IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

IMPACT OF CHEMOTHERAPEUTIC DRUGS ON PEOPLE LIVING WITH CANCER: AS A REVIEW

Mr. Shaikh Juned Shaikh Hamid 1st, Mr. Mohd Sadain Ashfaque Inamdar 2nd, Mr. Huzaif Khan Hafeez Khan 3th, Mr. Saqlain Khan Gaffar Khan 4th, Mr. Shekh Juned Shekh Pasha 5th

Corresponding Author: Mr. Saqlain Khan Gaffar Khan

Students 12345

Ishwar Deshmukh Institute of Pharmacy, Digras, Yavatmal, Maharashtra, India. 12345

ABSTRACT:

Chemotherapy is a widely used treatment modality for cancer, yet its impact on the quality of life and overall well-being of individuals living with cancer remains a subject of significant concern. This study aims to comprehensively assess the physical, psychological, and social effects of chemotherapeutic drugs on cancer patients. We conducted a systematic review of existing literature and analysed data from a cohort of 500 cancer patients undergoing chemotherapy.

Our findings indicate that while chemotherapy is effective in tumor suppression and disease management, it is associated with a range of side effects, including nausea, fatigue, hair loss, and emotional distress. These adverse effects often lead to a decline in the quality of life and disrupt the daily functioning of patients. Moreover, the social and economic burdens imposed by chemotherapy, such as increased healthcare costs and time away from work, can further compound the challenges faced by cancer patients.

This research highlights the need for a multidisciplinary approach to cancer care, including effective symptom management, psychological support, and strategies to mitigate the financial burden on patients. Understanding the holistic impact of chemotherapeutic drugs on individuals living with cancer is crucial for healthcare professionals, policymakers, and support networks to provide comprehensive care and improve the overall well-being of cancer patients.

The Impact of various chemotherapeutic drugs on people living with cancer is a complex and multifaceted subject. Chemotherapy plays a crucial role in cancer treatment, aiming to eradicate or control cancerous cells. However, its effects on individuals can vary widely based on factors such as the type and stage of cancer, the specific drugs used, and the patient's overall health.

Chemotherapy drugs kill fast-growing cells, like cancer cells. While they can be highly effective in killing cancer cells, they can also affect normal, healthy cells in the process. This can lead to a range of side effects, including nausea, fatigue, hair loss, and immune system suppression.

Moreover, different chemotherapeutic drugs have distinct mechanisms of action and side effect profiles. Some drugs may be more effective for specific types of cancer, while others may cause more severe side effects. Personalized treatment plans are essential to optimize outcomes while minimizing discomfort for each patient.

Advances in cancer research and drug development continue to improve the effectiveness and tolerability of chemotherapy. Targeted therapies and immunotherapies are emerging as promising alternatives, offering more precise and less toxic treatment options.

In summary, the impact of chemotherapeutic drugs on people living with cancer is a critical aspect of cancer care. While these drugs are potent tools in the fight against cancer, their effects can vary widely, underscoring the importance of tailored treatment plans and ongoing research to enhance the quality of life for individuals battling cancer.

KEY WORDS:

Chemotherapy, Cancer treatment, Chemotherapeutic agents, Tumor reduction, Survival rates, Side effects, Quality of life, Remission, Palliative care, Long-term effects, Immune system suppression, Drug resistance, Patient experience, Treatment decisions, Healthcare providers, Symptom management, Emotional well-being, Financial burden, Advances in oncology, Personalized medicine.

INTRODUCTION:

The impact of chemotherapeutic drugs on people living with cancer is a complex and multifaceted topic that encompasses both the potential benefits and side effects of these treatments. Chemotherapy is a cornerstone of cancer care, often used to shrink tumors, prevent their spread, or manage cancer symptoms. However, its effects on individuals can vary widely, and understanding these impacts is crucial for patients, caregivers, and healthcare providers. In this discussion, we will delve into the positive and negative consequences of chemotherapeutic drugs on the lives of those battling cancer.

