Research & Reviews: Journal of Medical and Health Sciences

Review on Cancer

Keith Clinton Howell*

Andhra University, Visakhapatnam, India

Review Article

Received date: 23/07/2016 Accepted date: 23/07/2016 Published date: 01/08/2016

*For Correspondence

Keith Clinton Howell, Andhra University, Visakhapatnam, India, Tel: +91 7207418461.

E-mail: clinton7016@gmail.com

Keywords: Cancerous tumors, Protooncogenes, Tumor suppressor genes, Oncogenes, Metastatic cancer.

ABSTRACT

Cancer is the abnormal cell growth which has an ability to invade and eventually spread to other parts of the body. The term cancer was given by a Greek Physician Hippocrates (460-370 BC). In the earlier days Non- Ulcer forming and ulcer forming tumors were called carcinoma and carcinos. Cells that grow abnormally cause cancer. Many people die due to cancer. It is the second leading disease in United States that cause death. Women are mostly affected by cancer. In the world one half of men suffer from cancer but one third of women suffer from cancer. Hence women are considered as the victims of cancer.

INTRODUCTION

The earliest evidence of cancer is found in the fossils of human mummies in ancient Egypt. In earlier days the cause of cancer was not certain hence people blamed the Gods if anyone was affected by cancer [1-5]. According to Hippocrates the human body had four fluids they are blood, phlegm, yellow bile and black bile. If the body fluids were balanced then the person was considered to be healthy. If the amount of black bile was more, it was considered as the cause of cancer [6-10]. In the earlier stages the cause of cancer was not confirmed. Many physicians have proposed many theories; few were Humoral theory, Lymph theory, Blastema theory, chronic irritation theory, Trauma theory and Infectious disease theory. Each theory had mentioned a different reason for the cause of cancer [10-20].

Many advances have been made in order to diagnose the cause of cancer. Some of the most common diagnostic tests are Biopsy, Bone Marrow Aspiration and Biopsy, Bone Scan, Breast MRI, Colonoscopy, Computed Tomography (CT) Scan, Types of Endoscopy, etc... These advances have helped physicians to identify the cause of disease. Early detection of disease will help the physician to treat the patient [21-25]. At many times early detection has helped to save people form dying from cancer. With the understanding of the biology of cancer cells further many other biological agents have been developed in treatment of cancers. These are called biological response modifier (BRM) therapy [26-28]. The first therapeutic monoclonal antibodies, rituximab (Rituxan) and trastuzumab (Herceptin) were approved during the late 1990's to treat lymphoma and breast cancer, respectively. Scientists are also studying vaccines that boost the body's immune response to cancer cells [29-35].

Causes of cancer

Genetic changes affect three main types of genes. They are Proto-oncogenes, Tumor suppressor genes and DNA repair genes [36-38]. The changes caused by these genes are called Drivers of cancer.

Proto-oncogenes help in growth and division of cells. When these genes are altered they cause abnormal growth of cells and thus cause cancer.

Tumor suppressor genes also help in controlling the growth and division of cells. They sometimes divide in an uncontrolled way and thus cause cancer [39-41].

DNA repair genes help in fixing damaged DNA. Mutations in these genes tend to cause changes in other DNA and thus become a cause for cancer. The cells thus become cancerous.

Mechanism of spreading of cancer

Cancer that spreads from the initial place of infection other parts of the body is known as metastatic cancer. The process by which the cancer spreads is known as metastasis [42-48]. For example, breast cancer that spreads to and forms a metastatic tumor in the lung is metastatic breast cancer, not lung cancer. The difference between the normal cancer cell and metastatic cancer is specific chromosome changes.

Types of cancer

There are many types of cancers. Cancers are named according to the tissue or organ they are formed from. Cancer is usually described with accordance to the cell they belong to i.e. epithelial cell or squamous cell [49-52].

