Cancer Epidemiology, Manifestations, and Treatment

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- Tobacco
 - Multipotent carcinogenic mixture
 - Linked to cancers of the lung, lower urinary tract, aerodigestive tract, liver, kidney, pancreas, cervix uteri
 - Linked to myeloid leukemia

- Ionizing radiation
 - Emission from x-rays, radioisotopes, and other radioactive sources
 - Exposure causes cell death, gene mutations, and chromosome aberrations
 - Bystander effects
 - Poor gene repair
 - Changes in gap junction intercellular communication

- Ultraviolet radiation
 - Causes basal cell carcinoma, squamous cell carcinoma, and melanoma
 - Principal source is sunlight
 - Ultraviolet A (UVA) and ultraviolet B (UVB)
 - Promotes skin inflammation and release of free radicals

- Alcohol consumption
 - Risk factor for oral cavity, pharynx,
 hypopharynx, larynx, esophagus, and liver cancers
 - Cigarette/alcohol combination increases a person's risk

- Sexual reproductive behavior
 - Carcinogenic types of human papillomavirus
 - High-risk HPV

- Physical activity
 - Reduces cancer risk
 - Decreases insulin and insulin-like growth factors
 - Decreases obesity
 - Decreases inflammatory mediators and free radicals
 - Increased gut motility

- Occupational hazards
 - Substantial number of occupational carcinogenic agents
 - Asbestos
 - Dyes, rubber, paint, explosives, rubber cement, heavy metals, air pollution, etc.
 - Radon

- Electromagnetic fields
 - Carcinogenic?
 - Are they, or aren't they?

- Diet
 - Xenobiotics
 - Toxic, mutagenic, and carcinogenic chemicals in food
 - Activated by phase I activation enzymes
 - Defense mechanisms
 - Phase II detoxification enzymes
 - Examples
 - Compounds produced in the cooking of fat, meat, or proteins
 - Alkaloids or mold by-products

- Obesity
 - Correlates with the body mass index (BMI)
 - Adipose tissue is active endocrine and metabolic tissue

Obesity

- In response to endocrine and metabolic signaling, adipose tissue releases free fatty acids
 - Increased free fatty acids gives rise to insulin resistance and causes chronic hyperinsulinemia
 - Correlates with colon, breast, pancreatic, and endometrial cancers

Pain

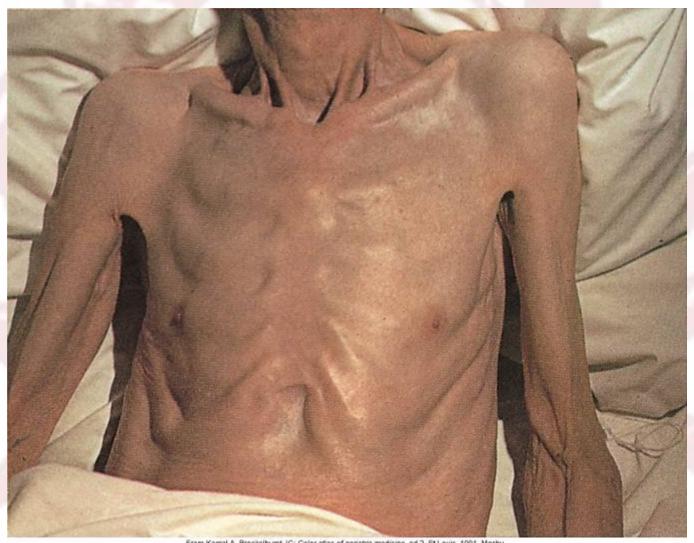
- Little or no pain is associated with early stages of malignancy
- Influenced by fear, anxiety, sleep loss, fatigue, and overall physical deterioration
- Mechanisms
 - Pressure, obstruction, invasion of sensitive structures, stretching of visceral surfaces, tissue destruction, and inflammation

- Fatigue
 - Subjective clinical manifestation
 - Tiredness, weakness, lack of energy, exhaustion, lethargy, inability to concentrate, depression, sleepiness, boredom, and lack of motivation

