

Primary Bone Cancer Risk in Patients

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Description

Li-Fraumeni syndrome and hereditary retinoblastoma are two rare genetic diseases that enhance the risk of bone cancer in families. Paget's disease is a bone disease. Paget's disease of the bone, which is most frequent in elderly persons, can raise the risk of developing bone cancer later in life. The most frequent type of bone cancer is osteosarcoma. The malignant cells in this tumour generate bone. The bones of the leg or arm are the most commonly affected by this type of bone cancer in children and young people. Osteosarcomas can develop outside of bones in rare cases.

The second most frequent type of bone cancer is chondrosarcoma. The malignant cells in this tumour create cartilage. In middle-aged and older adults, chondrosarcoma commonly develops in the pelvis, legs, or arms. Children who have familial retinoblastoma, a type of eye cancer, are more likely to acquire osteosarcoma. People with a family history of sarcoma, such as those with Li-Fraumeni syndrome, are at an increased risk of developing osteosarcoma. Researchers are discovering genes passed down through generations that put people at a higher risk of acquiring osteosarcoma than the general population. All of these conditions are extremely uncommon [1-5].

Any factor that increases your chances of contracting an illness such as cancer is referred to as a risk factor. The risk factor for various malignancies varies. Some risk factors, such as smoking, are modifiable. Others, such as a person's age or family history, are irreversible. However, just because you have a risk factor, or even numerous risk factors, does not indicate you will develop the disease. Many people who have one or more risk factors never develop cancer, whereas others who do develop cancer have few or no recognised risk factors. Primary bone malignancies (cancers that begin in the bones) come in a variety of forms, and while they share some characteristics, they do not all have the same risk factors.

People who have had radiation therapy for other reasons are more likely to develop bone sarcoma at the radiation therapy location. Radiation-related bone sarcomas can arise many years, if not decades, after treatment, so it's a good idea to keep an eye out for any new symptoms in an area that was

previously treated with radiation, even if you're an adult who was treated as a child. Angiosarcoma, Undifferentiated Pleomorphic Sarcoma (UPS) of soft tissue, and osteosarcoma are the most common sarcomas induced by radiation therapy, but other kinds can also develop. Early detection increases the chances of a successful treatment, thus those with known risk factors should see their doctor on a frequent basis to review their personal risk of developing bone sarcoma. This includes people with Li-Fraumeni syndrome, retinoblastoma, and other inherited sarcoma risk factors. For more information about your personal cancer risk, speak with your health-care team. Despite this, the majority of bone sarcomas develop in patients who have no identified risk factors.

Conflict of Interest

None.

References

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How to cite this article: Dalton, Francesco. "Primary Bone Cancer Risk in Patients." *J Cancer Sci Ther* 14 (2022): 516.

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Received 05 February, 2022; Manuscript No. JCST-22-57836; **Editor Assigned:** 8 February, 2022; PreQC No. P-57836; **Reviewed:** 15 February, 2022; QC No. Q-57836; **Revised:** 21 February, 2022, Manuscript No. R-57836; **Published:** 28 February, 2022, DOI: 10.37421/1948-5956.22.14.516