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**summaries of publications after holding the academic position of ASSISTANT
PROFESSOR**

1.Kadim M., Kiosev I, Peev V, Kalinov D, Belovejdov V, Koleva M., Rare Case of Metastatic Primary Testicular Angiosarcoma., Merit Research Journal of Medicine and Medical Sciences 2021; Vol. 9(3): 196-199. ISSN: 2354-323X; DOI: 10.5281/zenodo.4627813, 2021

Primary pure angiosarcoma of the testis is an exceptionally rare testicular malignancy, which is poorly understood. We present the fifth and youngest case in the current medical literature. Additionally, all cases of angiosarcoma of the testicle, both occurring with associated germ cell tumor and without, were compared in an extended tabular format.

A 56-year-old man presented with unilateral scrotal pain, swelling and erythema. Ultrasonography revealed two testicular lesions with a high suspicion of malignancy, but serum tumor markers were negative. A radical orchidectomy was performed with clear surgical margins. Diagnosis of primary pure angiosarcoma of the testis was confirmed on subsequent histopathology.

Primary pure angiosarcoma is a rare testicular neoplasm. We present the fifth case in the literature. Clinical and radiological features are non-specific. The diagnosis is purely histological, with the pathologist choosing immunohistochemistry based on abnormal morphology. Local invasiveness is variable but metastatic sites are typical for extra-gonadal angiosarcomas. Primary pure testicular angiosarcoma diagnosis confers a relatively better prognosis compared to angiosarcoma arising in the context of a testicular germ cell tumor. While extra-gonadal angiosarcomas are associated with high rates of local recurrence following resection, in all cases of testicular angiosarcoma there were no local recurrences following radical orchidectomy. Surgical resection remains the most effective treatment for both subtypes of testicular angiosarcoma.

2. Kadim M., A rare clinical case of testicular angiosarcoma. MEDICAL magazine – Sofia: Ecomedia, 2020. vol. 77, pp. 70-72. ISSN 1314-9709

Testicular cancer may have no symptoms, but it is usually diagnosed when the patient notices a lump, pain or swelling in the testicles, or a feeling of heaviness in the scrotum. The diagnosis of testicular cancer is usually based on the results of a clinical examination of the testicles, a blood test to check the levels of specific tumor biomarkers (lactate dehydrogenase [LDH], human chorionic gonadotropin hormone [hCG], and alpha-fetoprotein [AFP]) and an ultrasound examination of the testicles. A final diagnosis is made after removal and examination of the testicle.

Treatment for testicular cancer depends on the type of tumor (seminoma or non-seminoma), the stage of the tumor and the risk assessment

Treatment options include: surgery, observation, chemotherapy, and radiation therapy.

3.V.Peev, M.Kadim, P.Petrov, Modern problems related to the prevention and early detection of prostate cancer, Modern Medical Science no.2/2020, p.28-31 ISSN: 1314-2534

Prostate cancer is one of the leading oncological diseases in men in terms of frequency and mortality, and at the same time, as paradoxical as it sounds, it is one of the most easily preventable and allows for early diagnosis. This leads us to direct our efforts to solve the problem in two main directions. The first is the development of clinical methods - operative and therapeutic aimed at eliminating the process and completely curing the patient. The second and no less important is the mass screening of changes in the prostate gland and early diagnosis at a stage that allows solving the problem only with the removal of the main process.

4.V.Peev, M.Kadim, P.Petrov, Risk factors and prevention in prostate carcinoma, Contemporary Medical Science no.2/2020, p.31-35 ISSN: 1314-2534

A risk factor is something that increases a person's chances of developing carcinoma. Although risk factors often influence tumor development, most of them do not directly cause carcinoma. Some people with several risk factors never develop carcinoma, while others develop it with no known risk factors. However, knowing your risk factors and talking about them with your doctor can help you make more informed choices about your lifestyle and health care. The following factors can increase the risk of developing prostate cancer: Age. Prostate carcinoma (PC) increases with age, especially after age 50. More than 80% of prostate cancer diseases are diagnosed in men over the age of 65. Race/ethnicity. Black men have a higher risk of PC than white men. They are also more likely to develop PC at an

earlier age and to have aggressive tumors that grow quickly. The exact reasons for these differences are not known and may include socioeconomic or other factors. Hispanic (Hispanic) men have a lower PC risk and mortality than non-Hispanic white men.