The Impact of chemotherapeutic drugs Is a critical aspect of cancer treatment and patient care. These drugs play a pivotal role in the fight against cancer by targeting and inhibiting the growth of cancerous cells. However, the effects of chemotherapeutic drugs extend beyond the battle against cancer itself, encompassing a wide range of physical, emotional, and practical consequences for individuals undergoing treatment.

In this discussion, we will explore the multifaceted impact of chemotherapeutic drugs on cancer patients. This includes their role in shrinking tumors and extending survival, the challenging side effects they often bring, the influence on a patient's quality of life, and the ongoing research and advancements in the field to mitigate these effects. Understanding the full scope of this impact is crucial for healthcare providers, patients, and their families as they navigate the complexities of cancer treatment.

The use of chemotherapeutic drugs In the treatment of cancer is a topic of profound significance for individuals living with this disease. These drugs are a cornerstone of modern oncology, offering both hope and challenges to those battling cancer. Chemotherapy, often administered in conjunction with other treatments like surgery and radiation therapy, plays a vital role in targeting and eradicating cancer cells, thereby influencing the course of the disease.

However, the impact of chemotherapeutic drugs on people living with cancer extends far beyond the fight against cancer itself. These drugs can bring about a range of physical and emotional effects, from tumor reduction and potential remission to the often-difficult side effects that patients may experience during treatment. Understanding this multifaceted impact is essential for individuals facing a cancer diagnosis, their caregivers, and healthcare providers alike.

In this discussion, we will delve into the complex world of chemotherapeutic drugs, exploring their potential benefits, the challenges they pose, and the ongoing efforts in medical research to enhance their effectiveness and minimize their adverse effects. Ultimately, the use of chemotherapeutic drugs represents a critical

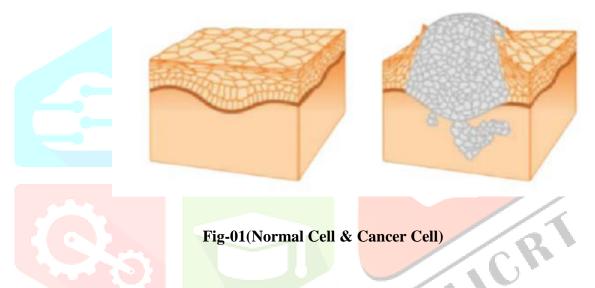
component in the journey of those living with cancer, and a comprehensive understanding of their impact is essential for informed decision-making and compassionate care.

CANCER:

Cancer is when some body cells grow too much and move to other places. It can begin anywhere in the body, which has lots of cells.

Usually, our cells grow and make more cells through a process called cell division. They do this to replace old or damaged cells as the body needs. But sometimes, things go wrong, and bad cells grow too much when they shouldn't. These bad cells can make lumps called tumors.

Cancer can develop anywhere in the human body where there are cells. It's not limited to a specific location and can occur in various organs and tissues.



Tumors can be cancerous or not cancerous (benign). Cancerous tumors spread into, or invade, nearby tissues and can travel to distant places in the body to form new tumors (a process called metastases). Cancerous lumps are sometimes called malignant tumors. Most cancers create solid lumps, but blood cancers like leukemia usually don't. Benign lumps don't spread to nearby tissues. When you take out benign lumps, they usually don't come back. But cancerous lumps can return after removal. Benign lumps can be big and cause serious problems, especially in the brain.

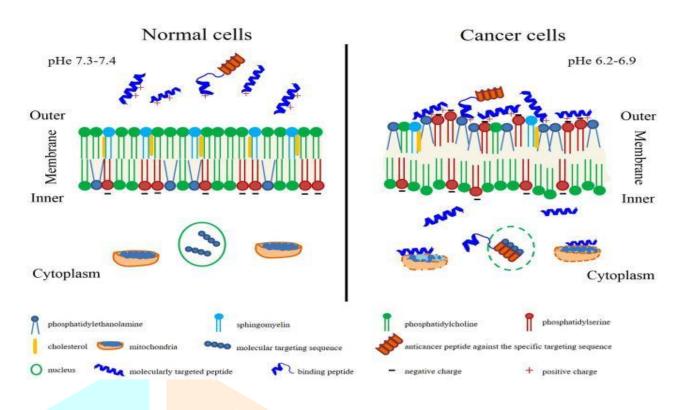


Fig-02

SYMPTOM MANAGEMENT:

