

Specific feature of the demographic development of the country is a steady decline in the birth rate. Until the 1990s, the annual population growth was about 3\%, but
in recent years, thanks to the policy of optimization of childbearing and improvement of women of fertile age, it has decreased almost 2 times.

Against the background of high fertility and population growth, imbalance in the age structure, complex social and environmental situation, in particular, the Aral Sea crisis, in the country in the mid 80-ies of the last century “demographic crisis” began to unfold.

It was characterized by the:
- Increased infant and maternal mortality;
- Deteriorating health of the population, especially children and women of fertile age;
- Reduction in life expectancy;

The consequences of the demographic explosion are considered from 2 positions:

**Medical**: High birth rate; deterioration of mothers and children health;

**Socio-Economic**: Increasing population density in the oasis territories; reducing the number of arable land per capita; reducing GDP per capita; the main population - children and adolescents 48 – 50%; increasing the burden on the working part of the population.

Thanks to the policy of the government of the Republic of Uzbekistan in the health care system a number of measures is taking to improve and enhance the quality of medical care provided to the population, including children, which is especially actively begun in connection with the commemoration of the 2014 on the initiative of the President of the Republic, the "Year of healthy child", 2016 – the year "Healthy mother – healthy child".

When considering Uzbekistan in terms of territorial unit, it includes 12 regions, the autonomous Republic of Karakalpakstan and Tashkent city. Each region, in turn, consists of several districts, so the total number of districts is 162; cities and settlements - 118.

The provision of medical care to the children’s population is carried out by primary health care institutions, which regularly conduct inspection by the doctor and permanent patronage by the nurse, as well as, if necessary, timely vaccination and consultation of specialists is carried out.

To conduct and implement high-quality medical care, it is necessary to have full and reliable statistics on morbidity and mortality, which is especially important for specialists of narrow profile, including oncologists, hematologists and oncologists.

**MATERIALS AND METHODS**

Retrospective analysis of the dynamics and structure of MN in children in the Republic of Uzbekistan on the basis of statistical reports of the Republican Cancer Research Center (RCRC) of the Ministry of Health of the Republic of Uzbekistan under the form 7-SSV for the period from 2010 to 2015 with the calculation and analysis of the main statistical indicators (morbidity, delicacy) in the regions of the republic.

**RESULTS**

According to the reports in the republic 418 (2015) of 10,485,000 child population are at the regular medical check-up with MN, this suggests that Uzbekistan is gradually approaching the countries with the highest incidence of cancer in children.

Analysis of the literature data shows that the frequency and structure of MN incidence can fluctuate and have territorial variability, which is associated with the presence of socio-economic, geographical, genetic, natural, domestic and other factors that currently require study.

In our republic, like in all other countries, there are a number of problems in the study of the epidemiology of MN in children. The analysis of the assessment of the main statistical indicators of MN in children cannot be based only on official statistics. Therefore, it is necessary to conduct epidemiological studies in each individual region, with the identification of risk factors, the study of their specificity, followed by the possibility of preventing their occurrence.

The incidence rate of MN in children of our republic is on average 2.3 per 100,000 of population. According to the literature, this figure in other countries is 13-18 per 100,000 of population. According to world statistics, there is a slow but steady increase in morbidity worldwide, which is primarily due to the incidence of MN of the central nervous system, nephroblastomas and lymphomas.

The incidence of malignant neoplasms (MN) in childhood is relatively low, averaging 10-15 cases per 100,000 children in Russia, and in Uzbekistan, respectively, this figure is on average 2.0-2.5. Children account for 2 to 8% of all cancers. It should be noted that in recent years there has been an increase in children with lymphoproliferative diseases and CNS, which is apparently due to the presence of immunogenetic mechanisms of regulation, as well as technogenic factors that cause the activation of carcinogenesis.

Given the heterogeneity of MN indicators, it is likely that it is necessary to work on the formation and creation of the children's cancer register (CR) of the republic, as well as a separate unit - the children's hematological Cancer register, given the high incidence of blood and hematopoietic system diseases in children.

Indeed, the average MN level of morbidity in children is different depending on the region of the Republic of Uzbekistan. The most common MN in children were detected in regions with environmentally unfavorable
conditions, as well as the presence of a large number of industrial facilities, in particular chemical, oil refining, gold mining, mining and uranium mining. This can be seen in terms of morbidity: Tashkent city (662.1), Namangan (412.0), Khorezm region - (336.6), Tashkent (322.0), Samarkand (276.1), Jizzakh (226.6), Republic of Karakalpakstan (217.8), Navoi - (194.2). In the Republic, this figure was 351.9 per 100 000 of population.

Also, indicators of morbidity in children were different in dynamics during the study period, i.e. they tended to increase, thus in Navoi (10.5 times), Syrdarya (5 times), Samarkand (3.6 times) regions. The morbidity rates remained relatively stable in Andijan and Jizzakh regions.

The existing territorial differences in morbidity rates are probably due to the possible under-registration of patients in some regions of the republic, and an important role is played by the factor such as the environmental situation, which is unstable for large centers and cities with developed industrial infrastructure.

The results of our research confirm the opinion of various authors\(^{[3,4]}\) about the connection of the level of morbidity and other basic statistical MN indicators with various risk factors of their occurrence.

Based on this, it can be concluded that the change in statistical indicators in dynamics and their epidemiological analysis requires more in-depth study. It is necessary first of all to study the dynamics of morbidity, its structure, factors contributing to their development, as well as the influence of immunogenetic and immunomorphological features of the child's body. It is also important to establish continuity in the work of primary health care (general practitioners and pediatricians) and oncological services in order to provide more reliable data from primary sources, as well as improve the results of diagnosis and treatment of children with malignant neoplasms.

**BIBLIOGRAPHY**