5. V. Peev, M. Kadim, P. Petrov, Modern concepts in the staging of carcinoma of the prostate gland, Modern Medical Science no. 2/2020, p. 35-39 ISSN: 1314-2534

Staging is a way of describing where the carcinoma is, whether and where it has spread in the body. Knowing the stage helps the doctor decide what type of treatment is most appropriate and can help predict a patient's prognosis, which is actually the chance of recovery from the disease. There are two types of prostate cancer (PC) staging: Clinical staging is based on the results of tests done before surgery, which include a digital rectal exam (rectal exam), biopsy, X-rays, CT and/or MRI scans, and bone scintigraphy . X-rays, bone scintigraphy, CT and MRI are not always necessary. They are recommended based on the PSA level, the size of the tumor and the clinical stage of the carcinoma.

6. V. Peev, M. Kadim, P. Petrov, Modern algorithms in the treatment of carcinoma of the prostate gland, Contemporary medical science no. 2/2020, p. 39-42 ISSN: 1314-2534

Operative method. In this method, the prostate is surgically removed (prostatectomy). After the patient recovers and after the catheter is removed, it will take time to learn to control their urination again. In some cases, reduced potency may also be observed.

Radiation therapy. Another method is radiotherapy. This method is only used when the cancer has only affected the prostate gland. It can be applied externally to the genital area, and radioactive nuclei can be placed in the cancer cells themselves. The procedure lasts about 3-4 weeks with irradiation for a few minutes a day. After that, flushing, diarrhea and, in some cases, impotence can be observed.

Hormonal therapy. It is used in patients where the tumor has also spread to the surrounding tissues. Very often, cancer growth is linked to male hormones and especially testosterone. Therefore, substances are used to reduce the production of testosterone or those that act as female hormones (estrogens). Testosterone production can also be stopped by castration - removal of the testicles.

7. V. Peev, M. Kadim, P. Petrov, Application of radiotherapy in the therapy of carcinoma of the prostate gland, Modern Medical Science no. 2/2020, p. 42-47 ISSN: 1314-2534

Radiation therapy is a combination of treatment methods using ionizing radiation - high-energy X-rays, accelerated electrons or radioactive isotopes - that kill tumor cells and reduce tumor size. Ionizing radiation can be given externally through the skin (percutaneously) - or by implanting radioactive materials into the area where the cancer cells are (internal radiation or brachytherapy).

Radiation therapy, like other treatment methods in oncology (such as surgery or chemotherapy), has an effect on both tumor cells and normal body structures. However, the body is able to regenerate healthy cells that have been damaged and restore their proper functioning. Successful radiation therapy is the result of applying ionizing radiation through a personalized treatment plan to tumor cells in the best and most efficient way so that they are destroyed and healthy tissues are minimally affected.

8.V.Peev, M.Kadim, P.Petrov, Screening for prostate cancer, Contemporary Medical Science no.3/2020, p.46-49 ISSN: 1314-2534

Approved screening methods are: digital rectal examination, ultrasound diagnostics and prostate-specific antigen (PSA). Prostate-specific antigen is normally secreted in small amounts by the prostate gland. Its increase is observed in: inflammation of the prostate, benign prostatic hyperplasia, infection of the prostate or prostate cancer. Combining digital rectal examination with PSA gives a better chance of early cancer diagnosis.

9.V.Peev, M.Kadim, P.Petrov, Frequency of oncurological prophylaxis in Bulgaria, Contemporary Medical Science no.3/2020, p.49-56 ISSN: 1314-2534

The first task we set for ourselves in the present study was to establish the attitude of the respondents to preventive examinations of the male reproductive system. We looked at how many male genital exams the study participants had had in the past five years. We found that the largest part of the respondents did not have an examination at all - $43.36 \pm 1.22\%$. In second place are those who have performed one examination - $30.08 \pm 1.17\%$, third are those who state that they have performed two preventive examinations in the last five years - $23.68 \pm 1.18\%$, unfortunately those who stated that they had a prophylactic urological examination more than twice in the last five years are only $2.88 \pm 1.14\%$.

10.V.Peev, M.Kadim, P.Petrov, Familiarity of Bulgarian men with the risks of prostate cancer disease, Contemporary Medical Science no.3/2020, p.56-60 ISSN: 1314-2534

In our opinion, the good popularity of general preventive examinations inevitably correlates with a good popularity of prophylactic prostate examinations, that is why we decided to investigate their attitudes regarding general medical prevention - general prophylactic examinations, as we believe that the two are mutually related. We cannot expect that the respondents will neglect their health in general and at the same time be highly concerned about their urological health.

