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Editorial

Revisiting What Might Save Life of Cancer Patients Actually

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Cancer patients 5-years survival chance (5YSC) is still after a Century research and development (R&D)do not changed significantly, as infectious diseases did. How Medici might increase 5YSC is not elucidated yet.

Recently I introduced death triangle machinery (DTM), which might play pivotal role in accelerating 5YSC toward increased morbidity and mortality rate in the last years [1].

Immune thrombocytopenia (ITP) is a common bleeding disorder caused primarily by auto-antibodies against platelet GPIIbIIIa and/or the GPIb-receptor complex. Current theory suggests that (auto-) antibody-mediated platelet destruction occurs in the spleen, via macrophages through Fc-FcγR interactions [2]. June Li *et al* 2015 postulated that their findings shed light on Fc-independent cytopenias, designating desialylation as a potential diagnostic biomarker and therapeutic target in the treatment of refractory ITP [2]. Recall, refractory ITP is defined as severe ITP after splenectomy.

Glucocorticoids remain the standard, first-line therapy for IT, which is regularly occurs during the first 5 years treatments of cancer patients, however. The goal of first line therapy of ITP tends not to be a cure or remission but rather to maintain a safe platelet count that will prevent bleeding while minimizing the side effects of the cancer-related medications. Wong RSM *et al.* 2017 showed hepatobiliary adverse events i.e. cataracts, deep vein thrombosis, cerebral infarction, headache, and myelofibrosis occurred in more than 1 patient; the remaining adverse events occurred only once. Rates of thromboembolic events, and hepatobiliary adverse events did not increase with treatment duration past 1 year. Recall, one of the most important side effects in cancer patients after routine cancer treatments i.e. Surgery, Chemotherapy, and Radiotherapy is

bleeding disorder internally and acute/ chronic Deep venous thrombosis [3] thrombolytic processes [4], eventually.

The systemic immune-inflammation index (SII) has been reported to be associated with patient survival in various kinds of solid tumors [5] Esophageal cancer (EC) is currently the fifth most commonly diagnosed malignancy and the fourth leading cause of cancer deaths in China [6].

Taken together, soft and hard solid cancers and their related DTM are remaining leading death causes, which both results in too high costs, and too much pain for patients and their relatives. In the 21th Century, One might expect from the Policymakers that accelerate merely the study groups and their model systems, which have shown positive influence to unravel / halting all kinds of cancerogenous processes, in the last decade, and not older/ others. This kind of financial approaches might stimulate novel idea and alternatives compared to old fashion ones. Who knows might affect also the 5YSC of cancer patients as well.

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