Cancer is categorized with accordance to the cells they begin with. They are carcinoma, Sarcoma, Leukemia, Lymphoma, and Multiple Myeloma, Melanoma and brain and spinal cord tumors. Carcinoma is the most common type of cancer [53-56]. They are mainly composed of epithelial cells. Carcinoma is of different types depending upon the epithelial cells. Adenocarcinoma is a cancer that is formed by the epithelial cells that produce mucus and fluids [57,58]. Basal cell carcinoma is formed in the base or lower layer. Basal cells generally form the layer of the skin. Squamous cell carcinoma is mainly constituted with squamous cells that form the second layer of the skin. Squamous cell carcinoma is commonly known as epidermoid carcinomas [59-65]. Transitional cell carcinoma is composed of epithelial tissue. This tissue is mainly found in the inner lining of the bladder.

Sarcoma cancers are mostly found in bones and soft tissue. The sarcoma in bone is mostly known as Osteosarcoma. Soft tissue sarcomas are leiomyosarcoma, Kaposi sarcoma, malignant fibrous histiocytoma, liposarcoma, and dermatofibrosarcoma protuberans [66-70].

Leukemia begins from the blood forming tissue of the bone marrow. In this form of cancer large numbers of abnormal white blood cells build up thus crowding out the normal blood cells. The side effects of this condition are the number of normal blood cells become less and the transport of oxygen to the tissue and even control bleeding.

Lymphoma is seen in lymphocytes. In this case abnormal lymphocytes build in up in lymph nodes and lymph vessels [71-75]. Two types of lymphoma are Hodgkin Lymphoma and Non-Hodgkin Lymphoma.

Multiple Myeloma begins in plasma cells. Abnormal myeloma cells build up and form tumors in the bone all through the body [76-78].

Melanoma begins in melanocytes. Melanocytes main function is to produce melanin.

Brain and Spinal cord tumor are differentiated depending upon the type of cell they are formed and place where the tumor is seen in the central nervous system [79-85]. For example, an astrocytic tumor begins in star-shaped brain cells called astrocytes, the function of astrocytic cells are to keep the nerve cells healthy. Brain tumors can be benign (not cancer) or malignant (cancer) [86-90].

CONCLUSION

Cancer is not just one disease it is a mixture of many diseases. It is one of the most common disease [86-90]. February 4th of each year is considered as world cancer day all around the world. Many ways have been included to treat cancer [91-95]; some of the basic methods are surgery, chemotherapy, radiation therapy, hormonal therapy, targeted therapy and palliative care. The use of each treatment depends upon the type, location and grade of cancer [96-100].

REFERENCES

- 1. Sugarbaker PH and Glehen O. Management of unexpected peritoneal metastases with primary colorectal cancer using second-look surgery with hipec. Can Surg. 2015;1:101.
- 2. Mondal T, et al. Argonaute-1 machinery silent cancer noises. Can Surg. 2016;1:102.
- 3. lan SF. Medico-legal aspects of delay in diagnosis of breast cancer. Can Surg. 1:103.
- 4. Garcia SB, et al. Neuropeptides in the development of colon cancer. Can Surg. 2016;1:104.
- 5. Chhabra S, et al. Staging issues in cervical cancer. Can Surg. 2016;1:104.
- 6. Elgohary H, et al. Spared healthy breast tissue after breast conserving surgery for palpable invasive ductal breast carcinoma; US guided versus traditional palpation guided excision. Can Surg. 2016;1:106.
- 7. ozturk O. Significance of primary care healthcare services in the early detection of cancer. Can Surg. 2016;1:107.
- 8. Asprino PF, et al. The era of individualized medicine in cancer. J Cancer Clin Trials. 2015;1:e101.
- 9. Das SK, et al. Endothelin: Ominous player in breast cancer. J Cancer Clin Trials. 2015;1:e102.