In response to the question 'How many times a year do you visit a doctor/medical specialist/for preventive purposes?', the share of respondents who stated that they did not go for preventive examinations at all is not small at all - $19.36 \pm 1.15\%$. Far insufficient, according to $,68 \pm 1.18\%$.

11.V.Peev, M.Kadim, P.Petrov, Frequency of general preventive examinations in Bulgarian men, Contemporary Medical Science no.3/2020, p.60-68 ISSN: 1314-2534

We believe that patients who are well aware of the risks of developing the disease would also be well aware of the methods of prevention and early detection of prostate carcinoma. It is unlikely that men who find the risk of developing prostate cancer to be negligible are well informed about the possibilities of prevention and early detection of the disease. We asked the respondents the question: 'What do you think are the risks of prostate cancer disease?'. The respondents were given three possible answers: 'minimal risks', 'risks serious enough to merit annual prophylaxis' and 'I cannot judge', the collected information of which is completely sufficient for us to achieve the aforementioned goal.

12. V. Peev, M. Kadim, P. Petrov, Complex approach in the treatment of carcinoma of the prostate gland, Contemporary medical science no. 3/2020, p. 68-72 ISSN: 1314-2534

The complex approach unites the efforts and capabilities of specialists from different fields of medicine in multidisciplinary teams. This approach provides patients with the preparation of the most adequate therapeutic strategy for them, according to the view of each specialist on the individual case of each patient. Prostate cancer specialist teams include medical oncologists, radiation therapists, pathologists and medical geneticists. The experts meet at weekly meetings (general hospital

committees), where every patient is reported and discussed at any change in their condition during the therapeutic process.

13. V. Peev, M. Kadim, P. Petrov, Attitude of Bulgarian men towards the symptom of blood in the urine, Contemporary medical science no. 1/2021, p. 21-30 ISSN: 1314-2534

The symptom of blood in the urine is one of the most alarming and serious symptoms in urology. No bleeding from the body should be passed over lightly. Although the symptom is alarming for carcinoma of the prostate gland, in certain cases we must also consider other processes related to the violation of vascular integrity in the male reproductive system. Hematuria is a common symptom in daily medical practice. Multifactorial etiology requires taking a thorough history, performing a thorough examination, and high-sensitivity diagnostics to detect the cause. Although in the majority of patients no cause can be found for the presence of blood in the urine, the possible potentially fatal diseases require patients to be observed and examined for a long time even with an initially negative diagnostic result.

14.V.Peev, M.Kadim, P.Petrov, Familiarity of Bulgarian men with ways to prevent prostate carcinoma, Contemporary medical science no.1/2021, p.30-39 ISSN: 1314-2534

We decided to study the familiarity of Bulgarian patients with ways to prevent prostate cancer. Analyzing the results on this issue, we found that the largest part of the participants in our study answered that they were "only vaguely familiar" - $48.48 \pm 1.21\%$. Unfortunately, the respondents who are familiar with the details are only $6.25 \pm 1.23\%$ of all. Almost one third of all participants in the study ($44.32 \pm 1.11\%$) stated that they were not at all familiar with how to protect themselves from prostate cancer.

15.V.Peev, M.Kadim, P.Petrov, Familiarity of Bulgarian men with the risks of prostate cancer disease, Contemporary medical science no.1/2021, p.39-45 ISSN: 1314-2534

Solving each problem requires time and resources. That is why we decided to judge the attitude of Bulgarian men to the problem of prostate cancer prevention based on these two guidelines. Therefore, in our study, we investigated what funds the surveyed patients would spend on prevention and how much time they would spend on prevention. When analyzing the results on the issue, unfortunately, we

found that as many as $12.48 \pm 1.8\%$ of all participants in our study did not consider it necessary to allocate any funds for prevention. It turned out that the largest part of the participants in our study would allocate up to fifty BGN per year for the prevention of the disease - $47.84 \pm 1.21\%$, or approximately the price of one barrier. The second largest is the group of men who are ready to give between fifty and one hundred BGN per year to protect themselves from prostate cancer ($33.12 \pm 1.17\%$). The number of those who are of the opinion that prevention should be completely free of charge after they are health insured is not small. This statement is not devoid of logic, but unfortunately, with the way the health system works in our country, it is difficult to achieve.

