Conclusions

Taken together, these findings show that metabolic abnormalities in adults are not isolated laboratory issues but early warning signs. Even though only a small number of individuals are classified as obese, many already show hypertension, dyslipidemia, impaired glucose handling, and biochemical markers of inflammation or organ strain. When these metabolic shifts are viewed alongside the structural changes seen on imaging such as liver involvement in (32) patients, heart findings in (36), kidney abnormalities in (31), and additional changes across the urinary tract (14), pancreas (26), and gastrointestinal tract (17) a clear pattern emerges. Metabolic disruption appears to set off a cascade of subtle but measurable alterations across multiple organs long before advanced disease becomes clinically obvious. This close alignment between metabolic markers and early organ changes strongly supports the idea that metabolic abnormalities in adults are closely linked to early multi-system organ damage. Seeing these early signals lets us act while the body is still adaptable, not after damage has already settled in. It opens the door to screening sooner, when small changes are easier to reverse. It encourages looking at the whole person, not just one lab value or one organ at a time.

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F. S. Dole, N. M. Firoz

Scientific supervisor: Senior Lecturer A. V. Pronevich

Educational Establishment
"Gomel State Medical University"
Gomel, Republic of Belarus

AWARENESS AND KNOWLEDGE OF PROSTATE CANCER AND SCREENING PRACTICES AMONG MEN: A CROSS-SECTIONAL SURVEY

Introduction

Prostate cancer is one of the most commonly diagnosed malignancies in men worldwide and a major cause of cancer-related morbidity and mortality. Globally, over 1.4 million new cases are reported annually, with more than 375,000 deaths attributed to the disease, making it the second most common cancer in men (WHO, 2022) [1]. The risk increases sharply after age 50, with family history, genetic mutations (e.g., BRCA1/2), high-fat diet, smoking, and obesity contributing to its development.

Early detection significantly improves prognosis. Screening methods such as prostate-specific antigen (PSA) blood testing, digital rectal examination (DRE), and biopsy are widely recommended.

According to the American Cancer Society, men at average risk should begin discussions on screening at age 50, whereas high-risk individuals should start at age 45 (ACS, 2023) [2].

Despite these recommendations, awareness and uptake of prostate cancer screening remain limited, particularly among younger adults. Previous studies show that knowledge of prostate anatomy, symptoms, risk factors, and screening methods is often low even among educated populations (Rawla, 2019) [3]. Understanding these knowledge gaps in young adults is essential for developing effective preventive strategies and reducing the future burden of prostate cancer.

Goal

The aim of this study was to assess awareness, knowledge, and attitudes regarding prostate cancer and its screening practices among young adults and to identify perceived barriers to early detection.

Material and methods of research

A descriptive cross-sectional study was conducted using an anonymous online survey distributed via Google Forms. Respondents included men above 18 years, primarily from India and Sri Lanka. Participation was voluntary and anonymous.

The questionnaire assessed:

– Demographics: age, country, education.
– Family history of cancer.
– Awareness of prostate cancer.
– Knowledge of prostate gland anatomy and function.
– Symptoms and risk factors.
– Screening methods (PSA, DRE, biopsy).
– Screening history.
– Barriers to screening.
– Willingness to undergo screening.
– Sources of information.

Data were analyzed using descriptive statistics, expressed as frequencies and percentages. Findings were interpreted in the context of epidemiological and guideline-based literature (Rawla, 2019; WHO, 2022; ACS, 2023) [1–4].

The results of the research and their discussion

A total of 120 respondents completed the survey. The majority were under 30 years of age (63.9%), followed by 30–40 years (13.3%), 41–50 years (12.0%), 51–60 years (8.4%), and over 60 years (2.4%) (figure 1).

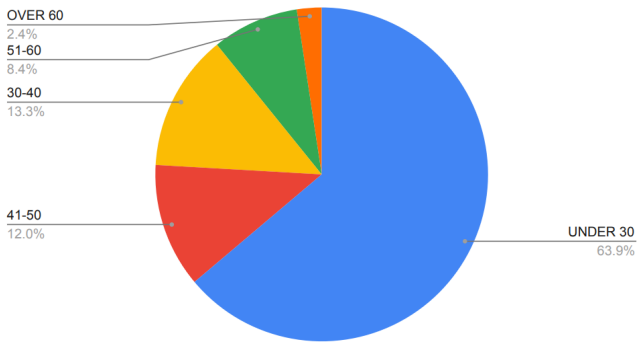


Figure 1 – Age distribution of survey respondents

Regarding family history of prostate cancer, 15.5% of respondents reported a positive family history, 75.0% reported no family history, and 9.5% were unsure (figure 2).

