



Cancer Metastasis, Palliative Treatment and Nursery

Da-Yong Lu^{1*}, Yu-Zheng Chen², Ting-Ren Lu³, Bin Xu⁴ and Da-Feng Lu²

¹School of Life Sciences, Shanghai University, Shanghai, China

²The Second Hospital of Neijiang District, Sichuan Province, China

³College of Science, Shanghai University, Shanghai, China

⁴Shanghai Institute of Materia Medica, Chinese Academy of Sciences, China

Abstract

Cancer is a deadly disease that claims 7 to 10 million lives globally. Neoplasm *Metastasis* costs 90% cancer deaths worldwide. A great proportion of patients with Neoplasm *Metastasis* have no good therapeutics for long-term survivals. These cancer patients need palliative treatments and high-quality nursery and technical assistance. More and more cancer patients survive longer carrying Neoplasm *Metastasis*. This article addresses major categories of cancer *Metastasis* treatments.

Keywords: Healthcare; Nursing; Medical service; Modern technology; Personalized medicine; herbal medicine; Nutritional support; Anticancer drug; Neoplasm *Metastasis*; Palliative treatment

Introduction

Current situation

Cancer is a deadly disease that claims 7 to 10 million lives globally [1-7]. Neoplasm metastasis costs 90% cancer deaths worldwide [4]. A great proportion of patients with Neoplasm *Metastasis* have no good therapeutics for long-term patient survivals. These patients need palliative treatments and high-quality nursery assistance.

Methods

Major therapeutic options

Drug development play key role for cancer treatments-including anticancer drugs and Anti-Metastatic drugs [8-16]. Many cancer drug targets are especially useful for therapeutic promotions and drug developments [17-23].

Besides these normal anticancer drugs, many palliative treatments also help the patients a great deal [24-30]. They are herbal medicine, assistant therapy, nutritional support and symptom alleviation. From these palliative treatments, cancer patients may have more confidence to fight against diseases and have high quality of life conditions (Table 2).

Diversity of clinical strategies

Apart from direct treatment options, many modern clinical strategies (personalized medicine, drug combination and nursery work) can help the efficacy of metastasis treatments. They can assist drug selection, dosing and more possibility of cancer molecular targeting [31-47]. In order to do so, nurses are required to do a lot of different activity and services. They need to have this mindset before they are entered into hospitals and healthcare center.

Discussion

Introduction of strategy combination

In summary, different types of medical therapeutics must also be introduced in cancer metastasis treatments. Doctors and nurses should be familiar with all these knowledges of medical disciplines and execute their service in high quality.

Importance of palliative treatments

Palliative treatments are commonly neglected by a greater part of Clinical Oncologists. Clinical practices for palliative treatment come from doctor's peculiarity rather than systematic therapeutic guideline. Further hypothetical or empirical investigation may improve such a therapeutic choice. However, this type of medical care may be better carried out from patient's requirements because it

OPEN ACCESS

*Correspondence:

Da-Yong Lu, School of Life Sciences,
Shanghai University, Shanghai, China,

E-mail: ludayong@shu.edu.cn

Received Date: 16 Nov 2019

Accepted Date: 13 Dec 2019

Published Date: 03 Jan 2020

Citation:

Lu D-Y, Chen Y-Z, Lu T-R, Xu B, Lu D-F.
Cancer Metastasis, Palliative Treatment
and Nursery. Ann Pharmacol Pharm.
2020; 5(1): 1171.

Copyright © 2020 Da-Yong Lu. This is
an open access article distributed under
the Creative Commons Attribution
License, which permits unrestricted
use, distribution, and reproduction in
any medium, provided the original work
is properly cited.

Table 1: Medical service from different technical disciplines.

Major disciplines	Technical catalog	Requirements
Surgery and Anesthesia	Local or whole-body	Individual conditions
Psychiatric	Cognitive, behavior and emotional	Suicidal risk and custody
Emergency	Blood, respiratory and life indicates	Testing and support
Pharmacology	Efficacy and toxicity monitors	Careful observation
Nursery	Different medical disciplines	Physical and spiritual
Patient Condition	Gender and ages	Emphasize for categories

Table 2: Major therapeutic options.

Categories	Therapeutic types	Cancer pathology
Major Therapy [8-23]	Surgery	Primary or local invasion
	Targeted therapy	Tumor genetics & molecules
	Anti-metastatic drugs	Invasive-metastatic cascade
Palliative Therapy [24-30]	Herbal medicine	Human body functionality regulation
	Assistant therapy	Increase major therapy
	Nutritional supports	Immune-promotion
Clinical Strategies [31-47]	Symptom alleviation	Pain-killer and others
	Personalized medicine	Drug selection
	Drug combination	Increase possibility
	Nursery	Physical and spiritual assistance

is not targeted for tumor growth and metastatic spread. Formalization of palliative treatment for patients with Neoplasm *Metastasis* should be promoted.