- 10. Rao SR, et al. Epithelial-to-mesenchymal transition as a potential target for antineoplastic therapies. J Cancer Clin Trials. 2015;1:e103.
- 11. Guner SI, et al. Microangiopathic hemolytic anemia (MAHA), high alkaline phosphatase and D-dimer levels and bone marrow infiltration as the first presentation of metastatic signet ring cell carcinoma of gastric origin: A rare case report. J Cancer Clin Trials. 2015;1:101.
- 12. Gomez GG. Adoptive T cell therapies for glioblastoma. J Cancer Clin Trials. 2015;1:102.
- 13. Aspeslagh S. Defining the role of a novel immune checkpoint modulator: Anti-OX,0. J Cancer Clin Trials. 2016;1:103.
- 14. Goonewardene SS, et al. Prostate cancer survivorship and psychosexual care: A systematic review for a continuously evolving field. J Cancer Clin Trials. 2016;1:104.
- 15. Al-Alwan M, et al. Fascin presents novel therapeutic target for chemoresistant/metastatic breast cancer. J Cancer Clin Trials. 2016;1:e104.
- 16. Cuttler JM, et al. Adjuvant therapy for resected exocrine pancreatic cancer by half-body low-dose irradiation. J Cancer Clin Trials. 2016;1:105.
- 17. Liu G A. Clearance step will become increasingly crucial for pretargeted tumor therapy when tumor accumulation is improved. J Cancer Clin Trials. 2016;1:106.
- 18. Zafar W. Outcomes of in-hospital cardiopulmonary resuscitation among cancer patients: Experience from Pakistan. J Cancer Clin Trials. 2016;1:107.
- 19. Rodriguez-Hernandez I and Gonzalez-Sarmiento R. DNA repair polymorphisms in glioblastoma susceptibility. J Cancer Clin Trials. 2016;1:108.
- 20. Reekhaye A and Madaan S. Active surveillance for prostate cancer. J Cancer Clin Trials. 2016;1:109.
- 21. Grondona JP, et al. Hepatic resection for breast cancer liver metastases, J Cancer Clin Trials, 2016:1:110.
- 22. Tandle A and Camphausen K. Mitotic protein kinase 1: Role in spindle assembly checkpoint revisited. J Cancer Clin Trials. 2016:1:111.
- 23. Anderson J and Cuellar S. Updates in the use of the mTOR inhibitor everolimus in advanced breast cancer. J Cancer Clin Trials. 2016;1:112.
- 24. Yusuf MA, et al. Rationale and design of a trial for prophylactic nutritional support (Pronus) during treatment for head and neck cancer: A single-center, randomized, controlled trial comparing effects of percutaneous endoscopic gastrostomy tube and nasogastric tube placement on nutritional status of patients. J Cancer Clin Trials. 2016;1:113.
- 25. Grant EC. Endometrial cancer with progestin and estrogen oral contraceptives and hormone therapy A review and analysis of the current data. J Cancer Clin Trials. 2016;1:114.
- 26. Mathioudakis A and Hardavella G. From lung cancer screening to targeted therapies: The endless race against lung cancer morbidity and mortality. J Lung Cancer Diagn Treat. 2016;1:e101.
- 27. Das S, et al. A prospective study to evaluate clinical radiation induced pneumonitis in lung cancer patients and its dose response relationship with radiotherapy. J Lung Cancer Diagn Treat. 2016;1:101.
- 28. Agarwal A, et al. To stent or not to stent and if stented when to remove it? Glimpse of interventional pulmonology conundrums with an illustrative series. J Lung Cancer Diagn Treat. 2016;1:102.
- 29. Kotecki N, et al. Contribution of next-generation sequencing in a case of metastatic breast carcinoma with pulmonary lesions. J Lung Cancer Diagn Treat. 2016;1:103.
- 30. Pezzella F. Cancer and blood vessels: A complex relationship. J Lung Cancer Diagn Treat. 2016;1:104.
- 31. Akcay S and Er Dedekarginoglu B. Smoking cessation in lung cancer. J Lung Cancer Diagn Treat. 2016;1:105.
- 32. Garcia JR. Rationale for clinical use of ¹¹C-choline PET/CT in prostate cancer patients. J Cancer Diagn. 2016;1:e103.
- 33. Sen M. Personalized medicine is the key to effective cancer treatment. J Cancer Diagn. 2016;1:e101.
- 34. Molina-Garrido MJ. Introduction to the inaugural issue of journal of cancer diagnosis. J Cancer Diagn. 2016;1:e102.
- 35. Puckett Y, et al. Does offering free breast cancer screenings make a difference? A retrospective 3 year-review of a west Texas free breast cancer screening program. J Cancer Diagn. 2016;1:101.
- 36. Cheng C and Shi L. Irinotecan-based regimen as second-line chemotherapy for extensive-stage small cell lung cancer. J Cancer Diagn. 2016;1:102.
- 37. Villabona CV, et al. Utility of ultrasound vs. gene expression classifier in thyroid nodules with atypia of undetermined significance. J Cancer Diagn. 2016;1:103.
- 38. Rastogi R, et al. Rectal carcinoma with osteosclerotic metastases-A rare occurrence. J Cancer Diagn. 2016;1:104.

