Opinion Article

Optimal Treatment for Cancer Cases

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Received: 12 April 2019; **Accepted:** 22 April 2019; **Published:** 26 April 2019

Abstract

This study discusses optimal treatment of cancer cases among the population. Based on clinical observations and medical treatments, it appears that the successful steps for cancer cases includes: 1) early discovery of cancer cells, 2) surgical eradication of cancer cells, 3) chemotherapy administration, 4) radiotherapy administration and 5) follow up treatments. Sequential administration of these steps may lead to successful recovery of many cancer cases among the population and re-habitation of the patients.

Keywords: Cancer; Chemotherapy; Cancer cells; Breast cancer

1. Introduction

It is well known that cancer disease is a leading cause of death around the world. Previous studies surveyed the cancer case among the population [1], and revealed more than 10 types of cancer cases among population with high incidence rates. Recent investigation Panato et al. [2] revealed that breast cancer (BC) was the most common cancer cases among women (26.0%), while colorectal cancer (CRC) was the second most common cancer in men (9.7% of all cases). Moreover Kariri et al. [3] revealed that women who had late pregnancy (> 35 years), high body mass index, first-degree family history of BC, hypertensive patients, and/or diabetes were more likely to have increased BC risk. Furthermore, Meshram et al. [4] found that 18% of all female cancer cases are BC. So far, BC is progressively increased around the world (Minister of Health 2014) [5]. Additionally, cervical cancer becomes the most common malignant tumor during pregnancy among women [6].

Early detection of cancer cells among the population is poorly investigated. Nearly all scientists, clinicians, patients, and medical staff hope for early detection of cancer cells, improve prognosis, and thus allow for increased cure rates. Screening health individuals and those at risk provides options of early detecting cancer cells before metastasis. But this chance is rare to happen in a poor country, but of course it happens in rich countries such as USA, Europe. So

far, medical treatments is usually happens. However, clear protocol for early detection of cancer cells followed a successful treatment is hardly to find. In this article, an optimal protocol for a successful treatment of cancer case are discussed

2. Early Diagnosis of Cancer Cases

It is well known in the literature that early diagnosis of cancer cells is an advantage for successful medical treatment. However, diagnosis of cancer cell included many techniques, some of them are presented in Table 1.

Indicator	**Cancer cells**	**Reference**
Alpha-fetoprotein	Germ cell tumors and hepatocellular carcinoma	Schiffman et al. [7]
Beta-human chorionic gonadotropin	Choriocarcinoma and testicular cancer	
specific antigen testing	Prostate	Basch et al. [8]
Mammography	BC	Pace and Keating [9] Elmore and Kramer [10]
Prostate-specific antigen	Prostate	-
Circulating tumor cells	human malignancies	Ilie et al. [11]
radiographic imaging	BC, CRC, lung cancer	-
Digital breast tomosynthesis	BC	Zuley et al. [12]
Breast Screening Programme.	BC	Public Health England 2015 [13]
Tumor marker usage	All types	Ramsey et al. [14]
Guidelines for colonoscopy	CRC	Lieberman et al. [15]

Table 1: Indicators that can be used for an early diagnosis of cancer cells.

Implementation of these techniques is being conducted in rich countries whereas in poor counties are not, consequently cancer cells may be hardily to be detected at early stages. However, implementation of the techniques in Table 1, may lead to a successful treatment of cancer cells. As long as the cancer cells are being detected, a surgical operation may be followed to eradicate the cancer tissue. This would be very successful for BC, CRC, Choriocarcinoma and testicular cancer. For instance, recent investigation Panato et al. [2] revealed that percentage of deaths in BC cases among women (total cases =1360) was 32.6 and 32.4 in the age groups ≤ 44 and 45-54 years. On the other hands, they revealed that percentage death case increased among CRC cases by age group.

3. Surgical Operation and Chemotherapy

A surgical operation to remove cancer cell is essential for the successful management of cancer cases. Cancer tissues or masses may be regarded as the source for metastases in human body accordingly removal of cancer tissue would certainly reduce the chances of metastases. Likewise, recent study Panato et al. [2] found that early diagnosed cases in breast cancer followed by surgical operation for removal of tissue cancer and followed by fast anti-cancer chemicals (chemotherapy) resulted in a 70% reduction in the risk of death. Additionally, different authors [16] revealed that CRC has a very high incidence in the western world and its medical treatments is so critical and need early diagnosis and medical treatments.