- Fatigue
 - Suggested causes
 - Sleep disturbance, biochemical changes from circulating cytokines, secondary to disease and treatment, psychosocial factors, level of activity, nutritional status, and environmental factors

- Syndrome of cachexia
 - Most severe form of malnutrition
 - Present in 80% of cancer patients at death
 - Includes:
 - Anorexia, early satiety, weight loss, anemia, asthenia, taste alterations, and altered protein, lipid, and carbohydrate metabolism

Cachexia



From Kamal A, Brockelhurst JC: Color atlas of geniatric medicine, ed 2, St Louis, 1991, Mosby.

- Anemia
 - A decrease of hemoglobin in the blood
 - Mechanisms
 - Chronic bleeding resulting in iron deficiency, severe malnutrition, medical therapies, or malignancy in blood-forming organs

- Leukopenia and thrombocytopenia
 - Direct tumor invasion to the bone marrow causes leukopenia and thrombocytopenia
 - Chemotherapy drugs are toxic to the bone marrow
- Infection
 - Risk increases when the absolute neutrophil and lymphocyte counts fall

- Paraneoplastic syndromes
 - Symptom complexes that cannot be explained by the local or distant spread of the tumor or by the effects of hormones released by the tissue from which the tumor arose

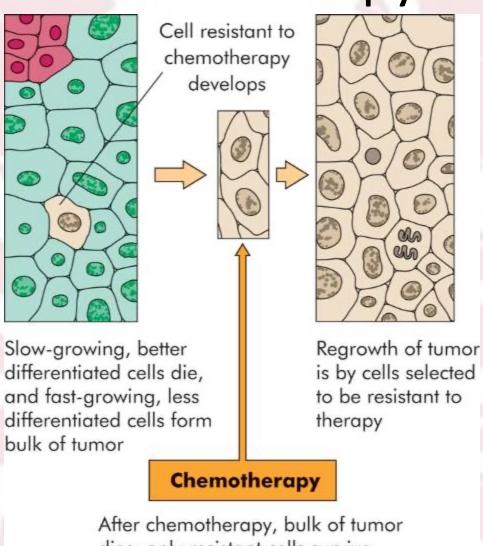
- Chemotherapy
 - Use of nonselective cytotoxic drugs that target vital cellular machinery or metabolic pathways critical to both malignant and normal cell growth and replication
 - Goal
 - Eliminate enough tumor cells so the body's defense can eradicate any remaining cells

- Chemotherapy
 - Compartments
 - 1: cells undergoing mitosis and cytokinesis
 - 2: cells capable of entering the cell cycle in the G₁ phase
 - 3: cells not dividing or that have irreversibly left the cell cycle
 - Cells in compartment 3 will die a natural death

Chemotherapy

- Single-agent chemotherapy
- Combination chemotherapy
- Principle of dose intensity
- Therapeutic index
- Neoadjuvant chemotherapy

Chemotherapy



dies; only resistant cells survive

- Ionizing radiation
 - Goals
 - Eradicate cancer without excessive toxicity
 - Avoid damage to normal structures
 - Ionizing radiation damages the cancer cell's DNA

- Surgery
 - Biopsy and lymph node sampling
 - Sentinel nodes
 - Debulking surgery
 - Palliative surgery
- Hormone therapy
 - Receptor activation or blockage
 - Interferes with cellular growth and signaling

- Immunotherapy
 - Theoretically, antitumor responses can selectively eliminate cancer cells while sparing normal cells
 - Immune memory is long lived
 - Numerous immunologic mechanisms are capable of rejecting different types of cancer
 - Biologic response modifiers (BRMs)

- Other forms of immunotherapy
 - Interferon administration
 - Antigens
 - Effector cell lymphokines
 - Monoclonal antibodies

Side Effects of Cancer Treatment

- Gastrointestinal tract
- Bone marrow
- Hair and skin
- Reproductive tract