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FACTORS CONTRIBUTING TO THE DEVELOPMENT OF LOCOREGIONAL RECURRENCE

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Background

Locoregional recurrence remains one of the leading causes of disease progression following radical treatment for malignant neoplasms. Identification of risk factors associated with recurrence is essential for predicting patient outcomes, optimizing therapeutic strategies, and developing individualized follow-up programs.

Keywords: locoregional recurrence, risk factors, oncology, prognosis, adjuvant therapy.

Objective

To evaluate the main clinicopathological and treatment-related factors associated with the development of locoregional recurrence.

Materials and Methods

Clinical data from patients with malignant tumors were analyzed. The following variables were evaluated: patient age and sex, tumor stage, primary tumor size, histological grade, surgical margin status, lymphovascular invasion, perineural invasion, regional lymph node metastasis, extent of surgery, and the administration of adjuvant radiotherapy and systemic therapy.



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Results

The most significant predictors of locoregional recurrence included advanced tumor stage, regional lymph node metastasis, positive surgical margins (R1/R2), poor tumor differentiation, lymphovascular invasion, perineural invasion, and the absence or incomplete administration of adjuvant therapy. Additional factors influencing recurrence included the biological behavior of the tumor, particularly its molecular and genetic characteristics and proliferative activity. The combination of these factors was associated with a significantly increased risk of early locoregional recurrence.

Conclusion

Identification of factors associated with locoregional recurrence is crucial for individualized treatment planning and postoperative surveillance. Comprehensive assessment of clinical, pathological, and molecular characteristics enables optimization of treatment strategies and contributes to improved prevention and early detection of recurrence.