

A REVIEW ON CANCER TREATMENT

Khanvate Kiran*, Konge Pooja, kapse Suhani

HSBPVT's Parikrama Diploma in Pharmaceutical Sciences, Kashti, Ahmednagar,
Maharashtra, India.

1 *corresponding author

Khanvate Kiran*

HSBPVT's Parikrama Diploma in Pharmaceutical Sciences, Kashti, Ahmednagar,
Maharashtra, India

Email: kirankhanvate@gmail.com

Acknowledgement: Authors are thankful to the HSBPVT's Parikrama Diploma in Pharmaceutical Sciences, Kashti, Ahmednagar, Maharashtra, India for extending requested facilities in commencement and completion of this work.

ABSTRACT-

Cancer in the broadest sense means more than 277 different forms of cancer. Scientists have identified cancers at different stages, indicating that multiple gene mutations are involved in the pathogenesis of cancer. These gene mutations cause cells to proliferate abnormally. Genetic disorders due to inherited or inherited factors play a key role in increased cell growth. With the technological development of bioinformatics and molecular techniques, additional information has been obtained that can be useful for early diagnosis and appropriate therapy gene therapy, chemotherapy, surgery, radiation therapy, immunotherapy, precision medicine, targeted therapies, minimally invasive surgery, nanotechnology. Treatment of cancer depends on the various internal and external factors causing cancer. The effects of drugs on cancer patients can be predicted and even monitored for any side effects. In recent years, the mechanisms of carcinogenesis have been identified using molecular genetic studies. The results of these studies have improved the understanding of the role of genetic disorders in the development of cancer. In this study, we aimed to investigate the molecular aspects of cancer. The analyzing the symbiotic relationship between health and technology, this review aims to provide insights into the evolving landscape of cancer treatment and the potential for improved patients outcomes.

Keywords:

Health technology, Artificial Intelligence, Precision medicine, Early Detection, Personalized therapy, Cancer Care, Patient outcomes.

INTRODUCTION:

Globally, cancer is the second most common cause of death. Overall, there has been a rise in the prevalence of cancer; by 2014, there were over 1,665,540 cancer patients in the United States alone, and 585,720 of them had passed away from the illness

1. Consequently, cancer is a major issue that has an impact on everyone's health in human cultures. Regrettably, the disease exhibits variability at the tissue level, which poses significant challenges for both specific diagnosis and therapy success.

The prostate, lung and bronchus, colon and rectum, and urinary bladder have the largest percentages of cancer types in men, correspondingly. The breast, lung and bronchus, colon and rectum, uterine corpus, and thyroid are the areas in women where cancer incidence is highest. According to this data, the majority of cancers in men and women, respectively, are prostate and breast cancers

2. Blood cancer and malignancies of the brain and lymph nodes account for the largest percentage of cancer cases in children, respectively. A sequence of progressively occurring gene mutations that alter cell activities cause cancer. It is evident that chemical substances play a role in the formation of cancer cells and gene alterations. Moreover, smoking contains a number of chemical components that cause cancer and cause lung cancer. It's interesting to note that chemicals found in the environment that have the potential to cause cancer affect cells' cytoplasm and nucleus either directly or indirectly, resulting in genetic abnormalities and gene mutations, aberrant proliferation and has an impact on the cell cycle. Under normal circumstances, proto-oncogenes promote cell division and growth; nevertheless, when a genetic mutation occurs, they transform into oncogenes, which are most hazardous to a cell's ability to survive. In addition, unchecked cell division is brought on by the absence of tumour suppressor genes. Normally, repair genes encode proteins and enzymes with repairing capabilities; around 30 different types of repair proteins have been identified. Eliminating uracil from DNA eliminates the primary UV-induced DNA lesions as well as DNA damage. These lesions modes Epigenetics is a dynamic situation during the study of cell fate and epigenetic modifications such as DNA methylation, histone modifications and nucleosome position, which play important roles in cancer formation. Cancer cells are characterized by a vast reduction in DNA methylation (about 5–6% reduction in the total amount of 5-methyl cytosine). Overall reduction of mono-acetylated H4K16 forms the majority of histone modifications in cancer cells. All families of chromatin modifying proteins are associated with cancer, although in most cases, the molecular mechanisms underlying their functions remain unknown. In this study, we reviewed cancer from the perspective of the molecular level, in order to get a closer look at this disease. The study of cell destiny and epigenetic changes, such as DNA methylation, histone modifications, and nucleosome location, which are crucial in the development of cancer, makes epigenetics a dynamic field. A significant decrease in DNA methylation (about 5-6% reduction in the overall quantity of 5-methyl cytosine) is a characteristic of cancer cells? The majority of histone changes in cancer cells are caused by an overall reduction in mono-acetylated H4K16. The majority of the time, the

molecular processes behind the actions of all families of chromatin-modifying proteins are still unclear, but they are all linked to cancer 16 To gain a deeper understanding of cancer, we examined the disease from a molecular standpoint in this work.