Conclusion

Palliative treatments and nursery play critical roles in clinical cancer trials. Thus, we will expand these kinds of medical knowledge and fill the gap between normal treatments and assistant treatments.

References

- Varmus H. The New Era in Cancer Research. *Science*. 2006;312(5777):1162-5.
- Siegel RL, Miller KD, Jemal A. Cancer Statistics. *CA Cancer J Clin*. 2019;67(1):7-34.
- Ali I, Rahis-ud-din, Saleem K, Aboul-Enein HY, Rather A. Social Aspects of Cancer Genesis. *Cancer Therapy*. 2011;8(1):6-14.
- Gupta GP, Massague J. Cancer Metastasis: Building a Framework. *Cell*. 2006;127(4):679-95.
- Fojo T. The highest of ignorance in oncology. *Seminars Oncol*. 2016;43(6):623-24.
- Nieto MA, Huang RY, Jackson RA, Thiery JP. EMT: 2016. *Cell*. 2016;166(1):21-45.
- Lu DY, Lu TR, Xu B, Qi RX, Sastry NY, Zhou X, et al. Cancer Metastasis, a Clinical Dilemma for Therapeutics. *Current Drug Therapy*. 2016;11(2):163-9.
- Lu DY, Lu TR, Cao S. Cancer Metastases and Clinical Therapies. *Cell Dev Biol*. 2012;1(4):e110.
- Lu DY, Lu TR, Wu HY, Cao S. Cancer Metastasis treatments. *Curr Drug Therapy*. 2013;8(1):24-9.
- Lu DY, Lu TR, Xu B, Che JY, Wu SY, Wu HY, et al. Anti-Metastatic Drug Development, Work Out Towards New Direction. *Medicinal Chemistry*. 2018;8(7):192-6.
- Lu DY, Lu TR, Xu B, Yarla NS. Anticancer Drug Developments, Challenge from Historic Perspective. *EC Pharmacol Toxicol*. 2018;6(11):922-36.
- Lu DY, Lu TR, Chen EH, Yarla NS, Xu B, Ding J, et al. Keep Up the Pace of Drug Development Evolution and Expenditure. *Cancer Rep Rev*. 2018;2(5):165.
- Lu DY, Xu B, Ding J. Antitumor Effects of Two Bisdioxopiperazines against Two Experimental Lung Cancer Models *in vivo*. *BMC Pharmacol*. 2004;4:32.
- Lu DY, Huang M, Hu CX, Yang WY, Hu CX, Lin LP, et al. Anti-Proliferative Effects, Cell Cycle G₂/M Phase Arrest and Blocking of Chromosome Segregation by Probimane and MST-16 in Human Tumor Cell Lines. *BMC Pharmacol*. 2005;5:11.
- Lu DY, Chen XL, Ding J. Treatment of Solid Tumors and Metastases by Fibrinogen-Targeted Anticancer Drug Therapy. *Medical Hypotheses*. 2007;68(1):188-93.
- Lu DY, Lu TR. Antimetastatic Activities and Mechanisms of Bisdioxopiperazine Compounds. *Anticancer Agents Med Chem*. 2010;10(7):564-70.
- Lambert AW, Pattabiraman DR, Weinberg RA. Emerging Biological Principles of Metastasis. *Cell*. 2017;168(4):670-91.
- Putta S, Yarla NS, Peluso I, Tiwari DK, Reddy GV, Girl PV, et al. Anthocyanins: Possible Role as Multitarget Therapeutic Agents for Prevention and Therapy of Chronic Diseases. *Curr Pharm Des*. 2017;23(41):6321-46.
- Lu DY, Lu TR, Zhu H, Ding J, Xu B, Wu SY, et al. Anticancer Drug Development, Getting Out from Bottleneck. *Med Chem*. 2017;7(1):739-44.
- Lu DY, Lu TR, Chen EH, Xu B, Yarla NS, Zhu H, et al. Anticancer Drug Development, System Updating and Global Participation. *Curr Drug Therapy*. 2017;12(1):37-45.
- Lu DY, Lu TR, Wu HY. Development of Antimetastatic Drugs by Targeting Tumor Sialic Acids. *Sci Pharm*. 2012;80(3):497-508.
- Vajaria BN, Patel KR, Regum R, Patel PS. Sialylation: An Avenue to Target Cancer Cells. *Pathol Oncol Res*. 2016;22(3):443-7.
- Lu DY, Lu TR, Ding J, Chen EH, Wu HY, Wu SY, et al. Anti-Metastatic Therapy at Aberrant Sialylation in Cancer Cells, A Potential Hotspot. *Clin Proteom Bioinform*. 2017;2(1):118.
- Lu DY, Lu TR. Herbal Medicine in New Era. *Hospice Palliative MedInt J*. 2019;3(4):125-30.
- Yang G, Li X, Li X, Wang L, Li J, Song X, et al. Traditional Chinese Medicine in Cancer Care: A Review of Case Series Published in the Chinese Literature. *Evid Based Complement Alternate Med*. 2012;2012:751046.
- Lu DY, Lu TR, Putta S, Xu B, Wu HY. Anticancer Drug Discoveries from Herbal Medicine. *EC Pharmacol Toxicol*. 2019;7(9):990-94.
- Parasuraman S. Herbal Drug Discovery: Challenges and Perspectives. *Curr Pharmacogenetics Pers Med*. 2018;16(1):63-8.
- Kocatepe D. Importance of Fish-Oil Consumption. *EC Nutrition*. 2019;14(2):120-1.
- Lu DY, Lu TR, Chen XL, Xu B, Ding J. Plasma Fibrinogen Concentrations in Patients with Solid Tumor and Therapeutic Improvements by Combining Anticoagulants and Fibrinolytic Agents. *Adv Pharmacoeconomol Drug Saf*. 2015;4(4):e133.
- Lu DY, Lu TR, Chen EH, Ding J, Xu B. Tumor Fibrin/Fibrinogen Matrix as a Unique Therapeutic Target for Pulmonary Cancer Growth and Metastases. *Clin Res Pulmonol*. 2015;3(1):1027.
- Lu DY. Personalized Cancer Chemotherapy: An Effective Way of Enhancing Outcomes in Clinics. 1st ed. USA; 2014:2014.
- Lu DY, Chen XL, Ding J. Individualized Cancer Chemotherapy Integrating

