

## REVIEW

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of the dissertation entitled: “**Modern Surgical Approaches in Malignant Diseases of the Gastrointestinal Tract – Clinical and Epidemiological Aspects in Northeastern Bulgaria**” by Prof. Kostadin Georgiev Angelov, MD, PhD for the award of the scientific degree “Doctor of Sciences.”

The dissertation of **Prof. Kostadin Angelov, MD, PhD** addresses a current and significant problem in surgery, namely modern surgical approaches in malignant diseases of the gastrointestinal tract – clinical and epidemiological aspects in Northeastern Bulgaria.

Malignant neoplasms of the gastrointestinal tract represent one of the major causes of morbidity and mortality in Bulgaria.

In the present dissertation, studies are presented concerning the epidemiological and clinical aspects of malignant diseases of the gastrointestinal tract in Northeastern Bulgaria. The analyses are based on electronic medical records processed retrospectively, and a systematic review of modern surgical approaches in the treatment of these diseases has been conducted using both literature data and data derived from real clinical practice.

Varna is the largest city in Northeastern Bulgaria and along the Bulgarian Black Sea coast, as well as the third largest city in the country, serving as the administrative center of the municipality and the region of the same name.

The Northeastern Planning Region includes the districts of Varna, Dobrich, Silistra, and Shumen. Over the past ten years, a tendency toward population concentration in Varna Province has been observed at the expense of the Shumen and Dobrich provinces. The population of the region is characterized by a relatively favorable gender and age structure, which is due to certain features of its ethno-cultural composition and economic specialization. The proportion of men is 49%, which is higher than the national average.

The author justifies the selection and formulation of the dissertation topic for the following reasons:

1. Malignant diseases of the gastrointestinal tract are associated with high mortality and morbidity rates within the population.
2. In a large proportion of cases, the affected individuals are of working age.

3. These diseases represent a significant share of the causes of mortality, particularly among individuals of working age.
4. Malignant diseases account for a high proportion of the expenditures related to treatment and rehabilitation.
5. Such diseases require the involvement of highly qualified and specialized medical care, necessitating complex treatment approaches, including the use of expensive medications and high-technology medical procedures.
6. Malignant diseases cause significant social, economic, and psychological burdens for patients, their families, and society as a whole, often resulting in long-term incapacity for work and disability.
7. There are no data indicating that studies of this type have previously been conducted in Bulgaria.

A detailed, up-to-date, and in-depth literature review has been conducted. The literature search has been carried out in multiple directions.

In the **first part of the literature review**, entitled “Analysis of the Health Problem,” the author examines the epidemiology, etiology, pathogenesis, pathoanatomy, clinical presentation, diagnosis, instrumental investigations, staging, surgical treatment, non-surgical treatment, postoperative complications, follow-up, prognosis, palliative treatment, and other aspects of gastrointestinal tract carcinomas, including esophageal cancer, gastric cancer, small bowel cancer, colorectal cancer, pancreatic cancer, gallbladder and bile duct cancer, and liver cancer. The analyses of the health problem “Malignant Diseases of the Gastrointestinal Tract” are based on 171 scientific publications.

In the **second part of the literature review**, a systematic review of scientific publications on the topic “Surgical Interventions and Perioperative Strategies in Malignant Diseases of the Gastrointestinal Tract” is presented, in accordance with the recommendations of the Cochrane Collaboration and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. **This approach and the use of the PRISMA methodology are observed for the first time in a scientific work in Bulgarian surgical science.**

The author identifies **three main themes** that dominate the analyzed literature: the transition toward minimally invasive surgery; the critical importance of precise lymphadenectomy and pathological evaluation; and the increasing focus on optimization of perioperative management.

**Minimally invasive surgery:** The available data consistently support the advantages of minimally invasive approaches in reducing short-term morbidity. However, this short-term benefit has not yet translated into a statistically significant survival advantage. Severe postoperative complications represent an independent risk factor for reduced survival. Therefore, the choice of surgical approach should be individualized in order to minimize postoperative stress.



**Lymphadenectomy and pathological assessment:** The precision of surgical staging remains fundamental. Studies in pancreatic cancer highlight the need for adequate lymph node dissection and detailed evaluation for occult metastases. The extent of lymph node dissection should be adapted to the tumor histology.

**Perioperative management:** An increasing body of evidence supports the implementation of specific perioperative interventions as part of Enhanced Recovery After Surgery (ERAS) protocols. Studies demonstrate how targeted interventions can directly influence postoperative recovery and the rate of complications. A shift in focus is observed-from purely surgical technique toward the entire patient pathway throughout the perioperative period.