CANCER TREATMENT EMPLOYS A RANGE OF TECHNOLOGIES, CONSTANTLY EVOLVING TO ENHANCE EFFICACY AND MINIMIZE SIDE EFFECTS. SOME NOTABLE TECHNOLOGIES INCLUDE:

RADIATION THERAPY:

1 Utilizes high-dose radiation to target and destroy cancer cells. Advanced techniques like intensity-modulated radiation therapy (IMRT) and proton therapy enhance precision.

2. Radiation therapy can kill cancer cells by a variety of mechanisms. The main goal of radiation therapy is to deprive cancer cells of their multiplication potential and eventually kill the cancer cells. Cancer cells whose DNA is damaged beyond repair stop dividing and die.

CHEMOTHERAPY:

1. involves the use of drugs to kill or slow the growth of cancer cells. Continuous research introduces new drugs and delivery methods, such as targeted therapies and immunotherapy. ous severe side effects, which include immediate signs of toxicity and late signs of chronic toxicity (4,5). Their intensity can be mild (grade 1), moderate (grade 2), severe (grade 3), or life-threatening or disabling (grade 4), according to the WHO classification. Immediate effects can be observed on skin and hair, bone marrow and blood, the gastrointestinal tract and the kidneys. All organs of the body can be affected, including essential organs, such as the heart, lungs and brain. Grade 3 and 4 neurotoxicity can induce somnolence, paresthesia, paralysis, ataxia, spasms and coma. In addition, the chronic effects of chemotherapy include drug resistance, carcinogenicity and infertility.

IMMUNOTHERAPY:

Boosts the body's immune system to recognize and attack cancer cells. CAR-T cell therapy is a groundbreaking approach where a patient's immune cells are genetically modified to target cancer.

1. Immune checkpoints, which are immune-cell surface receptors that either activate or inhibit immunological responses, carefully control the process. On the one hand, getting the immune system activated is the goal in controlling tumours, but it also triggers autoimmunity. Through the up-regulation of immune activation at different phases of the immunological cycle, the discovery and development of monoclonal antibodies

against the inhibitory immune checkpoints ctla-4 and PD-1 have led to remarkable antitumor responses.

4. *PRECISION MEDICINE:*

Analyzes a patient's genetic makeup to tailor treatments. Molecular diagnostics and genomic profiling guide personalized therapies for specific cancer types.

5. *SURGERY WITH ROBOTICS:*

Minimally invasive techniques and robotic-assisted surgeries improve precision and reduce recovery times for certain cancer surgeries.

6. *NANOTECHNOLOGY:*

Uses tiny particles to deliver drugs directly to cancer cells, enhancing treatment effectiveness while minimizing damage to healthy tissue.

7. *GENE EDITING:*

Technologies like CRISPR enable targeted modifications to the DNA of cancer cells, offering potential breakthroughs in treatment development.

8. *TELEMEDICINE AND REMOTE MONITORING:*

Facilitates ongoing patient care, enabling remote monitoring and virtual consultations to enhance accessibility and follow-up.

The synergy of these technologies reflects a comprehensive approach to cancer treatment, focusing on precision, reduced side effects, and improved patient outcomes.

RADIATION THERAPY:

Radiation therapy is a medical treatment that uses high-energy radiation to target and damage cancer cells. The primary objective is to inhibit the growth and division of these abnormal cells. While normal cells can also be affected, they often recover more effectively than cancer cells.

There are two main types of radiation therapy:

1. *External Beam Radiation:*

This method involves directing a focused beam of radiation from outside the body onto the tumor. It is a non-invasive procedure, and the patient does not feel the radiation during the treatment. Advanced technologies, such as intensity-modulated radiation therapy (IMRT) and stereotactic radiosurgery, allow for precise targeting of the cancer while minimizing exposure to surrounding healthy tissues.

