

Oncological Screening and Early Diagnosis of Breast and Cervix Cancer

Kaleab Tegegne*

Department of Public Health, Haramaya University, Hawaasa, Ethiopia

Commentary

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***For Correspondence:**

Kaleab Tegegne, Department of Public Health, Haramaya University, Hawaasa, Ethiopia

E-mail: kaleabtesfaye35@gmail.com

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DESCRIPTION

Oncological screening is a public health intervention that aims to invite an apparently healthy population to carry out a diagnosis test with the intent of discovering a possible neoplasm in a very early phase. The goal of cancer screening is to reduce mortality for that cancer and, if possible, reduce its incidence. The first objective is reached more than with the reduction of the advanced forms that bring the patient to death. On the other hand, reducing the incidence of neoplasia is only possible for those sites where the evolutionary path of the lesion is well-known; benign lesion, premalignant lesion, and cancerous lesion as in the case of the colon and the uterine cervix. To date, there are three screening programs for which a positive cost-benefit ratio has been demonstrated. Breast cancer screening for women aged 50-69 years; cervical screening for women aged 25 to 64; and colorectal screening involving even the male population aged 50-69 years.

The monitoring of the activity of screening programs, through appropriate indicators, is essential for the verification of the performances of the programs themselves. In fact, institutional programs are characterized not only by the

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offer of the test but also by the care of the person for the whole prevention path and by the presence of quality monitoring systems that are carried out through the control of the indicators in the various phases.

Breast cancer

Early diagnosis strategies focus on providing timely access to cancer treatment by reducing barriers to care and/or improving access to effective diagnosis services. The goal is to increase the proportion of breast cancers identified at an early stage, allowing for more effective treatment to be used and reducing the risk of death from breast cancer. Mammography is a radiological examination of the breast, effective for identification breast tumor early, as it allows identifying the nodules, even small. The organized screening programs provide that the exam is performed by visualizing the breast both from the top to the bottom and from the side.

Cervix cancer

World Health Organization (WHO) has reviewed the evidence regarding the possible modalities to screen for cervical cancer and has concluded that screening should be performed at least once for every women in the target age group 30-49 years when it is most beneficial; HPV testing cytology, and Visual Inspection with Acetic Acid (VIA) are all recommended screening tests; cryotherapy or Loop Electrosurgical Excision Procedure (LEEP) can provide effective and appropriate treatment for the majority of women who screen positive for cervical precancer; and “screen-and-treat and screen diagnose and treat” are both valuable approaches. Regardless of the approach used, the key to an effective program is to reach the largest proportion of women at risk with quality screening and treatment. Organized screening program designed to reach most women at risk are preferable to opportunistic screening.

A recent review report that FDA advisory panel recommended the use of HPV testing alone. This recommendation was based on data showing the long-term predictive value of a positive high-risk HPV test result. In an ideal world, in which women have regular follow-up, primary HPV screening is as effective as primary cytology screening. The duration of the protective effect of a negative HPV-negative test is twice as long as for a negative cytology test because cytologic changes are downstream of HPV acquisition. Clear algorithm for reflex cytology and for appropriate colposcopy referrals can balance the loss of specificity with HPV testing. The challenge with a new screening paradigm of primary HPV testing, which reduces the frequency of surveillance, will be to assure robust tracking and follow-up of women at risk for cervical cancer.