OPEN ACCESS Freely available online

Journal of Cancer Research and Immuno-Oncology

Commentary

Early Cancer Screening and Detection

Yarden Carlos*

Department of Biological Regulation, Cambridge Research Institute, Cambridge, UK

DESCRIPTION

The goal of early cancer diagnosis is to identify symptomatic individuals as soon as possible to give them the best chance of a successful course of treatment. A reduced chance of survival, more treatment-related issues, and higher cost of care are all consequences of delayed or inaccessible cancer therapy. By delivering care at the earliest possible stage, early diagnosis improves cancer outcomes, making it a crucial public health approach in all contexts. Early diagnosis is one technique, while screening is another. It is described as the presumed detection of undiagnosed disease in a population of individuals who appear healthy and asymptomatic using tests, examinations, or other processes that may be quickly and cheaply administered to the target population. The entire screening process, from inviting the target group to providing access to effective care for those who are identified with disease, must be included in a screening programme.

Early detection

- Early diagnostic programmes seek to lower the percentage of patients who receive a late diagnosis.
- Enhanced access to affordable diagnostic and treatment services, as well as improved referral from primary to secondary and tertiary levels of care.
- Increased awareness of the early warning symptoms of cancer among doctors, nurses, and other healthcare professionals as well as among the general public.
- For malignancies of the breast, cervix, mouth, throat, colon, rectum, and skin, early diagnosis is very important.

Screening

To find people who have a disease but do not yet show symptoms, screening is the use of quick tests among a healthy population. Examples include cervical cancer screening with pap smears, the human papillomavirus test, or visual inspection with acetic acid, as well as breast cancer screening with mammography or a clinical breast exam. Only when screening programmes' efficacy has been established, when resources (people, equipment, etc.) are adequate to cover nearly all of the target group, when facilities are available for confirming diagnoses, for treating and monitoring those who have abnormal results, and when the prevalence of the disease is high enough to warrant the effort and expense of screening, should screening programmes be implemented.

Even when correctly conducted, screening programmes are linked to negative consequences like,

- Screening tests that are incorrectly positive and prompt more testing, invasive diagnostic procedures, and patient concern.
- Screening tests that are mistakenly negative can delay presentation or diagnosis when symptoms first occur and provide false reassurance.
- Over diagnosis/treatment of preclinical malignancies that could never have produced symptoms or posed a significant health hazard, and which require unneeded therapy that harms the patient.

Differentiating early diagnosis from cancer screening

As soon as the first symptoms arise, it is important to ensure quick patient presentation, diagnosis, and treatment. It applies to all cancer kinds. Contrarily, screening is only pertinent to a small number of cancer types, including breast, colorectal, and cervical cancers, which together account for 28% of cancer cases in the WHO European Region. Cervical cancer can be treated with modest surgical procedures at the precancerous stage of the illness thanks to screening. This is not the case for colorectal cancer screening with a faecal occult blood test or for breast cancer.

Correspondence to: Yarden Carlos, Department of Biological Regulation, Cambridge Research Institute, Cambridge, UK; E-mail: carlosyarden@cam.uni.uk

Received: 07-Mar-2022, Manuscript No. JCRIO-22-20339; **Editor assigned:** 09-Mar-2022, PreQC No: JCRIO-22-20339 (PQ); **Reviewed:** 24-Mar-2022, QC No: JCRIO-22-20339; **Revised:** 30-Mar-2022, Manuscript No: JCRIO-22-20339 (R). **Published:** 08-Apr-2022; DOI: 10.35248/2684-1266.22.8.145

Citation: Carlos Y (2022) Early Cancer Screening and Detection. J Cancer Res Immunooncol.08: 145.

Copyright: © 2022 Carlos Y. 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.