2. Internal Radiation (Brachytherapy):

Internal radiation involves placing radioactive sources directly inside or very close to the tumor. This allows for a concentrated dose of radiation in the immediate vicinity of the cancer. Brachytherapy is commonly used for certain cancers, such as prostate, cervical, and breast cancer.

The decision to use radiation therapy depends on factors like the type of cancer, its location, and the overall health of the patient. Radiation therapy may be employed as the primary treatment or in combination with surgery, chemotherapy, or immunotherapy. The treatment plan is carefully customized to the individual characteristics of the cancer to maximize effectiveness while minimizing side effects.

Radiation therapy is administered in a series of sessions over a specified period. The overall goal is to eradicate or control the cancer cells, providing patients with the best possible outcome and improving their quality of life.

CHEMOTHERAPY:

Strong medications are used in chemotherapy, a medical procedure, to target and kill rapidly proliferating cells, including cancer cells. In addition to cancer cells, normal cells that proliferate quickly, like those in the bone marrow, digestive system, and hair follicles, can also be affected by it. Chemotherapy aims to inhibit or reduce the growth of cancer cells in order to stop them from proliferating and spreading to other body parts.

Important details regarding chemotherapy consist of:

1. Chemotherapy is a systemic treatment, which means that the bloodstream carries it throughout the body. It can now reach cancer cells that might have spread to other locations thanks to this.

2. Combination therapy: To increase efficacy and lower the likelihood of resistance, a number of chemotherapy medications are frequently used in combination. The particular combination is determined by the cancer's type and stage.

3. Cycles of Treatment: Chemotherapy is usually given in cycles, with intervals of treatment and recovery time to allow the body to heal. Depending on the patient's reaction and the type of cancer, different treatment cycles and lengths of time are required.

4. Delivery Techniques: There are a number of ways to administer chemotherapy, including injections, topical treatments, intravenous (IV) infusions, and oral pills. The drugs used and the type of cancer will determine the chosen course of action.

5. Side effects: Although chemotherapy is a powerful tool in the fight against cancer, it can also harm healthy cells. This can result in unpleasant side effects like nausea, fatigue, hair loss, and an elevated risk of infection. Often, supportive treatments and drugs are used to control these side effects. Chemotherapy can be administered as an adjuvant

(adjuvant treatment) to eradicate any cancer cells that remain after surgery, or as a neoadjuvant (adjuvant) to shrink tumors and make them easier to remove.

6. Palliative Care: Chemotherapy can be used for palliative care to reduce symptoms and enhance the quality of life when a cure is not possible.

IMMUNOTHERAPY:

Immunotherapy, also known as biologic therapy or biotherapy, is a type of cancer treatment that harnesses the body's own immune system to recognize, attack, and destroy cancer cells. Unlike traditional treatments such as chemotherapy, which directly target cancer cells, immunotherapy boosts the body's natural defenses to fight cancer more effectively.

Important aspects of immunotherapy consist of:

1. Checkpoint Inhibitors: These medications stop immune cells' PD-1 or PD-L1 proteins, which stops cancer cells from eluding the body's defenses. Research has demonstrated that checkpoint inhibitors are effective in treating a number of cancers, such as bladder, lung, and melanoma.

2. CAR-T Cell Treatment:

Antigen Receptor Chimeric in T-cell therapy, a patient's own T cells are altered to express a receptor that specifically targets cancer cells. The patient is then given these modified T cells again to strengthen the body's defenses against the cancer.

3. Monoclonal antibodies:

Made in a lab, these antibodies are able to recognize and neutralize particular proteins on cancer cells. Monoclonal antibodies can be used in conjunction with radiation therapy or chemotherapy to treat a variety of cancer types.

4. PRECISION MEDICINE:

Personalized medicine, another name for precision medicine, is a cutting-edge approach to healthcare that considers each patient's unique genetic makeup, lifestyle, and environment. The intention is to customize medical care and treatment regimens to the unique needs of every patient. When it comes to cancer treatment, precision medicine is especially important because both the patient's genetic profile and the tumor's genetic composition are significant factors.

5. SURGERY WITH ROBOTICS:

Robotic surgery, sometimes referred to as robot-assisted surgery, is a minimally invasive surgical approach that uses robotic systems to help surgeons carry out difficult operations with improved control and precision. The da Vinci Surgical System is the main robotic surgical system currently in use.