- Drug Sensitivity Tests, Pathological Profile Analysis and Computational Coordination-An Effective Strategy to Improve Clinical Treatment. *Med Hypotheses*. 2006;66(1):45-51.
33. Lu DY, Lu TR, Ding J, Xu B, Che JY, Wu HY. Anticancer Drug Sensitivity Testing, a Historical Review and Future Perspectives. *Curr Drug Therapy*. 2015;10(1):44-55.
 34. Ocana A, Pandiella A. Personalized Therapies in the Cancer “Omics” Era. *Mol Cancer*. 2010;9:202.
 35. Stransky B, Galante P. Application of Bioinformatics in Cancer Research. *An IMICS Perspective Cancer Res*. 2009;211-33.
 36. Lu DY, Lu TR, Xu B, Ding J. Pharmacogenetics of Cancer Therapy: Breakthroughs from Beyond? *Future Science OA*. 2015;1(4):FSO80.
 37. Lu DY, Lu TR, Che JY, Yarla NS. Individualized Cancer Therapy, what is the Next Generation? *EC Cancer*. 2018;2(6):286-97.
 38. Lu DY, Xu B, Ding J, Lu TR, Yarla NS, Wu HY. Cancer Bioinformatics in Cancer Therapy. *Adv Proteomics Bioinformatics*. 2018;2018:1,11.
 39. Lu DY, Lu TR, Che JY, Shen Y, Yarla NS. Individualized Cancer Therapy, Future Approaches. *Curr Pharmacogenomics Pers Med*. 2018;16(2):156-63.
 40. LuDY, Chen EH, Wu HY, Lu TR, Xu B, Ding J. Anticancer Drug Combination, how far we can go Through? *Anticancer Agents Med Chem*. 2017;17(1):21-8.
 41. Lu DY, Lu TR, Yarla NS, Wu HY, Xu B, Ding J, et al. Drug Combination in Clinical Cancer Treatment. *Rev Recent Clin Trials*. 2017;12(3):202-11.
 42. Lu DY, Lu TR, Wu HY, Yarla NS, Ding J, Xu B. HIV/AIDS Curable Study, New Forms of Therapeutic Trinity. *Rec Pat Antiinfect Drug Discov*. 2018;13(3)217-27.
 43. Lu DY, Chen YZ, Lu DF, Che JY. Patient’s Care and Nursery in Different Diseases. *Hospice Palliative Med Int J*. 2019;3(1):28-30.
 44. Lu DY, Chen YZ, Lu DF. Nursery Education, Capability and Service Promotion. *Open Access J Nursery*. 2019;2(2):1-4.
 45. Leebow W, Scott G. Service quality improvement. The customer satisfaction strategy for healthcare. *J Healthcare Quality*. 1996;18(4):35.
 46. Lu DY, Chen YZ, Lu DF. Nursery Service, Quality Promotion. *Hospice Palliative Med Int J*. 2019;3(3):97-8.
 47. Lu DY, Chen YZ, Lu DF, Che JY. Nursery Service in Modern Day. *Adv Biomed Eng Biotechnol*. 2019;3(5):163-5.