

Areas of Cancer Care Continuum and Treatment

Anusheel Munshi*

Department of Radiation Oncology, Delhi University, Delhi, India

Introduction

Through direct and indirect effects on the physical, mental, and social well-being of billions of people worldwide, the severe acute respiratory syndrome novel coronavirus and related coronavirus disease pandemic has significantly harmed global health. This unprecedented crisis has also revealed the inherent weaknesses of health care systems in many nations, including those with robust welfare systems, elevating health to the top of the global political agenda. However, while disruption can be harmful, it can also be beneficial and encourage new ideas and progress. This is a crucial time to take advantage of the lessons learned from this pandemic, to put the positive changes that this crisis has sparked into action, and to address not only the harm to public health but also the deep-rooted fragility of health systems. In order to drive this difficult change process, policymakers and cancer societies share a unique responsibility. In light of this, the ninth edition of the conference called "Oncology Ethics by the Italian Association of Medical Oncology (AIOM) was devoted to the creation of a recovery plan for the post-pandemic scenario and the investigation of the effects of the pandemic on the cancer care continuum in Italy. The AIOM Foundation and AIOM met with Italian specialists in all areas of cancer treatment, including: medical oncologists, surgeons, anesthesiologists-resuscitators, general practitioners (GPs), immunologists, psycho-oncologists, nurses, epidemiologists, jurists, philosophers, theologians, journalists, representatives of the Ministry of Health, industry, patients and their representatives [Federation of Voluntary Associations in Oncology and other scientific societies [Italian Society of Palliative Care (SICP), Italian Society of Psycho- In light of the socioeconomic.

Description

The current position statement is the summary of the "Oncology. It was created and approved by AIOM, AIOM Foundation, SICP, SIPO, SIAARTI, doctors, and FAVO. Starting with an analysis of the context, it explains the needs and priorities in oncology and demonstrates the AIOM strategy for improving Italian oncology in the near future. The impact of the COVID-19 pandemic in where the outbreak was the second nation to be affected by the outbreak. For a number of weeks, the nation was most severely affected, with hundreds of deaths occurring on a daily basis. In spite of the prompt implementation of lockdown measures, the virus spread quickly, particularly in the north of the country. More than half of all cases in Italy occurred in Lombardy, where a dramatic scenario resulted from the overcrowding of hospitals between March and April 2020. In response to the agony of these decisions, the SIAARTI issued recommendations under the guidance of its Ethics Section that were based on clinical, reasonable, and soft utilitarian approach in the face of resource scarcity. However, physicians have been struggling with the ethical dilemmas of these forced choices for months, which have left an indelible mark and generated the need for long-term reflection on what happened and how to avoid this drama in the event of future pandemics [1].

Among others, the cancer care continuum has been disproportionately

*Address for Correspondence: Anusheel Munshi, Department of Radiation Oncology, Delhi University, Delhi, India, E-mail: A.Munshi3@gmail.com

Copyright: © 2023 Munshi A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 15 March, 2023, Manuscript No: jcst-23-96379; Editor assigned: 16 March, 2023, PreQC No: P-96379; Reviewed: 29 March, 2023, QC No: Q-96379; Revised: 03 April, 2023, Manuscript No: R-96379; Published: 10 April, 2023, DOI: 10.37421/1948-5956.2023.15.588

affected. In addition, there is concern that the pandemic will exacerbate the existing equity gap in cancer care by penalizing medically underserved populations. The consequences of the serious interruption of all aspects of the cancer care continuum, from screening to treatment, will potentially result in an increase in advanced-stage cancer diagnoses in the coming years and may lead to an increase in cancer-related mortality. Notwithstanding disease care continuum, the malignant growth research biological system has been to a great extent impacted by the pandemic. There was also a significant negative impact on career development opportunities, particularly for women and junior investigators. On the other hand, disruptions to ongoing clinical trials facing suspension, early termination, reduced recruitment rate, and delays in new clinical trial activation resulted in a severe slowdown in therapeutic development and threaten trial outcomes. The concomitant financial crisis faced by academic institutions, along with cuts in research funding by prominent philanthropic organizations and charities due to the undirected consequences of the COVID-19 outbreak [2].

The rapid advancement of 5G technology has accelerated the development of telemedicine technologies. Internet hospitals and the widespread use of wearable health devices to monitor vital signs are the most notable examples. Disparities in healthcare can be reduced by distributing advanced healthcare resources in an equitable manner through telemedicine. The COVID-19 pandemic has accelerated the use of telemedicine, which has helped cut down on unnecessary visits and the risk of infection⁶⁴. Telemedicine interventions can significantly improve the quality of life for cancer survivors. New methods for collecting patient-generated health data have been developed thanks to advances in wireless technology and smartphones. In addition, VR technologies are capable of supporting cancer care, as we are seeing mega-verse enter healthcare. AI with advanced telecommunications can facilitate healthy lifestyle behaviors, symptom management, and medication adherence by close contact with patients outside of the clinic. AI with advanced telecommunications can identify and intervene in early-on treatment toxicity and cancer progression. In addition, a meta-analysis found that VR-based interventions can reduce symptoms of anxiety, depression, pain, and cognitive function in cancer patients⁷⁰. VR games with high fidelity components can relieve pain in pediatric cancer patients. VR and augmented reality (AR) are evolving technologies that can improve pre-operative planning and intraoperative navigation [3].