IMPORTANT DETAILS AND ATTRIBUTES OF ROBOTIC SURGERY INCLUDE:

1. System of Da Vinci Surgery:

The da Vinci system consists of robotic arms that the surgeon operates from a console while seated. Specialized surgical instruments are held in the robotic arms, and a high-definition 3D camera offers an in-depth view of the surgical site.

2. Very Little Invasion:

Robotic surgery is a minimally invasive procedure that involves tiny incisions for the insertion of robotic arms and instruments. Patients recover more quickly as a result, with less blood loss and less damage to the surrounding tissues.

NANOTECHNOLOGY:

The manipulation and application of materials at the nanoscale, usually at dimensions less than 100 nanometers, are the focus of nanotechnology. At this scale, special qualities appear, opening the door to the development of novel substances, tools, and applications with a wide range of useful applications in diverse domains.

Key elements of nanotechnology are as follows:

1. Nanoparticles:

These are nanoscale particles in terms of size. It is possible to engineer them to possess particular qualities, like increased conductivity, reactivity, or strength. Applications for nanoparticles are numerous and include catalysis, imaging, and medication delivery.

2. Applications in Medicine:

Drug delivery systems are one area where nanotechnology is heavily utilized in medicine. Treatment efficacy can be increased while reducing adverse effects by targeting particular cells or tissues with nanoparticles. This has consequences for imaging, diagnosis, and cancer treatment.

The multidisciplinary nature of nanotechnology crosses the boundaries of physics, chemistry, biology, and engineering, propelling breakthroughs that have the potential to completely transform a range of sectors. To responsibly utilize nanotechnology to its fullest extent, innovation and ethical considerations must be balanced as research advances.

GENE EDITING:

(1). Numerous methods, such as transcription activator-like effector nucleases (TALENs), zinc finger nucleases (ZFNs), and RNA interference (RNAi), were created to accomplish accurate and efficient gene editing. Double-stranded RNA (dsRNA) is the cause of RNAi, which was first identified in *Caenorhabditis elegans*

[2]. The RNase III family ribonuclease Dicer initially recognises and processes foreign dsRNA into 21–23 base pairs of small interfering RNAs (siRNAs) when it is introduced into cells. After maturing, these siRNAs drive the RNA-induced silencing complex (RISC) towards the target RNA, ultimately resulting in gene silencing and the target RNA's destruction

(3) However, because RNA interference (RNAi) affects sEngineered nucleases coupled to nonspecific DNA cleavage modules and sequence-specific DNA binding domains are called ZFNs and TALENs. Targeted DNA double-strand breaks (DSBs) are induced by these designed nucleases, and these DSBs promote error-prone nonhomologous end-joining (NHEJ) or homology-directed repair (HDR)

[4]. Consequently, genome editing is made possible by ZFNs/TALENs. Nonetheless, the off-target activity of ZFNs remains considerable given the state of the technology. Moreover, TALENS may modify the chromatin microenvironment, and in areas of condensed chromatin, their binding activity may be decreased.

TELEMEDICINE AND REMOTE MONITORING:

(1) extend access to evidence-based interventions for cancer prevention and control, surveillance, supportive care, treatment decision making, and more. As research in remote cancer-care delivery has grown rapidly over the past decade, with an abrupt acceleration during the pandemic, we sought to characterise the current state of the evidence by synthesising and summarising existing literature reviews in this field.

(2) computing platforms, connectivity, software, and sensors for health care and related uses”

(3) Telehealth has been defined by the US Health Resources and Services Administration as “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration

(4) Although this definition is inclusive of digital health, telehealth is often used more narrowly to describe synchronous interactions between health-care providers and patients (eg, an appointment done via encrypted videoconferencing). In this Review, the terms digital health and telehealth are used together to represent the full spectrum of remotely delivered, technology-supported, health-care interventions.

For a comprehensive summary of the science on remote cancer care, this scoping review extends the previous findings from an overview of reviews on telehealth interventions for post-treatment cancer survivors

(5) in three ways. First, the previous overview of reviews suggests that future research specifically addresses cancer prevention and health promotion. This scoping review addresses this need by summarising review literature on the use of telehealth across the cancer trajectory, from cancer prevention to end of life and bereavement. Second, this scop.