4. Case Report

From our observations among young non-married females, cancer cells may be present at inactive form according to women complains (data not shown). Immediately on marriage stage followed by a pregnancy, cancer cells begin to awake up and to grow rapidly due to pregnancy hormones. This growth may be harmful to the patient. Furthermore, repeated pregnancy may lead to a hyper growth of cancer cells and produce a large mass that can press some nerve in the human body causing a harmful pain to the patient. These observations have been found with a young lady in the early thirties immediately after marrying followed by a successful pregnancy. This observation was found with a bone marrow cancer, and BC cases among young ladies.

Moreover, a wrong diagnosis may lead to death among cases. For instance a wrong diagnosis with lung cancer cells due to similarity with other lung diseases such as obstructive pulmonary disease or other physical disease such as lung cells with accumulated respirable dust in lung tissue. Lab technicians may regard this dust as a mass of cancer cells, although it is not. This wrong diagnosis may lead to unsuccessful treatments (chemotherapy followed by radiotherapy) and finally death occurred during the treatment. Furthermore, breast cancer may be the easiest for an early diagnosis of cancer cells because it may be checked by hands. So far, the early diagnosis in this case may lead to successful treatments.

Immediately, after diagnosis of cancer cells a surgical operation may rapidly be conducted to eradicate the tumors. This step is a necessary one for reducing the chance of metastases and increasing the chance for a successful treatment to all cases. Performance of a surgical operation to eradicate cancer cells from liver tissues, stomach tissues, lung tissues, esophageal tissues and or intestinal cases may be difficult, but it is possible for them in the early stages of diagnosis. Nevertheless, this step may lead to a removal of the high fraction of cancer source in the body consequently metastases may not have occurred. On the other hands, surgical operation to eradicate cancer cells should be followed by a chemotherapy treatment to ensure successful eradication of spreading cells inside the body. In some cases, especially in the late stages of cancer cell diagnosis, physicians may give chemotherapy but it is not successful. From our experience and observation, it appeared that implementing chemotherapy without cancer cell eradication did not lead to a successful treatment. On the other hand, early diagnosis of BC, followed by surgical eradication and chemotherapy resulted in a successful recovery to young females.

5. Consequences of Chemotherapy

From our observation, administration of chemotherapy has been associated with cholinergic and nicotinic symptoms among BC cases such as vomiting, dizziness, losing of appetite. These symptoms are similar to organophosphate or carbamate poisoning among the population. These observations are in accordance with previously published work of poisoning cases among populations and farmers [17-21]. Furthermore, an immunity loss syndrome may also result from intensive chemotherapy [22]. Accordingly, it is recommended to give a small dose of chemotherapy to avoid the appearance cholinergic and necromantic symptoms. Additionally, radiotherapy should follow the chemotherapy to provide a successful destruction to the cancer cases. The disadvantage of this step is that it may make skin burns and accumulation of dopamine. This has been observed in breast cancer cases.

6. Follow up Treatment

This is the last step of medical treatment in which the patient should meet the physician on a monthly basis to receive hormonal treatment in breast cancer case. Another case may also receive special chemotherapy. It is important to sequentially follow these steps for successful management of cancer cases. It appeared from our observations that male patients who did not have a surgical operation to remove the cancer cells and received chemotherapy or radiotherapy did not have a successful treatment for their case and they still suffer the painful effects of cancer cells. Moreover, patient who have successfully removed the cancer cells form CRC, intestinal tract or stomach and did not receive any chemotherapy or radiotherapy due to old age, they continue alive without painful effects (data not shown). An explanation of these observations is that in older stages, growth of normal and /or cancer cells are very slow consequently cancer cells would not be able to reform themselves and widely spread inside body (metastases). On the other hands, chemotherapy was not successful for an old male patient who had removed cancer cells from spleen and kidney at late stages.

7. Conclusion

The rationale of this work emerged from the fact that successful treatment of cancer cells based on early diagnosis of cancer cells followed by surgical operation to eradicate cancer cells, chemotherapy, radiotherapy and follow up treatment. Sequential steps are necessary for successful management for cancer cases. It is recommended to avoid discrepancy in the treatment steps and to give a small dose of chemotherapy to avoid an appearance of toxic symptoms. In old age cases it is recommended to eradicate cancer cells without any chemotherapy.

