ISSN : 2466-0744

MULTIDISCIPLINE PROCEEDINGS OF

DIGITAL FASHION CONFERENCE

KOREA, REPUBLIC OF

Multidiscipline Proceedings of

DIGITAL FASHION CONFERENCE

July 2023 *(Volume 3, No.4)*

Available at digitalfashionsociety.org
Published:
서울 합정역
파주출판도시
ISSN 2466-0744
Seoul
Korea, Rebuplic of

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CHILDHOOD CANCER AND THE RISK OF DEVELOPING DISEASES IN THE FUTURE.

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Abstract: Cancer occurs in people of any age and can affect any part of the body. It begins with genetic changes in individual cells, which then begin to multiply, leading to the formation of a neoplasm (tumor). Left untreated, the cancer grows, invades other tissues in the body, damages them, and leads to death.

Keywords: Oncological diseases, retinoblastoma,genetic factors,cancer tumor, inability to obtain an accurate diagnosis.

Relevance. As is know the mean incidence of late major surgery over 35 years of follow-up was 206.7 per 100 cancer survivors and 128.9 per 100 controls. Cancer survivors were 80% more likely to have major surgery later than their siblings. Women were 40% more likely to have surgery than men.

Most often, major interventions were required in people who survived Hodgkin's lymphoma, Ewing's sarcoma, and osteosarcoma (mean cumulative incidence over 35 years was 322.9 and 269.6 per 100 cancer survivors, respectively).

Now all she needed was surgery on the central nervous system, endocrine, cardiovascular and respiratory systems.The average age of the participants was 6.1 years. Patients who survived cancer required 28,000 late major surgeries. In the control group, 4110 abdominal operations were performed.

Approximately 400,000 children and adolescents between the ages of birth and 19 develop cancer each year. The most common childhood cancers include leukemias, brain malignancies, lymphomas, and solid tumors such as neuroblastoma and nephroblastoma.

Reasons for lower survival rates in LMICs include late diagnosis, failure to obtain an accurate diagnosis, unavailability of therapy, interruption of treatment, death due to intoxication (side effects), and relapses that could have been avoided.

Measures to improve access to health care for children with cancer, including access to essential medicines and technologies, are feasible and highly cost-effective, and improve survival in all settings.

Cancers in children, unlike adults, in the vast majority of cases do not have an established cause. Many researchers have attempted to identify the causes of childhood cancers, but only a small number of childhood cancers are caused by environmental or lifestyle factors. The main objective of cancer prevention in children should be the formation of such behavioral patterns in them that will prevent the development of preventable cancers in adulthood.

According to the data available today, approximately 10% of all childhood cancer patients have a genetic predisposition to cancer.

Early diagnosis has three components:

-Awareness of the child's symptoms by family members and primary health care providers;

- Accurate and timely assessment of the clinical picture, diagnosis and staging (determination of the degree of spread of cancer);

- providing access to urgent treatment.

Screening is generally not an effective way to detect cancer in children. In some cases, screening may be considered for high-risk groups. For example, some eye cancers in children may be caused by a genetic mutation, and if family members of a child with retinoblastoma are found to have such a mutation or disease, they may be offered genetic counseling combined with sibling monitoring with regular eye exams. in the early stages of life. Genetic factors play a role in only a small proportion of childhood cancers. However, there is no high-quality evidence to support the need for screening programs for the entire child population.

In 2018, WHO, with the support of the Children's Research Hospital, a global childhood cancer control initiative to provide leadership and technical assistance to governments in developing and sustaining high-quality childhood cancer programs.

The aim of the initiative is to reach at least 60% survival rate for all children with cancer by 2030. This means about doubling the treatment success rate and saving another million lives in the next ten years.

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