Available Bulgarian publications demonstrate that minimally invasive and robot-assisted operations performed in Bulgaria show the typical benefits of minimally invasive surgery (MIS): reduced blood loss, faster recovery, shorter hospital stay, and good lymph node yield in certain cases. This supports the hypothesis that most of the benefits described in the international literature are also applicable to the Bulgarian population. Publications based on Bulgarian sources mainly describe implementation, early or short-term results, and validation of instruments and scales. At the same time, the lack of large randomized controlled trials (RCTs), meta-analyses, and long-term data indicates that the level of scientific evidence remains limited.

For the evaluation of the results, **for the first time in both global and Bulgarian surgical schools**, the criteria system of the PICOS tool-Population, Intervention, Comparison, Outcomes, and Study Design-has been applied. The modified PICOS version (a'Modo Angelov) also incorporates the design of the study itself, thereby reducing the probability that inappropriate scientific publications would be included in the analysis. Over a 25-year period, 796 scientific publications were identified. Only publications containing at least one of the following keywords were analyzed: esophageal cancer, gastric cancer, pancreatic cancer, liver cancer, colon cancer, rectal cancer, and colorectal cancer. A second mandatory condition was the presence of the keyword surgical treatment and/or radical surgical treatment of..., palliative surgical treatment of..., lymph node dissection, intraoperative complications, postoperative complications, individualized approach.

Not a single scientific article contains the abbreviation PICO or PICOS, and none of the abstracts indicates the application of this methodology in surgical oncological practice. This constitutes evidence of the innovative nature and original contribution of Prof. Angelov to global surgical science.

The dissertation consists of 248 pages and is illustrated with 3 panels of photographic material, 29 figures, and 61 tables, as well as Appendices provided on electronic media.

The references used include 1,068 sources, cited as follows: 171 sources listed in the Literature Review, Part I; 33 sources listed in the Literature Review, Part II; 796 references used for the preparation of the PICOS analysis (a'Modo Angelov); and 68 sources distributed across the remaining chapters of the dissertation.

The doctoral candidate sets the following objective: **To analyze the clinical and epidemiological aspects of malignant diseases of the gastrointestinal tract in Northeastern Bulgaria and the results of modern surgical approaches used in**

**their treatment, as well as to analyze the surgical approaches through the framework and standards of Health Technology Assessment.**

To achieve this objective, the doctoral candidate formulates the following **seven** tasks:

1. To conduct an epidemiological study of malignant diseases of the gastrointestinal tract in Bulgaria based on literature data.
2. To analyze the modern surgical approaches for the treatment of malignant diseases of the gastrointestinal tract.
3. To conduct an epidemiological study of malignant diseases of the gastrointestinal tract in Northeastern Bulgaria.
4. To evaluate the clinical aspects, and to classify and stage malignant diseases of the gastrointestinal tract in Northeastern Bulgaria according to their localization and progression.
5. To analyze the modern surgical approaches for the treatment of malignant diseases of the gastrointestinal tract in Northeastern Bulgaria.
6. To assess the local-regional characteristics and the social significance of malignant diseases of the gastrointestinal tract at both micro- and macro-levels.
7. To forecast the main trends in the development of the incidence of malignant diseases of the gastrointestinal tract in both short-term and long-term perspectives at regional and national levels.

The materials and methods used are structured according to the individual research tasks.

The materials and methods for Tasks 1 and 2 are as follows:

1. Documentary analysis and content analysis of publicly available documents containing information on the epidemiology of gastrointestinal oncological diseases in Bulgaria. Reports from the National Center of Public Health and Analyses (NCPHA), the National Cancer Registry (NCR), as well as data from the European Commission for Bulgaria (ECIS- European Cancer Information System) were reviewed, together with registries, scientific publications, scientific communications, and data from European and national institutions.
2. Review of scientific publications by Bulgarian authors aimed at systematizing the modern surgical approaches to malignant diseases of the gastrointestinal tract used in real clinical practice (real-world evidence) in Bulgaria.
3. Review of scientific publications by international authors aimed at systematizing the modern surgical approaches to malignant diseases of the gastrointestinal tract applied in real clinical practice (real-world evidence).

The materials and methods for Tasks 3, 4, 5, 6, and 7 are as follows:

**Main method:** review of retrospective databases.

**Study design:** a retrospective observational single-center study of electronic medical records was conducted. Observational research is a method used to document clinical, economic, medico-social, and medico-biological outcomes in real medical practice.