16.V.Peev, M.Kadim, P.Petrov, Attitude of Bulgarian men towards the prevention and treatment of prostate carcinoma, Contemporary Medical Science no.1/2021, p.45-53 ISSN: 1314-2534

We started the study of Bulgarian men's knowledge regarding the therapy of prostate carcinoma with the question, "What do you think is the best therapy for prostate carcinoma?". We found that for the largest part of the participants in the study, the only correct treatment of the disease is the operative one. We also investigated the extent to which the respondents were aware of the advantages and disadvantages of the possible methods of treatment for prostate carcinoma. We found that an extremely small share of those who stated that they know in detail the advantages and disadvantages of all the listed methods, and the largest part of Bulgarian men are completely unfamiliar with the cited advantages and disadvantages. In second place, but much less numerous, are those who are only vaguely familiar. Unfortunately, only $1.92 \pm 0.11\%$ are those who know in detail and only a certain method.

17. V. Peev, M. Kadim, P. Petrov, Attitude of Bulgarian men towards the therapy of carcinoma of the prostate gland, Contemporary Medical Science no. 1/2021, p. 53-65 ISSN: 1314-2534

With the present study, we aim to establish and analyze the knowledge of Bulgarian men on the question 'Which methods do you find more risky?', 'operative' or 'non-operative', in order to establish to what extent the participants in the study are really aware of the risks involved the treatment itself. From the obtained results, it is clear that a larger part of the participants in the study again do not have an opinion on the issue - $45.12 \pm 1.23\%$. Of those who have such, the largest part advocates the opinion that operative methods are more risky - $41.92 \pm 1.21\%$, followed by the group of

participants who are of the opinion that non-operative methods are more risky - 12.96±0.15%

18.K.Telbiyska, M.Kadim, P.Petrov, Place of abortion in the regulation of fertility among modern Bulgarian women, Modern Medical Science no.1/2021, p.65-72 ISSN: 1314-2534

In the last four decades, medical intervention in the regulation of fertility through artificial abortions, contraception and sterilization has gained a mass character and managed to break all the canons that existed in human thinking for more than 20 centuries. An absolute ban on abortion would lead to a boom in criminal abortions, which would endanger the lives and health of women and cause all the other consequences and risks that this illegal practice leads to. It is necessary to undertake a set of measures and legislative initiatives aimed at popularizing contraceptive means and methods, increasing the health and sexual culture of the population, introducing specialized training in schools and postgraduate qualification of family planning general practitioners to provide specialized medical information for the optimal method of contraception. If an unwanted pregnancy is admitted, the decision again remains to terminate the pregnancy within a legally permissible period, which, however, should be allowed only in the earliest stages of pregnancy, the so-called. biochemical phase until the 5th-6th gestational week, when the embryo is still only a collection of dividing stem cells and can hardly be defined as a new organism. At such a stage, the pregnancy can be terminated purely medically through prostaglandin preparations, as much as possible, it resembles an early spontaneous abortion of the "late menstruation" type. Along with all this, the ethics of a large part of the doctors, who resort to abortion in a longer period than allowed by law, and thus practically render the proposed measures meaningless, must also be changed.

19.K.Telbiyska, M.Kadim, P.Petrov, Types of artificial termination of pregnancy, Modern medical science no.2/2021, p.55-58 ISSN: 1314-2534

Depending on the gestational week during which the termination of pregnancy takes place, we divide abortions into early and late abortions.

Early abortion (up to 13 years)

- Medicinal:

It is considered effective if the pregnancy is less than 8 years old. In Bulgaria, this method is not legalized, but at the same time, it is not prohibited either, since the medications with which it is performed are officially available on the pharmaceutical

market. It is performed by taking medication (Mifepristone and Misoprostol) for several hours/days, which induce an abortion. Expected side effects are abdominal pain, vaginal bleeding, sometimes nausea and vomiting, high fever.

- Operational:

It is suitable both for earlier pregnancies and for those older than 8-9 years. The procedure is performed under anesthesia, usually general. First, the VPO and the vagina are disinfected. The cervix is dilated, after which the amniotic sac is removed from the uterine cavity with a vacuum or a curette. Expected side effects are vaginal bleeding (usually light and short), abdominal pain.