- 39. Nna EO, et al. Allelic variants of KLK2 gene predict presence of prostate cancer at biopsy. J Cancer Diagn. 2016;1:105.
- 40. Costa M, et al. Renal cell carcinoma: A case series with integrative treatment. J Integr Oncol. 2016;S1:002.
- 41. Hussain SM, et al. Immunohistochemical expression of cyclin D1 in human breast carcinoma. J Integr Oncol. 2016;S1:003.
- 42. Pedrazzani C, et al. Update on laparoscopic treatment of gastrointestinal stromal tumors. J Integr Oncol. 2016;S1:004.
- 43. Resham S. Why hepatocellular carcinoma (hcc)'s management and control is challenging in the developing countries? Problems vs. strategies. J Integr Oncol. 2016;S1:005.
- 44. Cardinali D, et al. Melatonin-induced oncostasis, mechanisms and clinical relevance. J Integr Oncol. 2016;S1:006.
- 45. Elm'hadi C, et al. An atypical etiology of mediastinal lymphadenopathy: Extraskeletal Ewing sarcoma. J Integr Oncol. 2016;S1:007.
- 46. Filho RSO, et al. Main barriers in control of energy-protein deficit in critical oncologic patient at nutritional risk. J Integr Oncol. 2016;5:156.
- 47. Mastrangelo D, et al. The cure from nature: the extraordinary anticancer properties of ascorbate (Vitamin C). J Integr Oncol. 2016;5:157.
- 48. Lai-Tiong F. Chemotherapy-induced nausea and vomiting: An oncology-day unit experience. J Integr Oncol. 2016;5:158.
- 49. Mukherjee G, et al. Analysis of clinico-pathological characteristics of Indian breast cancers shows conservation of specific features in the hormone receptor sub-types. J Integr Oncol. 2016;5:159.
- 50. Barreca S, et al. Huge liposarcoma of the forefoot: A case report. J Integr Oncol. 2016;5:160.
- 51. Giulio GM, et al. Local resections and prosthetic reconstructions in solitary bone metastases of the limbs according to histotypes. J Integr Oncol. 2016;5:161.
- 52. Couderc AL, et al. Prognostic factors in elderly patients with multiple myeloma treated with weekly bortezomib. J Integr Oncol. 2016;5: 62.
- 53. Cheng Q, et al. Meta-analysis of CXCR7 expression related to clinical prognosis in cancers. J Integr Oncol. 2016;5:163.
- 54. Qun W, et al. Effective personalized treatment of advanced hepatic carcinoma based on sorafenib. J Integr Oncol. 2016;5:164.
- 55. Nekkanti S, et al. An unusual presentation of non union of patella with full range of movements of the knee joint. J Integr Oncol. 2016;5:165.
- 56. Recchia F, et al. Long-term follow-up of pegylated liposomal doxorubicin and oxaliplatin in recurrent ovarian cancer. J Integr Oncol. 2016;5:166.
- 57. Yonemura Y, et al. Risk Factors for recurrence after complete cytoreductive surgery and perioperative chemotherapy in peritoneal metastases from gastric cancer. J Integr Oncol. 2016;5:167.
- 58. Ruzzenente A, et al. Risk a novel prognostic score based on serum alpha-fetoprotein, number of nodules and MYC gene status predicts prognosis of patients after liver resection for hepatocellular carcinoma. J Integr Oncol. 2016;5:168.
- 59. Hosiriluck N and Jones C. Emergence of squamous cell carcinoma during treatment of basal cell carcinoma with vismodegib. J Integr Oncol. 2016;5:169.
- 60. Elm'hadi C, et al. A huge malignant peripheral nerve sheath tumor revealing von recklinghausen's disease. J Integr Oncol. 2016;5:170.
- 61. Masuda H, et al. Expression of heparin-binding epidermal growth factor-like growth factor (HB-EGF) in human renal cell carcinoma. J Integr Oncol. 2016;5:171.
- 62. Carr Bl, et al. An HCC aggressiveness index and blood GTP, bilirubin and platelet levels. J Integr Oncol. 2016;5:172.
- 63. Pinho L, et al. Molecular targets in lung cancer therapy: A current review. J Integr Oncol. 2015;4:148.
- 64. Chang H, et al. Neoadjuvant chemotherapy of three cycles or more improve survival of patients with N2-3 nasopharyngeal carcinoma. J Integr Oncol. 2015;4:149.
- 65. Alvarez AM, et al. Primary CNS lymphoma: Analysis of treatment by gamma- knife radiosurgery and chemotherapy in a prospective, observational study. J Integr Oncol. 2015;4:150.
- 66. AlOtaibi SM, et al. Functional assessment of quality of life using EORTC QLQ-CR29 in patients with colon cancer at King Abdulaziz University Hospital. J Integr Oncol. 2015;4:151.
- 67. Gupta AA, et al. Unconventional causes of conventional oral cancer. J Integr Oncol. 2015;4:152.
- 68. Choe EK and Kang HY. The serum carcinoembryonic antigen is associated with HbA1c in Korean non-smokers. J Integr Oncol. 2015;4:153.