**Study center:** University Multiprofile Hospital for Active Treatment “St. Marina”-Varna, Clinic of General and Operative Surgery.

**Study period:** the analyzed period includes electronic medical records from 2013 to 2023, inclusive.

**Ethical standards:** the study design was developed in accordance with the Declaration of Helsinki, the Guidelines for Good Clinical Practice, and the Guidelines for Good Medical Practice.

**Inclusion criteria:**

1. Presence of an electronic medical record documenting the hospitalization of a patient.

2. Age above 18 years.

**Sample size:** the estimated number of electronic medical records subject to analysis was 2,103 patients.

**Statistical approaches used:** The study applied descriptive statistical analysis, aimed at the systematic presentation and summarization of empirical data extracted from electronic medical records.

**A frequency analysis** was performed, including univariate and bivariate frequency distributions according to categorical and quantitative (metric) variables. Prior to the statistical analysis, a preliminary evaluation of the completeness and logical consistency of the data was conducted to ensure the validity of the results. The analysis of the empirical data was performed using the specialized **software package IBM SPSS Statistics**.

The results of the study confirm part of the findings reported in the scientific literature. Malignant diseases of the gastrointestinal tract (GIT) occur more frequently in male patients. The mean age of the patients is 67.66 years. The youngest patient was 24 years old, while the oldest was 94 years old. The 66-75-year age group has the highest relative share. Malignant neoplasm of the rectum is the diagnosis with which the largest proportion of patients were admitted during the study period (15.22%). This is followed by patients admitted with a diagnosis of malignant neoplasm of the sigmoid colon. The perioperative mortality rate among patients with malignant GIT neoplasms is 8.1%, which is approximately the same as that reported in the available literature. More than 62% of the patients are over 66 years of age, and 91.87% of patients have at least one comorbidity. The most common comorbidity identified is hypertensive heart disease without (congestive) heart failure, which is present in 22.62% of patients with comorbidities. A significant level of comorbidity is observed in the analyzed patient group. Arterial hypertension is present in 50% of patients, and type II diabetes mellitus in 16.9%. A notably high level of comorbidity among Bulgarian patients is observed compared to different cohorts from various geographical regions (East-China, Japan; West-the USA, Western Europe), which is most likely one of the reasons

for Bulgaria's leading position in Europe in terms of morbidity and mortality indicators.

Patients with a histologically verified diagnosis at discharge number 2055 (97.72%), while 48 patients (2.28%) have no verified histological diagnosis or lack sufficient data. A total of 64.6% of admissions were planned, while 34.4% were admissions of varying degrees of urgency, most commonly urgent within 6 hours (27.5%). The admission of nearly one-third of patients under emergency conditions indicates deficiencies in the organization of the Bulgarian healthcare system, particularly in relation to delayed diagnosis and the manifestation of complications of the malignant process, such as bleeding, obstruction, and others. The average length of hospital stay is 11 bed-days. The shortest stay is 1 bed-day (0.2%), while the longest stay is 70 bed-days (0.05%). There is almost no difference in the average number of bed-days depending on the patient's sex. Approximately every fourth patient (23.40%) has a leading diagnosis of C20 (rectal cancer). The analysis confirms that the length of hospital stay varies depending on the type of surgery, with differences between open conventional surgery and minimally invasive or robotic surgery.

Among patients for whom tumor size data are available, the largest relative share corresponds to T3 tumors (55.3%), followed by T4 tumors (25.2%), T2 tumors (14.9%), and T1 tumors (3.9%). Out of the total number of registered records (2,103 patients), 1,057 (50.3%) have documented data regarding the presence or absence of metastases. Within this group, the largest share (63.6%) consists of patients without distant metastases. In 11.7%, metastases could not be determined, while 24.7% had distant metastases. With regard to tumor differentiation, the majority fall into the G2 category (79.17%), followed by G3 (13.54%).

Patients with malignant diseases of the gastrointestinal tract are often diagnosed at a late stage, as the clinical manifestations of these diseases are not actively sought and remain unrecognized for a long period. In addition, national screening programs are lacking, which explains the delayed diagnosis, advanced stage of disease, and the limited therapeutic alternatives and poorer prognosis for patients.

