Advances in Cancer Prevention
ISSN: 2472-0429
Case Report Open Access

Elements of Risk and Risk Assessment in Cancer Risk Reduction

Qiang Nai*

Department of Anatomy and Neurobiology, University of Tennessee, USA

Abstract

In paediatric practice depression is more commonly seen in parents than in children. The prevalence of depression related to cancer death in children is low because the concept of death as a permanent biological process usually does not develop until the age of nine. However, post-surgical depression in children may manifest as irritability, excessive clinging to parents, rebellious behaviour and school phobia.

Keywords: Hodgkin's disease; Patients trust; Diagnosis time; Subsequent treatments; Cancer surgery; Psychological approach

Introduction

Genitourinary cancer surgery is o en associated with depression arising from sexual dysfunction. One indicator of adjustment, sexual functioning, gives an idea of the magnitude of the problem. Comparative studies are few, but the e ect on sexuality is surprisingly similar in di erent cancers such as Hodgkin's disease and cancers of the testis and those of lung and prostate. ese studies showed that one fourth of patients with Hodgkin's disease and cancers of the testis and a third of patients with cancers of lung and prostate felt that they had become less attractive to their partners, and a similar proportion found that their sex drive was diminished. ree situations are commonly encountered in the practice of oncology or in the management of terminal diseases; families who do not want their patients to know the diagnosis and outcome, the family wants the patient to be le alone but the patient wants to keep ghting and lastly the patient wants to be le alone to die with dignity but the family do not give up [1]. ese problems must be approached conjointly. It is an unpleasant task for surgeons but preferable to being summoned to court. Surgeons should maintain an honest relationship and maximize the patient's trust [2]. e patient's family members may feel supported when the surgeon acknowledges the spiritual dimensions and mentions practical components of loss. e family is the second facet in the triad of depression. Surgery is a burden for family members and may have immediate and or longstanding e ects on the function of the family [3]. Stress in family members is the key factor in the development of depression. Depression stems from the concern for the patient's well-being and nancial losses arising from illness. It may develop as early as the time of diagnosis and may be aggravated by exhaustion of resources towards investigative procedures and subsequent treatments. A study by North house and Swain suggested that the level of stress experienced by family members is compatible with that of the patients [4].

Methodology

Plumb and Holland reported that patients and the next of kin were indistinguishable in terms of level of depression. Parental reaction to surgery on the child especially in a major surgery resembles that of grief a er the death of a close and a loved one. is may persist as depression when the child gets better. ese events may have destructive e ects on the relationship between children and parents in the future course of the child's normal life [5]. Prolonged nature of the illness as in burns or a prolonged convalescence associated with orthopaedic and trauma surgery may also precipitate depression. e 20th century was known as the age of Anxiety and the 21st century is named as the age of Depression or perhaps even antenatal depression [6]. With the increasing stress and up surging challenges of our times, it is becoming increasingly di cult for a surgeon to lead a meaningful and satisfying life. Psychological approach towards patient is key in tackling depression in cancer surgery as shown in (Figure 1). People vary greatly in the degree of con dence and exibility by which they cope with threatening situations. Several studies show that the intensity of distress following the onset of cancer is determined by such factors and by the degree to which people feel that the losses caused by the illness have made them di erent from others [7]. is, in turn, can give rise to depression, problems of sexual adjustment, and other psychological di culties. is is as important as the surgeon's technical skill and like all other procedures practiced during training and re ned over the years. Dealing e ectively and compassionately with patients, pre and post-operatively, is a skill that can be nurtured [8]. Also nurses who work closely with the medical and nursing sta can signi cantly reduce psychological morbidity as measured by self-rating scales in women undergoing surgery for breast cancer. As stated, each time we succeed in helping someone else to face up to and cope with the awesome facts of life, we are indirectly helping ourselves. ere are a lot of ups and downs in a surgeon's life as shown in (Figure 2). To ensure that the nal tally shows more ups

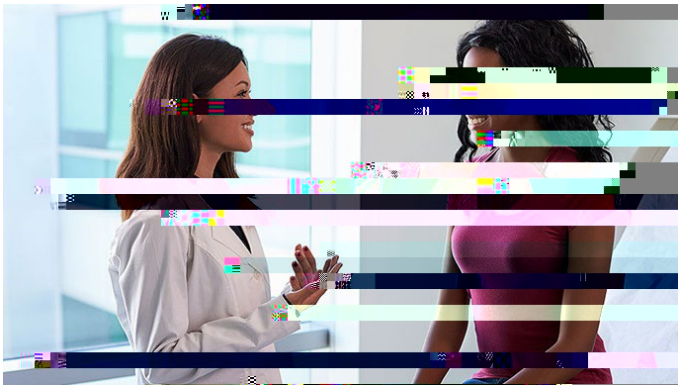

Figure 1: Psychological approach towards patient.

***Corresponding author:** Qiang Nai, Department of Anatomy and Neurobiology, University of Tennessee, USA, E-mail: qiangnai@yahoo.com

Received: 01-Jul-2023, Manuscript No. ACP-23-108106; **Editor assigned:** 05-Jul-2023, PreQC No. ACP-23-108106 (PQ); **Reviewed:** 19-Jul-2023, QC No. ACP-23-108106; **Revised:** 24-Jul-2023, Manuscript No. ACP-23-108106 (R); **Published:** 31-Jul-2023; DOI: 10.4172/2472-0429.1000176

Citation: Nai Q (2023) Elements of Risk and Risk Assessment in Cancer Risk Reduction. Adv Cancer Prev 7: 176.

than downs, one has to possess character, competence, concern for the patient and professional excellence [9]. Anticipation of the psychiatric disturbances may come as a triumph in the management of the patient and the disease. us an opportunity arises to foster a close relationship between the two specialties of surgery and psychiatry. Psychiatrists and psychologists will have a greater role to play as we march further into the 21st century. Surgeons and psychiatrists will have to work in

osteoclast function and a class of drugs for osteoporosis therapy. J Cell Biochem US 112:1229-1242.

8. Kyttaris VC (2012) Kinase inhibitors: a new class of antirheumatic drugs. Drug Des Devel Ther UK 6: 245-250.
9. Weber MA (2001) Vasopeptidase inhibitors. Lancet EU 358: 1525-1532.
10. Kittleson MM, Hare JM (2005) Xanthine oxidase inhibitors: an emerging class of drugs for heart failure. Heart UK 91:707-709.
11. Hamashima C, Shibuya D, Yamazaki H, Inoue K, Fukao A, et al. (2008) The Japanese guidelines for gastric cancer screening. Jpn J Clin Oncol UK 38:259-267.
12. Sabatino SA, White MC, Thompson TD (2015) Cancer screening test use: United States, 2013