**APPROACH TO CARE OF CANCER**

An integrative approach to cancer has been found out to be one of the best approach to managing cancer patients. The reason being this approach therapeutically addresses all dimensions of illnesses in a patient with cancer. These integrative approach treats cancer in the patients while at the same time according support to the patients to help them reap maximum benefits out of life. The integrative approach has two distinct phases of care, with the first phase aiming to fight cancer while the second phase targets to eradicate cancer-related effects. The combining of the two phases synergistically helps to better the prognosis of cancer patients.

With the recent technological advance in the care given to cancer patients, better care has helped to prolong life, and thus more needs for cancer patients have been identified. These needs include psychological needs, physical needs, and mental needs. Psychologists have been of great value in assisting cancer afflicted people through the provision of needed services that have helped cancer patients to assume balance in their interrupted lives (NRS-410V Lecture 2, 2013). They have made it possible for those who have cancer to have peace of mind and lifted spirits.

Individual therapy has been core in giving care to cancer patients. Since individuals are unique in their ways as is cancer in different individuals, it is of great significance for the caregivers of health to establish the point where their patients are and to assist them to cope in their unique ways. Patients are also helped to cope with anxiety and fear through being taught to adopt techniques that lyse the tension and enable them to cope. Patient’s freedom to choose their best method for treatment in cancer patients enables them to get more involved in decisions regarding their treatment course thus enhancing better treatment outcomes and promoting better compliance. This is called facilitated communication if a trusting caregiver-patient relationship is initiated and maintained.

**DIAGNOSIS AND STAGING OF CANCER**

To diagnose cancer in a patient, a medical personnel has to obtain a sample of tissue from an infected location in the body for viewing under a microscope. Therefore, to ascertain that a person has cancer screening results and observation of symptoms are done. Microscopy will help to show that person has tumor cells and also to show whether the cells are malignant or benign (Learn.Genetics, 2017). This removal of a sample of affected tissue to view under a microscope is referred to as tissue biopsy.

Three methods have been used to obtain tissue for biopsy, and they are endoscopy, needle biopsy, and surgical biopsy. In endoscopy, a thin illuminated tube is used to visualize the inside of the body take photos and also to obtain tissue for biopsy. Needle biopsy obtains a small tissue through inserting a needle to reach the tumor cells. A surgical biopsy involves the removal of either the entire tumor if the surrounding cells are not affected or removal of a portion of the tumor. Tumor cells are then observed under a microscope to determine how similar or different they are from the original cells (Learn.Genetics, 2017). If the cells appear similar then they are well differentiated thus less aggressive and spread slowly but if the cells appear less alike or different then they are poorly differentiated and are more aggressive, spread earlier and vigorously, and the prognosis is poor.

**CANCER STAGING**

Staging of cancer is the process of determining the extent or degree of spread of cancer to the body cells. Staging is very important as treatment options for cancer are based on the outcomes of staging. There are four common stages of cancer namely in situ, local, regional and distant.

In situ; this is cancer that has not yet spread to adjacent or surrounding tissues. Local; this describes cancer that is only located in the body organ that it originated in. Regional; describes cancer that has already spread to the surrounding tissues and lymph node involvement is proven. Distant; Refers to cancer that has spread or metastasized to other organs of the body and systems. It is the advanced stage of cancer. Staging is very important in diagnosing and in choosing a treatment modality (NRS-410V Lecture 2, 2013).

Cancers that have spread can also be grouped by manner and degree of spread. This extent or degree is identified by assessing the level of lymph node involvement, observing signs of metastasis or by extension. Staging, therefore, has been graded to stage 4. Stage 1; describes cancer that is found only in the organ of origin. Stage 2; describes cancer that has spread to the adjacent cells and lymph node involvement is evident. Stage 3; in this stage, the tumor has metastasized to other body organs. Stage 4; cancer at this stage has spread to even the far body organs, and multiple body systems have been involved (NRS-410V Lecture 2, 2013).

The stage of cancer implies differently for different cancers and in different individuals as each cancer grows in its unique way.

**COMPLICATIONS OF CANCER**

Spinal cord compression; this complication affects 5% of all cancer patients and is a result of metastases from the breasts, lung tissue, lymphomas or renal tissue though it is more common in prostate cancer and myelomas. Symptoms of cord compression are vertebral pain and sensory changes (NRS-410V Lecture 2, 2013).

Hyperviscosity syndrome; this is an increase in blood viscosity due to an upsurge of proteins or cells in the blood. Symptoms of this complication include spontaneous bleeds from body mucous membranes, headaches, vertigo, retinopathy, coma and seizures. Retinopathy is a result of occlusion and dilated veins that lead to retinal hemorrhages. Plasmapheresis is used to solve hyperviscosity from excess proteins while leukapheresis solves that arising from excess leukemic blasts (Learn.Genetics, 2017).

Cancer-related thrombosis; cancer patients are at a great risk of developing thrombosis due to the pressure effect where the tumor presses on the vasculature causing occlusion and stasis that leads to thrombosis. The other reason is the increased release of procoagulants from the tumor such as factors S and C that initiate the clotting cascade (NRS-410V Lecture 2, 2013).

**SIDE EFFECTS OF CANCER TREATMENT**

Alopecia; hair loss is an outward expression that a person has cancer and it’s a challenge particularly to women, hair loss though is not permanent and not caused by all chemotherapy agents (American Cancer Society, 2017). Texture and color of that hair that regenerates may be different from the original one at the end of treatment.

Sexuality and fertility; most chemotherapy agents cause low libido, erectile dysfunction, sperm discoloration, vaginal dryness and early menopause among others (American Cancer Society, 2017). Because of this loss patients, May grief becomes anxious and depressed.

Skin and nail changes; the skin changes arising from treatment fade immediately after treatment ends. In case of severe blisters or redness it advisable for one to see a medical person.

Mouth and throat changes; the mouth cells are prone to be damaged by chemo drugs as they are rapidly dividing. This leads to the development of mouth sores and thus important for a cancer patient to embrace good mouth hygiene.

Diarrhea; some drugs increase bowel movements leading to frequent loose stools. Diarrhea causes dehydration and metabolic imbalances, therefore, a health provider should be informed if more than three episodes of the loose stool are experienced.

The trigger causes nausea and vomiting in cancer patients to the higher centers such as vestibular disturbance as side effects of anti-cancer drugs.

**METHODS TO LESSEN PHYSICAL AND PSYCHOLOGICAL EFFECTS**

Patients with cancer are often victims of both psychological and physical needs irrespective of their coping with the challenges of cancer treatment, diagnosis or anxiety that might arise from fear of recurrence. Emotions that arise from cancer affliction are thus often difficult to handle.

Psychological effects from cancer include shock, grief, depression anger and feelings of helplessness. Thus psychological care is of paramount significance as part and parcel of care according to cancer patients (NRS-410V Lecture 2, 2013). Patients are advised to focus on what they can change, ventilate their feelings openly as they reach friends and family, embrace a healthy lifestyle, seek to counsel and engage in relaxation techniques.

Cancer can also interfere with personal abilities to ambulate, posture and balance, speech and reproductive functions, therefore, limiting a patient’s engagement in activities of daily living. Therefore, it important that the patients fight this by engaging in light activities, vary activities, plan activities when at best, balance activities with rest, eat a balanced diet and sleep as advised.

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