A total of 1,068 patients (50.8% of all) are classified according to ECOG performance status. The majority (77.3%) fall into the category "with symptoms present." The "normal" category accounts for 7.6%. Patients with "disabling tumor manifestations" represent 12.9%, while 1.8% fall into the category of "severe disability" according to ECOG status. Four patients (0.4%) are recorded as severely ill and bedridden (100% confined to bed).

Through the present dissertation, **for the first time in Bulgaria and for the first time on such a scale**, an attempt is made to analyze surgical oncological pathology through the framework of Health Technology Assessment (HTA) by means of a retrospective observational study of electronic medical records.

The doctoral candidate formulates the following **key conclusions**:  
1. The contemporary literature in surgical oncology is distinctly up to date

(approximately 64.7% of the publications originate from the 2020s). However, the predominance of retrospective study designs remains evident, which limits the level of evidence and increases the risk of systematic bias typical of observational studies.

2. A geographical concentration of publications in Asia (predominantly Japan and China) is observed. This should be taken into account when extrapolating results to other populations, due to potential epidemiological, clinical, and organizational differences.

The following **main conclusion** is derived:

There are significant deficiencies in the prevention of malignant diseases. Indirectly, it may be stated that delayed diagnosis and late seeking of specialized medical care are observed.

In the dissertation of Prof. Kostadin Angelov, I accept the following contributions:

### **ORIGINAL CONTRIBUTIONS OF SCIENTIFIC-THEORETICAL AND METHODOLOGICAL SIGNIFICANCE**

1. For the first time in Bulgaria, surgical oncological pathology has been analyzed through the framework of Health Technology Assessment (HTA) by means of a retrospective observational study of electronic medical records derived from real clinical practice.
2. For the first time in the scientific literature, a systematic review of scientific publications according to the PRISMA standard has been conducted for the evaluation of surgical oncological practice in diseases of the gastrointestinal tract.
3. For the first time in international surgical research practice concerning oncological gastrointestinal diseases, a study assessing clinical effectiveness based on the PICOS framework has been conducted.
4. For the first time in Bulgaria, a narrative observational study of modern surgical approaches to the treatment of malignant diseases of the gastrointestinal tract has been carried out at both international and national levels, based on the analysis of scientific publications by Bulgarian authors.
5. For the first time in Bulgaria, an epidemiological study of malignant diseases of the digestive tract has been conducted based on a systematic analysis of data from the European Cancer Information System (ECIS) and the International Agency for Research on Cancer of the World Health Organization (IARC/GLOBOCAN).
6. For the first time in Bulgaria, a local-regional longitudinal retrospective study of malignant diseases of the gastrointestinal tract has been conducted, covering one of the six administrative regions of Bulgaria.

7. An original author-designed protocol for a retrospective study has been developed, together with a unique research toolkit for conducting systematic reviews of scientific publications evaluating surgical interventions.

8. An original author-modified version of the PICOS framework intended for the evaluation of oncological gastrointestinal diseases has been developed. In addition to the standard five elements-P (Population), I (Intervention), C (Comparator), O (Outcome), and S (Study Design)-the modified instrument includes Tumor type, TNM classification, ECOG performance status, and Type of surgery (radical/palliative). This modified version of the PICOS framework (a'Modo Angelov) represents an original contribution of international significance. Without the addition of these elements to the PICOS framework, the evaluation of the clinical effectiveness of surgical interventions would not be possible.

### **CONTRIBUTIONS OF SCIENTIFIC-APPLIED SIGNIFICANCE**

1. The study enriches the knowledge of medical specialists regarding the practical application of retrospective studies based on electronic medical records, both for the purposes of the healthcare system and for fundamental medical science and clinical practice.

2. The scale of the processed data and the obtained results are generalizable and extrapolatable at both national and international levels.

3. The study identifies three main future directions:

- transition toward minimally invasive surgery;
- the critical importance of precise lymphadenectomy and pathological evaluation;
- the increasing focus on the optimization of perioperative management.

4. National and international epidemiological data demonstrate persistent geographical differences in incidence and outcomes, with higher rates of gastric cancer and colorectal carcinoma observed in Eastern Europe and East Asia. These differences highlight the need for regionally adapted screening programs and therapeutic protocols;

5. The future of surgical oncology in gastrointestinal diseases is increasingly determined by multidisciplinary collaboration, molecular tumor profiling, and the integration of digital tools for navigation and surgical planning. These factors promote the application of precision medicine and the personalization of surgical treatment according to the individual characteristics of each patient.

6. Innovative surgical techniques and their added benefits are presented and analyzed in depth.

7. A relationship is demonstrated between the lack of precise tumor staging in the scientific literature and a fundamental methodological limitation, observed not only at the national but also at the international level.

