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CANCER PREVENTION Introduction There has been an increased debate on cancer in relation to its causes, detectionand treatment. According to statistics, cancer was noted to be one of the world widest spread diseases. Cancer, referred to as a malignant tumor is a group of diseases that is as a result of an abnormal cell growth that has the potential of invading spreading to other parts of the body. The notable point is that, not all tumors are cancerous. The well-established symptoms of cancer include appearance of a lump, prolonged coughs, abdominal bleeding changes in ones bowel movements and unexplained weight loss, in some case severe pains in affected areas (Pories, Moses & Lotz, 2009). Although these symptoms are indicators of the presence of cancer, they may also be attributed to several another issues in the human body. This makes the detection of cancer very difficult.   
The Screening of individuals for the early detection of cancer is one of the prioritized clinical preventive service that help reduce the burden created by cancer in the United States public health. There has been significant progress in the screening rates especially for breast, and cervical Cancer there has been no significant change in the screening of other forms of cancer over the years (Braun, 2012). This can be attributed to the extensive campaign around this two particular types of cancer. The lack of basic Lack of insurance has customarily been the primary reason preventing adults from getting cancer screening. Some of the components of the Patient Protection and Affordable Care Act are seen to work towards Medicaid expansion, the eradication of cost sharing arrangement and finally subsiding the state insurance exchanges.   
However, it is notable that the access to medical and health insurance is not the only hurdle that prevents individuals from participating in cancer screening (Braun, 2012). A large number of individuals who have adequate health insurance and have regular access to medical care are not taking part in the screening process. In order to realize the complete potential of the anticipated change in the access to care, the public health must be able to provide leadership. The leadership is to ensure that cancer screening done in a proactive, equitable and organized manner (Braun, 2012).   
In addition to the government involvement in the prevention of cancer there other health related individuals and organizations who are involved in the creation and development of early cancer detection protocols. One such individual is Jorge Soto who’s biotechnology invention for the detection cancerous components in an individuals blood without intrusive methods (TED, 2014). In addition to bio technicians, the world health organization has formed a specialized department that is entirely dedicated to handling strategies and programs aimed at cancer prevention.   
Cancer Prevention remains the most hopeful strategy for reducing both its occurrence and the deaths due to this disease. For approximately four decades, results from epidemiology, fundamental research and clinical trials have indicated that the improvement of medical and lifestyle approaches in the prevention of cancer (Ames, Gold & Willett, 2012). These strategies include aromatase inhibitors and selective oestrogen receptor modulators for the case of breast cancer. As for prostate cancer, 5-α-reductase inhibitors dutasteride and finasteride.   
In addition, the creation of vaccines for viruses that are associated with specific cancers. Future direction in the prevention of cancer includes proteomic, genetic, and other molecular approaches. The molecular approaches are responsible for identifying pathways that are linked with cancer initiation and development. They are used in refining the search for immunological and modifiable causes of this disease.   
References   
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