Identification of Italian oncology's priorities and requirements The pandemic's exposed financial and human resources, as well as the structural vulnerabilities of the SSN, provide a unique opportunity to rethink and improve the organization of cancer care and strengthen interactions between various medical disciplines, institutions, and industry in order to meet the numerous needs of patients. First and foremost, a long-term perspective must be used to address the urgent lack of resources. A major component in this cycle is the comprehension of the right designation of accessible assets, following standards of clinical, monetary, and moral judiciousness, viability, proficiency, equity, and fortitude. Patients' priorities and requirements must be taken into consideration when allocating resources. Regarding the reorganization of the cancer care continuum, numerous adaptations to the continuum and clinical research point to a path toward patient-focused and decentralized care that has the potential to reduce costs while also enhancing patient outcomes and quality of life. The pandemic has also highlighted the tremendous value of the scientific community as well as that of technological progress, which represents an opportunity for broad evolution in health care. These include, among other things, modification of treatment regimens in favor of administration of oral medications whenever possible, increased time between doses, reduced frequency of in-site blood tests and visits, simplified administrative procedures, remote consent, telemedicine, home delivery of trial medications, and collaboration with peripheral health care facilities [4].

The utilization of new advancements for the examination of medications and courier RNA antibodies to handle the Coronavirus disease might one day

at any point become the reason for helpful improvement in oncology. In addition, the widespread implementation of preventative measures to stop the spread of COVID-19 increased the use of electronic information and technology to deliver health care in an unprecedented manner from a distance. The "recovery plan" for Italian oncology in the post-pandemic scenario. The ongoing health crisis represents a unique opportunity to implement positive changes in the organization of clinical and research activities that may inspire new and better care delivery models. The majority of Italian patients welcomed the expansion of telehealth and were inclined to continue using this approach after the pandemic. The rapid implementation of telemedicine during this period has opened the door to the opportunity of its permanent integration into cancer care with the potential to reduce financial and Both the pillars (prevention, diagnosis, treatment, follow-up, health workforce) and the foundations (communication and care relationship, system organization, resources, research, and networking) of cancer care must be strengthened. The following list, which builds on what was revealed and learned during the global health emergency, outlines the concrete and attainable goals that will be pursued in the near future to rebuild Italian oncology with the goal of improving care and research [5].

Conclusion

The historical moment, which is of the utmost significance, necessitates the redesign of Italian oncology from organizational models to clinical assistance pathways and research and positions AIOM alongside institutions to take on this significant challenge and to promote patient and medical professional cases. The ambitious objective of the comprehensive project we designed is to ensure the highest possible quality of life for cancer patients and survivors, as well as equitable, cost-effective, and long-lasting cancer prevention and treatment. Multi-actor collaboration and, more specifically, engagement with patient organizations will be crucial to the success of the plan's implementation. To ensure that future oncology is focused on the needs of patients, patient organizations' roles as stakeholders should be strengthened. The impact of COVID-19 on the cancer care continuum and research. The consequences of the reallocation of resources, exhaustion of health infrastructure and workforce, and reorganization of health care provision resulted in the suspension of non-urgent medical activities and

drastic change in the routine management of many diseases and health crisis brought on by the COVID-19 outbreak, this provided an opportunity for rich multidisciplinary discussion on a number of topics pertaining not only to the field of oncology but also to the right to health in a broader sense.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Abouzeid, Christiane, Deep Bhatt and Nivee Amin. "The top five women's health issues in preventive cardiology." *Curr Cardiovasc Risk Rep* 12 (2018): 1-9.
2. Shiu, Delaney. "Study of women's cardiovascular public health initiatives and program evaluation." *PhD diss* (2021).
3. Ordovas, Karen G. "Invited commentary: Enhancing skills for imaging diagnosis of spontaneous coronary artery dissection and other women's cardiovascular diseases." *Radio Graphics* 41 (2021): E200-E201.
4. Rutledge, Robert, B. Justin Kim and Robert E. Applebaum. "Actuarial analysis of the risk of prosthetic valve endocarditis in 1,598 patients with mechanical and bioprosthetic valves." *Arch Surg* 120 (1985): 469-472.
5. Pinto, Ana Catarina and Evandro De Azambuja. "Improving quality of life after breast cancer: Dealing with symptoms." *Maturitas* 70 (2011): 343-348.

How to cite this article: Munshi, Anusheel. "Areas of Cancer Care Continuum and Treatment." *J Cancer Sci Ther* 15 (2023): 588.