## **CONTRIBUTIONS OF A CONFIRMATORY NATURE**

Based on the systematic review of 171 scientific publications, it has been confirmed that:

- Esophageal cancer is an aggressive malignant disease with a poor prognosis despite significant advances in multimodal therapy;
- The prognosis for gastric cancer remains poor, primarily due to late diagnosis;
- The prognosis for small bowel cancer is highly variable and depends mainly on the histology of the tumor and the stage at diagnosis;
- Malignant tumors of the colon, rectum, and anal canal, although anatomically adjacent, represent distinct disease entities with unique epidemiological, etiological, molecular, and clinical characteristics;
- Malignant tumors of the colon continue to have the highest incidence among gastrointestinal tract tumors;
- Pancreatic cancer remains one of the most lethal malignancies, characterized by challenging epidemiology, late diagnosis, and complex molecular biology, despite advances in pharmacological therapies;
- Gallbladder and bile duct cancers are aggressive malignancies with increasing incidence, particularly intrahepatic cholangiocarcinoma;
- Despite significant progress, the treatment of liver cancer continues to represent a major clinical challenge.

## **RECOMMENDATIONS DERIVED FROM THE DISSERTATION**

The following recommendations are formulated based on the dissertation:

- The predominance of retrospective studies limits the level of evidence. In order to establish clear cause-and-effect relationships between interventions and clinical outcomes, it is essential to encourage the implementation of prospective cohort studies and randomized controlled trials.
- There is a need for the development and adoption of consensus reporting protocols. Without universally accepted standards, surgical oncology risks remaining in a state of methodological stagnation, generating a large volume of data with low levels of evidence.
- In order to overcome the problem of data fragmentation, it is recommended that consensus taxonomies (classifications) of surgical interventions be developed. The

introduction of structured reporting frameworks would increase the comparability, reproducibility, and clinical interpretability of future studies.

The author presents 15 publications related to the dissertation, 11 of which are published in scientific journals indexed in internationally recognized scientific databases.

## **PUBLICATIONS, CITATIONS, AND IMPACT FACTOR OF THE SCIENTIFIC WORKS**

Two reports included in the competition documentation provide the following verified information:

- **0%** similarity between the dissertation submitted for the scientific degree “Doctor of Sciences” and the dissertation submitted for the educational and scientific degree “Doctor (PhD)”;
- **3%** similarity between the dissertation for the scientific degree “Doctor of Sciences” and internet sources;
- **24** scientific publications, of which **15** are related to the dissertation, and one chapter in a monograph;
- The total number of points accumulated by Prof. Angelov from these publications is **2180.85**, compared to the minimum requirement of 100 points;
- More than **130** citations according to Scopus data;
- **24** publications published in journals with an **Impact Factor**, of which 10 are directly related to the present procedure;
- The total **Impact Factor** of Prof. Angelov’s publications is **59.706**.

All publications submitted for this procedure have been published in peer-reviewed journals, and each has undergone peer review during the publication process, therefore they are not subject to additional review.

The **scientific contributions** of Prof. Angelov to surgical science, as demonstrated by the publications submitted in this procedure, are in the following fields: surgical techniques, surgical treatment, and lymph node dissection in malignant diseases of the gastrointestinal tract; inflammatory bowel diseases and their surgical treatment; laparoscopic adrenal surgery; intraoperative brachytherapy in patients with breast cancer; laparoscopic rectal resection; surgical techniques and colorectal anastomotic insufficiency; minimally invasive techniques in the treatment of hiatal hernias; and bariatric surgery.

