



A Brief Note Regarding the Fight against Cancer: A New Step towards Greater Equity and Comprehensiveness

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INTRODUCTION

Since Galen, a Roman physician discovered that an unhealthy diet was linked to an increased risk of cancer, the disease has been considered preventable. Ramazzini, a physician from Italy, proposed in 1713 that nuns who drank less had lower rates of cervical cancer. In the 18th century, more research was done, and it was found that certain chemicals like tobacco smoke, tar, and soot could cause cancer in humans. Even though Potts advised chimney sweeps to take preventative measures, only Holland followed through, reducing the number of chimney sweeps who developed scrotal cancer.

DESCRIPTION

Chemical carcinogens were first classified in the 19th century; Classification came later. Physical and biological carcinogens like X-ray radiation and the Rous sarcoma virus, which was discovered in 1911, were identified at the beginning of the 20th century. There was a lack of formal prevention research, and lifestyle changes for cancer prevention were not possible at the time, despite the observed correlation between environmental or chemical factors and cancer development. In 1987, the European Commission established the European Code against Cancer in Europe to educate the general public about ways to lower their risk of developing cancer. The 10 recommendations in the initial version of the Code included participation in organized breast and cervical cancer screening programs, exposure to known carcinogens, diet, weight, sun exposure, and tobacco use. The European School of Oncology was in charge of reviewing the Code at the beginning of the 1990s and adding information about the scientific evidence supporting each recommendation. The International Agency for Research on Cancer was in charge of overseeing any subsequent updates. Participation in organized colorectal cancer screening programs, breast feed-

ing, hormone replacement therapy, and hepatitis B and papillomavirus vaccination programs are all included in the fourth edition of the Code, which was published in 2012-2013. The member organizations of the non-governmental organization UICC decide the organization's direction at a general assembly every 2 years. The 16 directors who make up the executive committee of the UICC are chosen at general assemblies and serve in between meetings. Prof. Anil D'Cruz, a native of India, currently serves as President of UICC. The CEO is in charge of the company, which has 40 employees and is based in Geneva, Switzerland. The CEO at the moment is Dr. Cary Adams, who has held this position since 2009. "Cancer immunotherapy" refers to a variety of treatments that aim to activate the patient's own immune system in order to fight the tumor. Intravenous BCG immunotherapy for superficial bladder cancer and the use of interferons and other cytokines to elicit an immune response in patients with renal cell carcinoma and melanoma are two recent methods for eliciting an immune response against tumors. For a number of tumors, particularly malignant melanoma and renal cell carcinoma, intense research is being conducted on cancer vaccines that elicit specific immune responses.

CONCLUSION

During Sipuleucel-T, an immunization-like procedure in the late clinical stages of prostate cancer, patient dendritic cells are stacked with prostatic corrosive phosphatase peptides to elicit a specific resistant reaction against prostate-determined cells. Due to the graft-versus-tumor effect, in which the donor's immune cells frequently attack the tumor, allogeneic hematopoietic stem cell transplantation is a type of immunotherapy. Thus, allogeneic HSCT has a higher fix rate than autologous transplantation for various disease types regardless of making more extreme side impacts.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.