Late abortion after 13 years

In the case of late abortions for medical reasons (13-22 years old), the abortion takes place according to the type of birth in two stages. First, uterine contractions are induced with the help of medications, which lead to the birth of the fetus and placenta.

20.K.Telbiyska, M.Kadim, P.Petrov, Most common reasons for termination of pregnancy, Modern medical science no.2/2021, p.58-64 ISSN: 1314-2534

Termination of pregnancy can occur: Spontaneously, in this case we are talking about a miscarriage. For medical reasons, i.e. if the fetus is found to have a genetic defect (e.g. Down's syndrome), or other damage to the child (e.g. congenital defect of the brain, heart, kidneys, cleft lip, palate or spine). Possibly because of an illness of the mother (internal, surgical, pulmonary, neurological, etc.). Termination of pregnancy for medical reasons is fully covered by the health fund. Mini abortion (up to the 8th week of pregnancy), or classic abortion, the so-called curettage (up to the 12th week of pregnancy). The woman pays for this manipulation herself. Statistics from the last few years indicate that more than half (almost 55%) of pregnancy terminations are performed due to a variety of medical indications. If a woman finds herself in a situation where she needs to terminate a pregnancy, modern medicine offers her two alternatives for this intervention.

21.K.Telbiyska, M.Kadim, P.Petrov, Moral aspects of abortion on request, Modern medical science no.2/2021, p.64-71 ISSN: 1314-2534

In the last four decades, medical intervention in the regulation of fertility through artificial abortions, contraception and sterilization has gained a mass character and managed to break all the canons inherent in human civilization for more than 20

centuries. If just a few hundred years ago in European countries, abortion was punishable by death, today it can be done almost without hindrance and is perceived by society most of the time uncritically. The attitude towards abortion as a means of birth control has been the subject of state policy since ancient times. The philosophers Plato (427-347 BC) and Aristotle (384-322 BC) believed that "... the state should regulate the family life of citizens", no matter how should this be done.

22. K. Telbiyska, M. Kadim, P. Petrov, History of abortion on demand in Bulgaria, Contemporary Medical Science no. 2/2021, p. 71-74 ISSN: 1314-2534

In Bulgaria, abortion was legalized in 1956, and from then until today its popularity has traditionally been high, and in the last two decades it has acquired colossal proportions. Currently, about 50,000 abortions are performed in our country annually [10]. The statistics for girls under 18 are particularly alarming, where 38 out of 1,000 teenage girls become pregnant. It turns out that in Bulgaria about 60% of pregnancies are not planned. This is according to the data from a survey on "Contraception and the Bulgarian woman today", conducted from February 5 to 13, 2008. It involved 600 women aged 18 to 35 from Sofia, Varna and Plovdiv. Only 4% of Bulgarian women trust planned contraception. The level of awareness in Bulgaria and the use of planned contraception as a method of preventing unwanted pregnancy is about 10 times lower than the European average.

23.K.Telbiyska, M.Kadim, P.Petrov, Philosophical and ethical problems related to abortion on demand, Modern Medical Science no. 2/2021, p. 74-78 ISSN: 1314-2534

Three essential questions remain unanswered to this day: does a woman have the right to kill her own unborn child; does society have the right to comment on a woman's decision, to prohibit killing the fetus conceived in her; does the doctor have the right to take life. It is easiest to answer the third question, the doctor has no right to take life, much less to do so for remuneration, as is de facto the case. If with the mother there can be room for controversy about whether to destroy something that is a part of her, be it a new life, then with the doctor there can be no such thing. Otherwise, the doctor equates to the level of the common executioner who makes his living by killing for pay and goes home with a "clear" conscience.

24. K. Telbiyska, M. Kadim, P. Petrov, Ethical problems of abortion, Modern medical science no. 3/2021, p. 43-48 ISSN: 1314-2534

The question of the attitude of doctors, medical societies and associations to the practice of artificial abortion has its history and logic. There are two opposing positions in this logic. The movement from one to the other, in fact, also represents the historical course of the question of the ethical and medical attitude to the artificial termination of pregnancy. The first position is already expressed in the original text of the Hippocratic Oath. Among the multitude of existing medical manipulations, Hippocrates pays special attention to and emphasizes "fertile expulsion" and promises: "I will not give an abortive pessary to any woman." And so already in 5 BC. Hippocrates fixed the position of the medical community on the ethical inadmissibility of medical participation in performing an artificial abortion (see Historical Model from the previous lecture). This Hippocratic position is even more important considering that it is in complete conflict with the opinion of the great moralists and legislators of ancient Hellas about the "natural" expediency of abortion. These views are summarized and expressed precisely by Aristotle, who writes in his "Politics" as follows: "If a child should be born to those living in conjugal cohabitation in excess of the set number, then abortion should be resorted to before the fetus has sensibility and life have appeared".

