Conclusions. Administration of combinated drugs increase daily diuresis, level of megnesium and level of urine pH which is going to alkalization of urine as a result of expulsion of desintegrated fragments was increasing, as well as reduced attacks of renal colic.
Key words: urinary stone disease, treatment, combination drugs, urine pH

79. TREATMENT OF KIDNEY CANCER

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Introduction. Renal cell carcinoma is the most common type of kidney cancer in adults. It accounts for approximately 3% of adult malignancies and 90-95% of neoplasms arising from the kidney. In recent years, several approaches of active and passive immunotherapy have been studied extensively in clinical trials of patients with RCC. Recent advances in molecular biology have led to the development of novel agents for the treatment.
Aim of the study. To describe the contemporary standard of treatment for kidney cancer, and their comparison with the classical methods of treatment, the current standard of care, the role of prognostic criteria, such as those from the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) criteria.
Materials and methods.. The study presents the magazine of literature (Medline, Scopus, PubMed, School google, etc.)
Results. Radical nephrectomy remains the mainstay of initial treatment for patients with renal tumours without evidence of metastatic disease. The goal of partial nephrectomy is the complete elimination of the primary tumor, while maintaining the highest possible amount of parenchymal renal health. Partial nephrectomy is indicated for the patient with T1 tumors (according to TNM staging for international cancer control) and a normal contralateral kidney. In patients with unresectable and/or metastatic cancers, tumor embolization, external-beam radiation therapy, and nephrectomy can aid in the palliation of symptoms caused by the primary tumor or related ectopic hormone or cytokine production. The drugs used in chemotherapy are floxuridine, 5-fluorouracil and vinblastine. But unfortunately, these drugs are proven resistant to renal cell carcinoma. In contrast with chemotherapy, targeted treatments attack specific molecules and cell mechanisms which are required for carcinogenesis and tumor growth. This specific targeting helps to spare healthy tissues and reduce side effects. Targeted cancer therapies may be more effective than current treatments and less injurious to normal cells. Research has revealed that addition of these targeted treatments to immunotherapy, or using them as a substitute of immunotherapy, nearly doubles the time duration so as to stop cancer growth. Systemic therapy in metastatic renal cell carcinoma includes Sunitinib and pazopanib that are approved treatments in first-line therapy for patients with favorable- or intermediate-risk clear cell RCC. Temsirolimus has proven benefit over interferon-alfa in patients with non-clear cell RCC. Systemic therapy has demonstrated only limited effectiveness. New agents including the small molecule targeted inhibitors like sorafenib, bevacizumab, axitinib and the monoclonal antibody bevacizumab have shown anti-tumour activity in randomised clinical trials and have become the standard of care for most patients.
Conclusions. For patients with surgically resectable RCC, the standard of care is surgical excision by either partial or radical nephrectomy with a curative intent. By contrast, those with

inoperable or metastatic RCC typically undergo systemic treatment with targeted agents and/or immune checkpoint inhibitors.
Key words: kidney cancer, treatement, nephrectomy

80. BLADDER CANCER RISK FACTORS AND PREVENTION

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Introduction. A great number of bladder cancer cases are due to the carcinogenic substances that affect the bladder urothelium, which is eliminated with urine. The risk factors (smoking, occupational factors, infections, inflammation, radiation exposure and others) play a major role in tumor development and progression. This cancer type shows the highest incidence, reported within an occupational environment (Dye industry employees). Moreover, it is the first evidence –based cancer that has proven an infectious etiology of the Schistosoma haematobium parasite, as well as the interaction between exposure to environmental factors and genetic polymorphism has been demonstrated. The environmental harmful substances, toxic workplace conditions and lifestyle particularities might increase the risk of bladder cancer.
Aim of the study. To assess the risk factors in patients diagnosed and treated for bladder cancer.
Materials and methods.. Over the 04.2018 - 06.2019 period, 103 patients diagnosed with bladder cancer were admitted within the Urology Clinic of "N. Testemitanu" SUMPh. The risk factors, living conditions, age and other parameters were analyzed.
Results. Out of 103 patients, 28 (27.2%) were females and 75 (72.8%) were males. The most vulnerable studied age-groups was over 60 years, whereas the mean age was lower in men-64.7 years (from 28 years to over 80 years) and 68.2 years (from 41 to over 80 years) was for women. According to the patient's residence place, the study results were as following: urban-62 cases (60.2%) and rural 41 cases (39.8%). Out of 103 patients, 48 (46.6%) patients used tobacco, of which 10 -women (35.7%) and 38- men (50.7%). According to the occupational factors (i.e. dyes, rubber, textile, furniture and other industries), 9 (8.7%) patients out of 103 were identified, 2-women and 7- men. No patients with infectious etiology of Schistosoma haematobium parasite were reported, which are more commonly encountered in endemic areas.
Conclusions. Based on the aforementioned data, it should be mentioned that bladder cancer occurs more often in men with a mean age over 65, particularly from urban areas. The main risk factors for developing bladder cancer are as following: smoking and other harmful habits, occupational factors, infections, inflammation, radiation exposure, etc. The preventive measures consist of minimizing the risk factors. Smoking cessation is the most effective measure to prevent bladder cancer. The improvement of working conditions and protective measures might also prevent certain cases of occupational exposure. A total water intake of 2 litres per day, as well as frequent urination (more than 4 times a day) are crucial.
Key words: bladder tumors, risk factors