- 69. Huang C, et al. The association between mRNA expression levels of Ephx1 and prognosis of acute myeloid leukemia. J Integr Oncol. 2015;4:154.
- 70. Kawata N, et al. Kidney clamp by using intestinal forceps during nephron sparing surgery. J Integr Oncol. 2015;4:155.
- 71. Tabouret E, et al. Bevacizumab trough concentration in recurrent glioblastoma patients. J Integr Oncol. 2015;4:138.
- 72. Koppaka D, et al. Impact of integrating Pet-Ct in radiotherapy planning of non-small cell carcinoma lung: Dosimetric and radiobiological comparison. J Integr Oncol. 2015;4:139.
- 73. Mrutyunjaya M, et al. A rare case of gorhams disease of the third finger managed by surgical reconstruction. J Integr Oncol. 2015;4:140.
- 74. Trivedi MK, et al. The potential impact of biofield treatment on human brain tumor cells: A time-lapse video microscopy. J Integr Oncol. 2015;4:141.
- 75. Coffer LW, et al. Evaluation of active hexose correlated compound (Ahcc) on phase li drug metabolism pathways and the implications for supplement-drug interactions. J Integr Oncol. 2015;4:142.
- 76. Di Nardo P, et al. Real benefit of anthracycline-based chemotherapy in elderly and impaired patients: A retrospective analysis. J Integr Oncol. 2015;4:143.
- 77. Mercadal S, et al. Long term remission of a primary intracerebral Hodgkin lymphoma in a patient previously treated with azathioprine. J Integr Oncol. 2015;4:144.
- 78. Zhang T, et al. Down-regulated Mir-22 as predictive biomarkers for prognosis of cervical cancer. J Integr Oncol. 2015;4:145.
- 79. Giulio M, et al. *In vitro* and *in vivo* effects of antiblastic loaded polymethyl methacrylate (Pmma) for the management of bone metastasis: A literature review. J Integr Oncol. 2015;4:146.
- 80. He F, et al. Effects of induction chemotherapy of docetaxel, cisplatin and 5-fluorouracil combining intensity-modulated radiotherapy and concurrent chemotherapy in locoregionally advanced nasopharyngeal carcinoma. J Integr Oncol. 2015;4:147.
- 81. Black HS. Epithelial-mesenchymal transition: The cancer connection. J Integr Oncol. 2015;4:e108.
- 82. Wang G. Positron emission tomography plays a more important role in health care. J Integr Oncol. 2015;4:134.
- 83. Fotakopoulos G, et al. New Developments in Management of Meningioma . J Integr Oncol. 2015; 4: 135.
- 84. Ungari AQ, et al. Cost evaluation of metastatic colorectal cancer treatment in the Brazilian public healthcare system. J Integr Oncol. 2015;4:136.