25. K. Telbiyska, M. Kadim, P. Petrov, A liberal approach to the problem of abortion, *Modern Medical Science* no. 3/2021, p. 48-55 ISSN: 1314-2534

At the present moment, the most influential form of moral-worldview justification of abortion is the liberal one. And if the legislations in Europe and America that prohibited the medical practice of abortion until the middle of the 20th century were formed under the influence of moral and religious concepts, then the modern legislations that legalize abortions have as their basis the liberal ideology. The liberal justification for abortion is based on two principles. First, it is a woman's right to dispose of her body. Second – denial of the personal status of the fetus.

26.K.Telbiyska, M.Kadim, P.Petrov, Frequency of abortion on request among modern Bulgarian women, *Contemporary Medical Science* no. 3/2021, p. 55-63 ISSN: 1314-2534

In the present study, concerning the problems related to termination of pregnancy at will, we decided to investigate the popularity of the method among Bulgarian women. We should note that it is higher than the national average, because due to the nature of our study and in view of the goals and objectives we set, a large part of the participants in it are those who in some way sought a health service related to with termination of pregnancy.

27.K.Telbiyska, M.Kadim, P.Petrov, Most common reasons for abortion on request in Bulgaria, Contemporary medical science no.3/2021, p.63-68 ISSN: 1314-2534

In order to study in detail the most common reasons for abortion on request in Bulgaria, we included not only women who had an abortion, but all women participants in our study. Examining the most common reasons that led to voluntary termination of pregnancy among those surveyed who had abortions, we found that the largest part of them (54.09%) did so due to unpreparedness for raising a child, including young age, short period of previous birth, desire for career development, incomplete education, etc. In 28.07%, the reasons for terminating the pregnancy were financial, and this includes both the financial capabilities of the woman and the material and living conditions. 17.83% of the respondents reported that they had an abortion because they did not want to have children from the specific partner from whom they became pregnant.

28. K. Telbiyska, M. Kadim, P. Petrov, Preferred model for voluntary termination of pregnancy, Modern Medical Science no. 1/2022, p. 25-29 ISSN: 1314-2534

The current study aims to find out which, according to Bulgarian women, is the best way to artificially terminate a pregnancy, by including two possible answers - medical abortion and instrumental abortion. We found that the largest part of the respondents (80.70%) prefer medical termination of pregnancy to instrumental termination. Only 15.35% stated that they would prefer an instrumental termination of pregnancy. 3.94% of respondents have no opinion on the matter.

29.K.Telbiyska, M.Kadim, P.Petrov, Attitude of Bulgarian women towards voluntary abortion, Modern Medical Science no.1/2022, p.29-36 ISSN: 1314-2534

The present study aims to establish the attitudes of Bulgarian women regarding the very termination of an unwanted pregnancy, or in other words, if they still have an unwanted pregnancy, whether they would terminate it. We asked them the question: 'Would you have an abortion on your own if you became pregnant unplanned?', giving them two possible answers - 'yes' and 'no'. We found relative parity in terms of their attitudes, as a slightly larger part of them (48.68%) said they would terminate a possible unwanted pregnancy, and 51.31% stated that regardless of whether the pregnancy was wanted or not, they would not terminate it. interrupted.

30.K.Telbiyska, M.Kadim, P.Petrov, Knowledge of Bulgarian women regarding the optimal term for termination of pregnancy, Modern Medical Science no.1/2022, p.36-42 ISSN: 1314-2534

The aim of the present study is to establish the optimal term for terminating an unwanted pregnancy according to the ideas of modern Bulgarian women. For this purpose, we asked them the question 'When do you think it is best to terminate an unwanted pregnancy' with possible answers: 'in the first 6 weeks', 'in the first 12 weeks', 'at any time', 'I don't know'. When analyzing the obtained results, we found that according to the largest part of the participants in our study, the optimal term for terminating an unwanted pregnancy is in the first six weeks - $29.09\% \pm 1.69\%$, the group of women who are of the opinion that this can be done up to the twelfth week of conception. Unfortunately, the number of women who answered that an unwanted pregnancy can be terminated at any time is not small - $26.02\% \pm 1.89\%$, as well as those who have no knowledge about the matter - $16.95\% \pm 1.12\%$