Acknowledgments

Special thanks go to AVH foundation, Germany.

Conflict of Interest

The author declares no conflicting interests.

References

1. Safi J, El-Nahhal Y, Soliman SA, et al. Mutagenic and carcinogenic pesticides used in the Gaza Strip Agricultural Environmental. The Science of the Total Environment 132 (1993): 371-380.
2. Panato C, Abusamaan Kh, Bidoli1 E, et al. Survival after the diagnosis of breast or colorectal cancer in the GAZA Strip from 2005 to 2014. BMC Cancer 18 (2018): 632.
3. Kariri M, Jalambo OM, Kanou B, et al. Risk Factors for Breast Cancer in Gaza Strip, Palestine: a Case-Control Study. Clin Nutr Res 6(2017): 161-171.
4. Meshram II, Hiwarkar PA, Kulkarni PN. Reproductive risk factors for breast cancer: a case control study. Online J Health Allied Sci 8 (2009): 5.
5. Minister of Health of the Palestinian National Authority. Registry Pc. Gaza: Minister of Health of the Palestinian National Authority (2014).
6. Xia T, Gao Y, Wu B, et al. Clinical analysis of twenty cases of cervical cancer associated with pregnancy. Cancer Res Clin Oncol (2014).
7. Schiffman DJ, Fisher GP, Gibbs P. Early Detection of Cancer: Past, Present, and Future. Cancer Sscr. Surveil. Asco Educational Book (2015): 57-65.
8. Basch E, Oliver TK, Vickers A, et al. Screening for prostate cancer with prostate-specific antigen testing: American Society of Clinical Oncology Provisional Clinical Opinion. J Clin Oncol 30 (2012): 3020-3025.
9. Pace LE, Keating NL. A systematic assessment of benefits and risks to guide breast cancer screening decisions. JAMA 311 (2014): 1327-1335.
10. Elmore JG, Kramer BS. Breast cancer screening: toward informed decisions. JAMA 311 (2014): 1298-1299.
11. Ilie M, Hofman V, Long E, et al. Current challenges for detection of circulating tumor cells and cell-free circulating nucleic acids, and their characterization in non-small cell lung carcinoma patients. What is the best blood substrate for personalized medicine? Ann Transl Med 2 (2014): 107.
12. Zuley ML, Bandos AI, Ganott MA, et al. Digital breast tomosynthesis versus supplemental diagnostic mammographic views for evaluation of noncalcified breast lesions. Radiology 266 (2013): 89-95.
13. Public Health England. National Health Service (NHS) Breast Screening Programme (2015).
14. Ramsey SD, Henry NL, Gralow JR, et al. Tumor marker usage and medical care costs among older early-stage breast cancer survivors. J Clin Oncol 33 (2015): 149-155.
15. Lieberman DA, Rex DK, Winawer SJ, et al. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. Gastroenterology 143 (2012): 844-857.
16. Ghorbanoghli Z, Jabari C, Sweidan W, et al. A new hereditary colorectal cancer network in the Middle East and eastern mediterranean countries to improve care for highrisk families. Familial Cancer 17 (2018): 209-212.
17. El-Nahhal Y. Acute Poisoning among Farmers by Chlorpyrifos: Case Report from Gaza Strip. Occupational Diseases and Environmental Medicine 5 (2017): 47-57.
18. El-Nahhal Y. Risk Factors among Greenhouse Farmers in Gaza Strip. Occupational Diseases and Environmental Medicine 5 (2017): 1-10.

19. El-Nahhal Y. Accidental Zinc Phosphide Poisoning among Population: A Case Report. Occupational Diseases and Environmental Medicine 6 (2018).
20. El-Nahhal Y. Nitrate Residues in Fruits, Vegetables and Bread Samples and Their Health Consequences. Health 10 (2018).
21. El-Nahhal Y. Successful Management of Carbamate Poisoning among Children: Case Report from Gaza Strip. Occupational Diseases and Environmental Medicine 6 (2018).
22. El-Nahhal Y, Al-shareef A. Effective biomarkers for successful management of sepsis. Trends in Medicine 18 (2018): 1-8.

Citation: Yasser El-Nahhal. Optimal Treatment for Cancer Cases. Journal of Cancer Science and Clinical Therapeutics 3 (2019): 48-53.