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Cancer Prevention: A Review of Primary, Secondary, and Tertiary Methods

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Abstract

Cancer prevention is achieved through primary, secondary, and tertiary methods. Primary cancer prevention is achieved through two mechanisms: the promotion of health and wellness and reduction of risks known to contribute to cancer development.

Prevention; Oncology; Disease

New generation

Primary prevention aims to reverse or inhibit carcinogenic processes through modifications in a patient's diet, environment or through pharmacologic mechanisms. Examples include smoking cessation interventions and prophylaxis in women at high risk for breast cancer. Secondary prevention involves screening and early detection [1]. In cancer, this refers to checking for the presence of disease at high risk, as early Advanced Oncology Nursing Certification Manual detection is defined as testing for cancer at the earliest possible stage, when the disease is most likely to be treated successfully. Tertiary cancer prevention is applied to individuals who have already been diagnosed with a malignancy but are now candidates for screening and early detection of secondary malignancies [2]. Tobacco Use Smoking has long been considered a detriment to overall health. Earlier, studies pointed to a strong association with cancer. Research culminated with the Surgeon General's report, which concluded that smoking was strongly associated with cancer and was associated with oral and esophageal cancer. Since then, more than 100 studies and subsequent Surgeon General have confirmed tobacco's detrimental effects. More than 4,000 chemicals have been identified in tobacco smoke, which are identified as carcinogens by the Agency for Research on Cancer. These chemicals cause mutations and ultimately lead to cancer. Tobacco is considered a contributing or causal agent for several malignancies, including oral, laryngeal, and esophageal cancers, in addition to gastric and esophageal cancers, in addition to lung cancer, though the cause of lung cancer is still debated and not definitively established. Lung cancer is estimated to be the leading cause of cancer deaths in the United States and is the leading cause of cancer deaths among the public health concerns of the 21st century.



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of the oncology APN's role in cancer prevention and early detection
[5]. To provide accurate counselling on cancer risk reduction strategies,
cancer screening recommendations, and genetic testing, the oncology
APN must first perform a comprehensive risk assessment. Cancer risk
assessment is an individualized evaluation of a patient's risk for cancer
based on a variety of factors. Cancer Prevention, Screening, and Early Detection
of both intrinsic and extrinsic factors and begins with a detailed history.
This includes thorough past medical, obstetric, and surgical histories
and documentation of recent age-appropriate screening tests, or lack
thereof. Family history is a critical part of cancer risk assessment and
includes at least a three-generation pedigree, particularly if a hereditary
cancer syndrome is suspected. Medication history, dietary history, level
of physical activity, environmental exposures, history of tobacco and
alcohol use, and other lifestyle choices also are important factors to
assess when determining cancer risk. A thorough physical examination
concludes the cancer risk assessment and includes a breast, pelvic, and
rectal examination. Some cancer risk assessment tools and models are
available to help nurses to convey this risk to patients, such as the Gail
model, Claus model, and BRCAPRO for breast cancer risk and the
MMR model for hereditary colon cancer risk. Each of the tools has
its strengths and weaknesses [6]. The Gail model is the most commonly
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