31.K.Telbiyska, M.Kadim, P.Petrov, Knowledge of Bulgarian women regarding the period of pregnancy up to which it is permitted to have an abortion on demand, Modern Medical Science no.1/2022, pp.42-48 ISSN: 1314 -2534

The purpose of the present study is to establish the knowledge of Bulgarian women regarding the period of pregnancy up to which it is permitted to have an abortion on request. We asked them the question 'Until which gestational week is it allowed to have an abortion on request' with possible answers: 'in the first eight weeks', 'in the first twelve weeks', 'at any time' and 'I don't know'. When analyzing the obtained results, we found a huge variation of answers and relative parity between the first two answers, with a slight preponderance of the answer 'in the first twelve weeks' - $29.38\% \pm 1.08\%$, before 'in the first eight weeks' - $28.21\% \pm 1.11\%$. Unfortunately, the number of women who do not have any knowledge on the matter is also not small - $18.27\% \pm 1.03\%$, as well as those who answered that it is allowed to terminate an unwanted pregnancy at any time - $24.12\% \pm 1.23\%$

32. K. Telbiyska, M. Kadim, P. Petrov, Knowledge of Bulgarians regarding the period of pregnancy up to which medical abortion can be performed, Modern Medical Science no. 2/2022, pp. 36-41 ISSN: 1314-2534

In the present study, we investigated the knowledge of Bulgarian women regarding the period of pregnancy up to which medical abortion can be performed. For this purpose, we asked them the question 'Up to which gestational week can a medical abortion be performed' with possible answers: 'in the first six weeks', 'in the first twelve weeks', 'at any time' and 'I don't know'.

33.K.Telbiyska, M.Kadim, P.Petrov, Knowledge of Bulgarians regarding the risks associated with abortion on demand, Contemporary Medical Science no.2/2022, p.41-50 ISSN: 1314-2534

In the analysis of the obtained results, we found critical results regarding the knowledge of the respondents, showing minimal literacy on the issue among them, in general. Unfortunately, the percentage of the uninformed prevails, which is almost twice as high ($62.86\% \pm 1.08\%$) as that of those familiar with the risks associated with termination of pregnancy – $37.13\% \pm 1.11\%$. Analyzing the factors influencing the obtained results, we found an influence of the age of the respondents on the studied indicator $P < 0.001$. In the age group up to 25 years, the group of those who stated that they know the risks associated with abortion on request is the lowest - $12.28 \pm 1.45\%$. For 25-35 year olds, this percentage increases to $34.44 \pm 1.69\%$. In the highest age group of the female participants in our study, those between 35 and 45 years old recorded the highest values of the studied indicator - $57.61 \pm 1.11\%$.

34. M. Kadim, P. Petrov, Researching the attitudes of Bulgarian women towards the problem of breast cancer prevention, Contemporary Medical Science no. 2/2022, p. 50-56 ISSN: 1314-2534

We begin the present research with a study of the values of the indicator 'time that women are willing to devote annually to prevention', considering that it would be much more reliable in determining the attitude (seriousness) of female patients towards the problem of breast cancer prevention. Because earlier in the present work we came to the conclusion that the funds that the respondents are ready to allocate for prevention should not be an indicator of their attitude to the importance of the problem.

35. M. Kadim, P. Petrov, Familiarity of Bulgarians with the methods and means for the prevention of mammary gland carcinoma, Modern Medical Science no. 2/2022, p. 56-60 ISSN: 1314-2534

The awareness of Bulgarian women regarding the means and ways to prevent breast cancer is one of the most important tasks we set ourselves in our study, as we believe that knowing the possibilities of modern prevention of the disease has a positive impact on its popularity and effectiveness. In connection with what has been said, we asked the participants in the study the question 'Are you familiar with the methods of prevention of mammary gland carcinoma and their advantages?'. Unfortunately, only 20.86% of the studied patients stated that they are well acquainted in detail with the modern possibilities for prevention, as well as with their

benefits (Figure 58). We found that the majority of female participants in the study were not familiar at all (54.31%). There are also quite a few who stated that they only vaguely know the possibilities that they can take advantage of in order to prevent mammary gland carcinoma (24.82%).

