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Review Article

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[Breast Cancer in Female](#)

Anxiety is also a very common disorder, both in patients and their family members. Anxiety and stress can compromise the quality of life of cancer patients and their families. Feelings of anxiety and anguish can occur at various times of the disease path: during screening, waiting for test results, at diagnosis, during treatment or at the next stage due to concern about relapses. Anxiety and distress can affect the patient's ability to cope with diagnosis or treatment, frequently causing reduced adherence to follow-up visits and examinations, indirectly increasing the risk of failure to detect a relapse, or a delay in treatment; and anxiety can increase the perception of pain, affect sleep, and accentuate nausea due to adjuvant therapies. Failure to identify and treat anxiety and depression in the context of cancer increases the risk of poor quality of life and potentially results in increased disease-related morbidity and mortality [1]. From all this we deduce the need and importance of dedicated psychological and psychiatric support for these patients within the Breast Unit. The fact that the psycho-oncologist who is dedicated to the care of patients with breast cancer must be an integrated figure in the multidisciplinary team of the Senological Center and not an external consultant is enshrined in the same European Directives that concern the legislation concerning the requirements that a Breast Unit must have in order to be considered a Full Breast Unit (Wilson AMR, et al. 2013). One of the most complex situations you find yourself dealing with is communication with the patient. This communication is particularly complex in two fragile subpopulations that are represented by women. [Menditto L. T (Tirannie) Cancer of the Breast. Am J Psychol & Brain Stud, 2023; 1(1):26-30].

Case Report

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[Oral Cancer Management is not just Treatment! But also, how early Pre-cancerous Lesions are Diagnosed & Treated!!](#)

Oral Cancer (OC) or squamous cell carcinoma of the oral cavity accounts for approximately 3% of all cancers worldwide, with increased incidence in developing countries. The use of tobacco is directly associated with approximately 80% of oral cancers, especially in older men over 40 years of age. As nearly one-third of the Indian population over 15 years consume smokeless tobacco in one or the other forms, a recent increase has been observed in OC incidence among women and young adults. Lately, the sexual behaviors of young & homosexuals have resulted in the emergence of oropharyngeal cancers due to infection with HPV 16. About 60% of oral cancer cases in India have a five-year survival rate, and this can be improved to 70% to 90% by mere early detection in stages I and II and with various treatment modalities. Despite the well-known benefits of oral cancer screening for the whole population in developing countries remains controversial. It is imperative to address the cultural barriers and societal norms, which limit the acceptability and participation in screening programs in India and many developing countries. This unique challenge of increasing OC morbidity in India and developing countries requires horizontal integration of the health systems with new services focused on cancer control, which gives the best chance for long-term survival, improved outcomes, and affordable care! This article is based on the author's experience of overseeing 1 case of early detection and 2 cases of delayed diagnosis, outcomes and relevant literature review, and current guidelines for the management of OC.

Research Article

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[Knowledge, Attitude, and Practice of Healthcare Workers in Ekiti State, Nigeria on Prevention of Cervical Cancer](#)

Purpose: The role of healthcare workers in cervical cancer prevention is pivotal because healthcare workers' recommendations have been reported to be a key motivational factor for cervical cancer screening among women in Nigeria. Assessing their knowledge, attitudes, and practices on cervical cancer prevention is necessary.

Patients and methods: This is a cross-sectional survey involving healthcare workers in Ekiti State, Nigeria. A questionnaire designed for the study was used to obtain data about the knowledge, attitudes, and practices of the healthcare workers. Logistic regression was used to assess the determinants of practice and a p - value of less than 0.05 was taken as statistically significant.

Results: Out of 188 participants that completed the study, 165(90.7%) had good knowledge about the prevention of cervical cancer while 24(13.2%) had good practice concerning the prevention of cervical cancer. positive attitude (Odds ratio 1.24, 95% CI 1.14 - 1.35, $p < 0.001$) increased the odds of good practice.

Conclusion: There was no association between the knowledge of cervical cancer prevention and the practice of the healthcare workers. Further research is required to explore the incongruence between knowledge and practice of cervical cancer prevention and its practice.
