

SILENT BUT RISING: THYROID CANCER EPIDEMIOLOGY IN MOLDOVA

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Background. Thyroid cancer, the leading endocrine malignancy globally, reflects a paradox of rising incidence and low mortality often linked to overdiagnosis and gender-linked disparities. The demographic and socioeconomic context deeply frame its clinical course, which varies significantly across regions in Moldova.

Objective(s). In Moldova, this study aimed to assess trends in thyroid cancer incidence, prevalence, mortality, and 5-year survival between 2018 and 2022, with a focus on regional, age, and sex-specific patterns.

Materials and methods. A retrospective population-based study was conducted from IMSP Oncology Institute archives (2018–2022). All incident, prevalent, and mortality cases of thyroid cancer (ICD-10: C73) were included. Data was stratified by age, sex, and region. Incidence, prevalence, mortality, and 5-year survival rates were calculated annually per 100,000 population.

Results. From 2018 to 2022, Moldova's crude thyroid cancer incidence rose from 8.42 to 9.86 per 100,000, peaking in urban areas like Chișinău (13.04 in 2019). Women accounted for over 80% of cases, with the 45–59 age group most affected. Mortality stayed low (<1.0/100,000) and mainly impacted those aged 70+. Regionally, the North recorded the highest mortality, while the South showed the lowest 5-year survival. A temporary decline in both incidence and mortality was observed in 2020. By 2022, the prevalence had reached 67.79 per 100,000, with 1,387 long-term survivors (49.99/100,000), reflecting a favorable overall prognosis.

Conclusion(s). Thyroid cancer incidence in Moldova has steadily increased, suggesting improved diagnostic access and aligning with global overdiagnosis trends. Regional disparities emphasize the need to balance early detection with avoiding overdiagnosis and ensuring equal access across all regions.

Keywords: thyroid cancer, epidemiology, overdiagnosis, incidence

POTENTIAL RISK FACTORS IN MDR-TB PATIENTS WITH ACQUIRED RESISTANCE TO WHO GROUP A SECOND-LINE DRUGS

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Background. Acquired Resistance to WHO Group A second-line drugs like bedaquiline and linezolid is a new threat to treatment outcomes in patients with multi-drug resistant tuberculosis (MDR-TB). To improve treatment success and prevent resistance amplification, identifying patient-level risk factors is critical.

Objective(s). To assess the clinical and sociodemographic factors associated with MDR-TB patients with treatment failure and acquired resistance to WHO Group A second-line drugs under the National TB program-PNRT.

Materials and methods. This retrospective cohort study included patients with microbiologically confirmed pulmonary MDR-TB treated under PNRT between 01.01.2021 and 31.12.2022. Patients were grouped by presence/absence of acquired drug resistance. Variables analysed included age, sex, HIV status, education, residence, prior-TB and radiographic findings.