## **BIOGRAPHICAL DATA**

Prof. Angelov is a Visiting Professor of Surgery at the Department of General and Operative Surgery, Medical University-Varna. He was born on 7 June 1977 in the city of Sliven, Bulgaria. He graduated from the Medical University – Sofia, obtaining Master’s degrees in Medicine in 2004 and in Public Health and Health Management in 2006. He began working at University Hospital “Alexandrovska” EAD as a hospital orderly in 2000, and in 2005 he won a competitive position as a surgical resident. His medical career began in the Emergency Department – Shock Room of the Emergency Medical Service in Sofia, where he worked as a resident physician. In 2006, he successfully competed for and obtained a position as an Assistant Professor at the Department of Surgery, Faculty of Medicine, Medical University – Sofia. In 2010, he acquired the specialty in surgery. In 2014, he defended his doctoral dissertation and obtained the educational and scientific degree “Doctor (PhD)” in Surgery with the thesis “Optimization of the Surgical Approach and Lymph Node Dissection in Patients with Gastric Cancer.” In 2015, he completed a Master’s degree in Finance at the University of National and World Economy, and in the same year he was elected Associate Professor, while in 2020 he was elected Professor. During the period 2014–2020, Kostadin Angelov served as: Member of the Board of Directors of the Association of University Hospitals for Active Treatment in the Republic of Bulgaria; Member of the Faculty Council of the Faculty of Medicine, Medical University – Sofia; Member of the Academic Council of the Medical University – Sofia; Secretary of the Bulgarian Surgical Society; Secretary and later Editor-in-Chief of the journal “Surgery”, the official journal of the Bulgarian Surgical Society; Chief Secretary of the Bulgarian Surgical Society; Member of the State Examination Commission for the specialty “Surgery”; Advisor to the Parliamentary Committee on Health Care of the National Assembly; and Chief Coordinator of the Expert Council on Surgery at the Ministry of Health.

As a lecturer, he has delivered numerous lectures in surgery to students of medicine and dental medicine, as well as training for intern physicians, residents, and doctoral students in surgery. He has authored numerous publications in Bulgarian and international journals, indexed in internationally recognized scientific databases. In 2012, he was awarded “Best Lecturer” by the medical students of the Class of 2012, and in 2015 he received the “Prof. Dr. Parashkev Stoyanov” Award for outstanding achievements in medical science and teaching. He serves as a scientific supervisor of doctoral students and medical residents, and is the author of numerous reviews and expert opinions in procedures for awarding scientific degrees and academic positions, in accordance with the Act on the Development of the Academic Staff in the Republic of Bulgaria. The scientific activity of Prof. Kostadin Angelov is visible in major scientific databases such as Web of Science, Scopus, ResearchGate, and Google Scholar. He has 24 publications in journals with an impact factor, and the number of citations of his work in different databases ranges from 515 to 10,248. Prof. Angelov is a member of the Bulgarian Surgical Society, the Bulgarian Medical Association, the International Gastric Cancer Association (IGCA), the International Society of Surgery

(ISS), and the European Society for Medical Oncology (ESMO).

Prof. Angelov has received numerous awards from various organizations, including: Distinguished Contributor of the Bulgarian Red Cross; Physician of the Year (2018) in the category “Management of Medical Activities” awarded by the Sofia Regional College of the Bulgarian Medical Association; Gold Medal of the Bulgarian Red Cross; Award from the Bulgarian Association of Healthcare Professionals for successful cooperation and personal contribution to the development of healthcare; “Person of the Year 2020” Award from the National Association “Spinal Muscular Atrophy”, among others.

## CONCLUSION

The dissertation entitled “**Modern Surgical Approaches in Malignant Diseases of the Gastrointestinal Tract-Clinical and Epidemiological Aspects in Northeastern Bulgaria**” addresses current and significant issues in surgical science. The clinical experience of the doctoral candidate enables him to convincingly present the conclusions he has reached and to formulate relevant and timely recommendations. The topic chosen by Prof. Kostadin Angelov is suitable for a doctoral dissertation. The dissertation, the extended abstract, the publications, the citations, and all accompanying documents comply with the Act on the Development of the Academic Staff in the Republic of Bulgaria, the Regulations for the Implementation of the Act on the Development of the Academic Staff in the Republic of Bulgaria, and the Regulations for the Development of the Academic Staff at the Medical University “Prof. Dr. P. Stoyanov”-Varna.

Several positive aspects of the scientific work of Prof. Dr. Kostadin Angelov, MD, deserve particular emphasis: its multidisciplinary scope, openness to innovation, active engagement, and profound analytical depth. These characteristics demonstrate creative and critical clinical thinking, as well as remarkable scientific productivity, both independently and within interdisciplinary research teams. The detailed examination and analysis of the provided qualitative and quantitative evidence confirm the deep commitment and dedication of Prof. Kostadin Angelov to the contemporary challenges of surgery, as well as his persistent efforts to seek and propose practical solutions based on scientifically substantiated findings supported by clinical and theoretical evidence.

All of the above provides sufficient grounds for me to propose to the esteemed scientific jury to vote positively and to award the scientific degree “**Doctor of Sciences**” to Prof. Kostadin Angelov, MD, PhD.

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Prof. Krasimir Ivanov, MD, PhD, DSc.