- 85. Abdulrahman GOJ. Targeted therapies in the management of breast cancer. J Integr Oncol. 2015;4:137.
- 86. Boulding T, et al. Multi-layered epigenetic regulatory mechanisms mediate epithelial to mesenchymal transition in cancer. J Integr Oncol. 2015;4:127.
- 87. Robey IF, et al. Safety and tolerability of long- term sodium bicarbonate consumption in cancer care. J Integr Oncol. 2015;4:128.
- 88. McCarty M. Low-glycotoxin diets and spirulina may have potential for slowing the growth and spread of rage-expressing cancers. J Integr Oncol. 2015;4:129.
- 89. Isik O, et al. Anastomotic leak after colorectal surgery: Leak rate for right hemicolectomy may be higher than expected. J Integr Oncol. 2015;4:130.
- 90. Sultan A, et al. Adenocarcinoma of rectum with brain metastasis. J Integr Oncol. 2015;4:131.
- 91. Maute L, et al. The dual PI3K/mTOR inhibitor NVPBEZ235 enhances the anti-tumoral activity of gemcitabine in human pancreatic cancer cell lines. J Integr Oncol. 2015;4:133.
- 92. Attaallah W, et al. A fibrosarcomatous ("High-Grade") variant of dermatofibrosarcoma protuberans (DFSP). J Carcinog Mutagen. 2014;S4:007.
- 93. Sarwar R, et al. Association of promoter polymorphisms in Xrcc2 gene involved in DNA double strand break repair and increased susceptibility to thyroid cancer risk in Pakistani population. J Carcinog Mutagen. 2016;7:265.
- 94. Ichihara H, et al. Negatively charged cell membranes-targeted highly selective chemotherapy with cationic hybrid liposomes against colorectal cancer *in vitro* and *in vivo*. J Carcinog Mutagen. 2016;7:267.
- 95. Manzo C. Cancerogenesis and polymyalgia rheumatica. J Carcinog Mutagen. 2016;7:268.
- 96. Shrihari TG. Inflammation related cancer highlights. J Carcinog Mutagen. 2016;7:269.
- 97. Al-Dabbagh AR, et al. Human papilloma virus (HPV) and oral squamous cell carcinoma in a UK population: Is there an association? J Carcinog Mutagen. 2016;7:270.

- 98. Mannan A, et al. p53 R72P alone and in combination with MDM2 SNP T309G is associated with colon carcinoma incidence and survival. J Carcinog Mutagen. 2016;7:266.
- 99. Elbedewy TA and Elashtokhy HE. The utility and applicability of chronic myeloid leukemia scoring systems for predicting the prognosis of Egyptian patients on Imatinib: Retrospective study. J Leuk. 2016;4:210.
- 100. Janeczko M, et al. Imatinib in the treatment of chronic myeloid leukemia in children and adolescents is effective and well-tolerated. Report of the polish pediatric study group for treatment of leukemias and lymphomas. J Leuk. 2016;4:211.