MONOGRAPHS

1. M. Kadim, Management of medical behavior in urinary incontinence, ISBN 978-619-7552-09-6, NSAGDP 2022

Urinary incontinence, i.e. involuntary voiding is a release of urine from the bladder that cannot be voluntarily controlled. Approximately 850,000 Australian women and 150 Australian men are affected by urinary incontinence. It occurs for various reasons and at any age, although the number of new cases increases with age. Statistically, elderly women are twice as affected as men of this age.

Continence control is an ability that is acquired in early childhood as one of the first achievements in child rearing. It is an indicator of a person's increased self-control. Those affected by incontinence suffer from a lack of bladder control and often feel socially isolated, and their quality of life is greatly reduced.

In 2019, HARTMANN commissioned the first study of its kind regarding the lives of people suffering from uncontrolled urinary leakage. Several thousand people in Europe were surveyed, and the first question was What does it mean to live with urinary incontinence?

Over 2,300 people aged 40+ from the Czech Republic, Germany, Spain, France and Switzerland shared their experience of urinary incontinence. The results of this study are extremely telling. It's striking how much incontinence affects emotional well-being, with 68% of respondents saying it negatively affects their overall life. A large part of the sufferers say that they avoid sports, travel, stop communicating with friends...

Among the key findings of the study is that a large proportion of incontinence sufferers do not share this problem with anyone (close friends, family, partner). Almost half of those asked said they had not shared about this problem even with their partner. Shame, worry, insecurity are among the most common reasons. Some of the respondents live in denial, hoping that this condition will go away with time. Although incontinence is a problem that affects men and women of all ages, it is often treated as a "taboo" and kept secret, and many people think that it is a problem that only affects adults.

At the same time, it turns out that people who have already been afraid to share their problem with a close friend or partner, feel a sense of relief and confidence. The support that close people can provide is extremely important on the way to overcoming the problem.

An important aspect of dealing with incontinence is choosing the most appropriate absorbent product. There are specialized absorbent pads for women and men with different absorbency. With their help, the sufferer can effectively manage their condition.

The study reaches important conclusions, among the most revealing of which is the impact of incontinence on people's lives when viewed through the lens of shame. There is a significant difference in the way people embarrassed by their condition describe how it negatively affects their lifestyle compared to those who have already overcome this problem.

Therefore, it is not surprising that when asked what would help them cope with incontinence, most respondents would express the desire for more openness on this topic in society. It is important to have access to information about this condition, advice on how to deal with it and available products that can help us not disrupt our normal lifestyle. It's about letting people know they're not alone, that incontinence doesn't need to limit their active lifestyle and stop them from doing what makes them feel alive and active, which is exercise. to travel, to communicate freely and without a sense of fear and shame.

2. M. Kadim, The prevention of conflicts in the medical team is an effective means of management in health care, ISBN 978-619-7552-08-9, NSAGDP 2022

The study of conflicts in organizations stems from the real need to explain applied and phenomenological domains as a unified model of organizational functioning. The adopted form measuring and analyzing the communication process consists of five main steps:

Source of the communication process, sender of the communication message, communication channel, external factors affecting the process (noise) and receiver of the communication message. It is necessary to note that the type and amount of data may change as a result of the way of encoding, feedback, as well as decoding and analysis of the type of information. Another aspect determining the originality function is the noise in the communication process, which determines the origin of an error. Different theoretical positions distinguish between group communication

and interpersonal communication. In the first, the transfer of information is slower than interpersonal communication, creating a transmission communication separation, which is a prerequisite for a more immediate transmission of information. Here we can note that interpersonal communication is part of the mass communication, accordingly its specificity is theoretically more difficult, concerning a complex of research methods: observation, interview, survey, experiment, three-level model. Research in the field is related to a substantial interest in the phenomenon and is hardly aimed at a detailed analysis of the structure, by means of an experimental approach. Analysis in the field is largely micro-social, and the established systems based on interaction analysis and content analysis are a problem of the research approach. It is precisely because of this fact that most methods of researched micro-units are aimed at an expressed value and a measurable unit of group or interpersonal functioning.

In a number of cases, a natural connection is made between communication and problem behavior as a means of influence. The communication process is also associated with physical characteristics of the personality. It is for this reason that hurtful behavior can be equated with communicative interaction, both directly and indirectly.