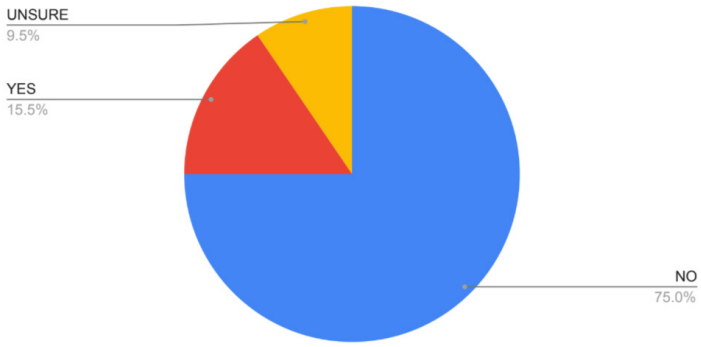


Figure 2 – Distribution of family history of prostate cancer among respondents

Most respondents (74%) had heard of prostate cancer, but only 28% correctly identified the prostate gland. Awareness of appropriate screening age was low, with 62% unsure or believing screening was only necessary when symptomatic. Recognition of common symptoms was limited, with 47% correctly identifying at least one symptom. Knowledge of major risk factors was also insufficient, with only 12% identifying all major factors, such as age >50, family history, high-fat diet, and smoking.

These findings align with epidemiological evidence: despite high education levels, young adults often lack detailed knowledge about prostate cancer (Rawla, 2019) [1]. Awareness of genetic risk and early detection methods remains critical, as highlighted by WHO global statistics and American Cancer Society guidelines (WHO, 2022; ACS, 2023) [2, 4].

Awareness of screening methods was moderate: 41% knew about PSA testing, and 36% about DRE. However, only 5% of respondents had ever undergone screening. The majority (68%) considered early detection "very" or "extremely effective," and 60% reported moderate to high willingness to participate in screening if recommended by a healthcare professional.

This gap between knowledge and positive attitudes highlights a key opportunity: targeted education and accessible screening programs could translate willingness into action (ACS, 2023) [4].

The main reported barriers were:

– Lack of awareness: 56%.
– Fear of diagnosis: 22%.
– Cost: 10%.
– Access issues: 8%.
– Cultural stigma: 4%.

Participants suggested that awareness programs, social media campaigns, community health talks, and affordable screening services could help overcome these barriers, consistent with global public health recommendations (WHO, 2022) [2].

Conclusions

This study demonstrates that among young adults, awareness of prostate cancer, risk factors, and screening is limited, despite positive attitudes toward early detection.

Key findings:

– Only 28% could correctly identify the prostate gland.
– Less than half recognized major symptoms.
– Knowledge of major risk factors and screening methods is insufficient.
– Screening uptake is extremely low (5%), but willingness to participate is high.
– Main barriers: lack of awareness, fear, and cost.

Recommendations:

1. Implement structured educational programs and awareness campaigns targeting young adults.
2. Provide accessible and affordable screening services in community settings.

3. Integrate prostate health education in university curricula.

Bridging the knowledge gap in young populations could significantly reduce future disease burden and improve early detection, in line with global guidelines (Rawla, 2019; WHO, 2022; ACS, 2023) [1–4].

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M. Elghali, H. A. Sattar, T. Moosa

Scientific supervisor: PhD, Associate Professor E. G. Malaeva

Educational Establishment
"Gomel State Medical University"
Gomel, Republic of Belarus

CLINICAL CHARACTERISTIC PATIENTS WITH ULCERATIVE COLITIS

Introduction

Ulcerative colitis (UC) is an idiopathic inflammatory condition of the colon that results in diffuse friability and superficial erosions on the colonic wall and associated bleeding. It is the most common form of inflammatory bowel disease worldwide. Characteristically, it involves inflammation restricted to the mucosa and submucosa of the colon. Typically, the disease starts in the rectum and extends proximally in a continuous manner [1].

It is also important to consider disease extent when planning treatment in UC, as this may affect the optimal route of Drug administration. This is typically defined according to disease involving the rectum only [proctitis], disease distal to the Splenic flexure [left-sided UC], or disease extending proximal to the splenic flexure [extensive UC] [2].

Goal

The purpose of this study is to analyze the clinical characteristic patients with ulcerative colitis.

Material and methods of research

A cross-sectional, single-center study involving 25 patients with Ulcerative Colitis was conducted at the gastroenterology department of Gomel State Clinical Hospital No. 3 in January 2026. This study aimed to understand the clinical presentations and complications associated with Ulcerative Colitis in the hospitalized population of Gomel. Through this detailed analysis, we sought to identify patterns and insights that could enhance the management and treatment of Ulcerative Colitis in similar clinical settings.

25 people of different age groups of Belarus has participated in this study, of which 3 participants belonged to 20–30 age group, 12 participants were from 30–50 age group and 10 participants were from 50–70 age group. Among them 60% were Male and 40% were female.