REVIEW METHOD

Initially, we searched research papers using keywords such as cancer and molecular process, cancer and treatment and molecular aspects. Subsequently, the papers that matched such word criteria were fully reviewed and their findings duly noted. In the past three decades, researchers have reported a substantial volume of information about genes and proteins and their roles in the production of cancer.

CANCLUSION:

cells. In fact, the role of mutated genes in cancer cells was one of the most important discoveries. Recently, environmental factors related to genetic mutations have been identified. With the help of different molecular methods, we are able to determine the potency of gene expression and defective proteins, as well as detecting novel cancer biomarkers. These findings can be useful to treat cancer and reduce cancer complications. In addition, various studies to explore the epigenetic mechanisms and their relationship together with the development, and progression of various diseases, especially cancer are continuing. Besides, it seems that many aspects of epigenetic remain unknown. However, by identifying all environmental factors and pivotal genes, this gives us a comprehensive map for further efforts to reduce cancer in the future.

REFERENCES

- [1] . R. Siegel, D. Naishadham, A. Jemal Cancer statistics 2013, *CA Cancer J. Clin.*, 63 (2013), pp. 11-30
- [2] View article CrossRefView in Scopus R.L. Siegel, K.D. Miller, A. Jemal, Cancer statistics 2016, *CA Cancer J Clin*, 66 (2016), pp. 7-30 View PDF CrossRefView in Scopus
- [3] J.C. Cigudosa, N.Z. Parsa, D.C. Louie, et al. Cytogenetic analysis of 363 consecutively ascertained diffuse large B-cell lymphomas *Genes, Chromosomes Cancer*, 25 (1999), pp. 123-133 View in ScopusGoogle Scholar
- [4] E. Shtivelman, B. Lifshitz, R.P. Gale, E. Canaani Fused transcript of *abl* and *bcr* genes in chronic myelogenous leukaemia *Nature*, 315 (1985), pp. 550-554 View article CrossRefView in ScopusGoogle Scholar
- [5] Q. Wei, L. Li, D. Chen DNA Repair, Genetic Instability, an Cancer: World Scientific (2007) Google Scholar
- [6] E.R. Alvarez-Buylla, Á. Chaos, M. Aldana, et al. Floral morphogenesis: stochastic explorations of a gene network epigenetic landscape *PLoS One*, 3 (2008), p. e3626 View article CrossRefView in ScopusGoogle Scholar
- [7] A. Portela, M. Esteller Epigenetic modifications and human disease *Nat Biotechnol*, 28 (2010), pp. 1057-106 View article CrossRefView in ScopusGoogle Scholar
- [8] S.E. Goelz, B. Vogelstein, S.R. Hamilton, A.P. Feinberg Hypomethylation of DNA from benign and malignant human colon neoplasms *Science*, 228 (1985), pp. 187-191 View article CrossRefView in ScopusGoogle Scholar
- [9] M.F. Fraga, E. Ballestar, A. Villar-Garea, et al. Loss of acetylation at Lys16 and trimethylation at Lys20 of histone H4 is a common hallmark of human cancer *Nat Genet*, 37 (2005), pp. 391-400 View article CrossRefView in ScopusGoogle Scholar
- [10] S. Sharma, T.K. Kelly, P.A. Jones Epigenetics in cancer *Carcinogenesis*, 31 (2010), pp. 27-36 View PDF CrossRefView in ScopusGoogle Scholar
- [11] International Agency for Research on Cancer (IARC) GLOBOCAN 2008, Cancer incidence and mortality worldwide. Lyon, France: IARC; 2010. [Google Scholar]
- [12] Jemal A, Bray F, Center MM, Ferlay J, Ward E, Forman D. Global cancer statistics. *CA Cancer J Clin*. 2011;61:69–90. [PubMed] [Google Scholar]
- [13] Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clin Oncol (R Coll Radiol)* 2004;16:549–560. doi: 10.1016/j.clon.2004.06.007. [PubMed] [CrossRef] [Google Scholar]

- [14] 1.O'Donnell JS, Teng MWL, Smyth MJ. Cancer immunoediting and resistance to T cell-based immunotherapy. Nat Rev Clin Oncol. 2019;16:151–67. doi: 10.1038/s41571-018-0142-8. [PubMed] [CrossRef] [Google Scholar]

CAPCDR 7th CONFERENCE 2023