

## Safety of prescribing MGT after successful treatment of CIN and squamous cell carcinoma of the cervix.

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**Context:** Cancer of the cervix (cervix) takes the 4th place in the structure of the oncological morbidity of the female population. Menopausal hormone therapy (MGT) in minimal doses is part of medical rehabilitation is aimed at preserving the quality of life and preventing diseases, against the background of estrogen deficiency women, due to decreased ovarian function, with varying degrees of intraepithelial cervical neoplasia (CIN) and cervical cancer. **Objective:** The aim of the study was to study the effect of MGT on the risk of relapse with CIN II-III, Ca in situ and invasive cervical cancer after completion of radical treatment.

**Methods:** The follow-up study is based on the evaluation of dynamic observation data and the results of cytological and other survey methods of 57 patients with a morphologically-verified diagnosis: CIN-II; CIN-III, Ca in situ, squamous cervical cancer - I; II and III-stages, which completed a radical treatment program.

**Patients:** The average age of the patients was 51.3 years. In connection with the vasomotor syndrome, the patient was assigned MGT. 57 patients with a morphologically-verified diagnosis were allocated: 9 (15%) - CIN-II; 15 (26%) - CIN-III, 9 (15%) - cancer in situ, squamous cell cervix - stage I - 6 (10.5%); II-stage - 11 (19%), III-stage-7 (12%) patients who completed a radical treatment program. Comparable in size and age control groups are observed without the appointment of MGT.

**Intervention:** The duration of follow-up was 15 October 2017 - 51 months (4.3 years). Patients were annually examined: gynecological examination and taking smears for cytological examination, ultrasound of the abdominal cavity, small pelvis and retroperitoneal space. Determination of the level of squamous cell carcinoma antigen every 3 months for the first 2 years, every 6 months during the 3rd - 4th year, then annually. Radiography of chest organs every year.

CT / MRI was performed according to the indications.

**Results:** Taking menopausal hormone therapy leads to an improvement in the quality of life and does not increase the incidence of relapses of CIN, cancer in situ and invasive forms of cervical cancer.

**Conclusion:** Cervical cancer in an anamnesis is not an obstacle to taking menopausal hormone therapy today. It is necessary to continue the further analysis of this research, to search for predictor factors contributing to the development of cervical pathology in this group of patients, and to prevent its development.

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