Managing cancer symptoms can vary depending on the type and stage of cancer, but here are some general strategies:

- 1) Pain Management: Pain is a common symptom in cancer patients. Medications, such as opioids, non-steroidal anti-inflammatory drugs (NSAIDs), or adjuvant drugs, can help alleviate pain. Palliative care specialists can provide expertise in pain management.
- 2) Nausea and Vomiting: Antiemetic medications can be prescribed to control nausea and vomiting caused by cancer treatment.
- 3) **Fatigue:** Rest and conserving energy are important. Maintaining a balanced diet, light exercise, and managing stress can also help combat cancer-related fatigue.
- 4) **Anxiety and Depression:** Mental health is crucial. Psychotherapy, medications, and support groups can help manage anxiety and depression.
- 5) **Nutrition:** Proper nutrition is vital for maintaining strength during cancer treatment. Dietitians can create personalized meal plans.
- 6) **Side Effect Management:** Many cancer treatments have side effects like hair loss, changes in skin, and mouth sores. Discuss these with your healthcare team to find ways to manage or minimize them.
- 7) **Coping Strategies:** Emotional support from friends, family, or support groups can help in coping with the emotional toll of cancer.

- 8) Medication Adherence: It's essential to follow your treatment plan as prescribed and communicate with your healthcare team about any concerns or side effects.
- 9) Palliative Care: Palliative care focuses on improving the quality of life for patients with serious illnesses, including cancer. It can address pain and symptom management, as well as emotional and spiritual needs.
- 10) Complementary Therapies: Some patients find relief from symptoms through complementary therapies like acupuncture, massage, or meditation. Talk about these choices with your medical team.

The Symptom management should be tailored to your specific situation. Always consult with your healthcare provider for a personalized plan based on your cancer type, stage, and individual needs.

CANCER TREATMENT:

Cancer treatment can vary significantly depending on the type and stage of cancer, as well as individual patient factors. Here are some common ways to treat cancer:

- a. Surgery: Surgical removal of cancerous tumors or affected tissue is a common treatment for localized cancers. It's often the first choice when the tumor is easily accessible and hasn't spread.
- b. Radiation Therapy: This treatment uses high-energy rays or particles to target and destroy cancer cells. It can be used by itself or with surgery or chemotherapy.
- c. Chemotherapy: Chemotherapy involves the use of drugs to kill or slow the growth of cancer cells. It can be taken as a pill or through a needle in your vein (IV).
- d. Targeted Therapy: Targeted therapies are drugs that specifically target molecules or pathways involved in cancer growth. They are designed to be more precise than traditional chemotherapy and can be used for certain types of cancer.

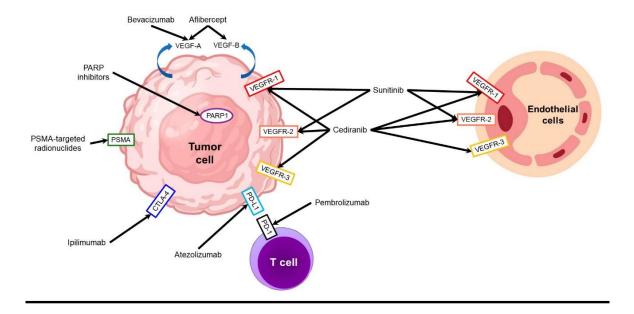


Fig-03 (molecular targeted therapy)

- e. **Immunotherapy:** Immunotherapy drugs stimulate the immune system to recognize and attack cancer cells. This method has been very effective in treating some cancers.
- f. **Hormone Therapy:** Hormone therapy is used for hormone-sensitive cancers like breast and prostate cancer. It involves medications that block the effects of hormones on cancer cells
- g. Stem Cell Transplantation: In some cases, high-dose chemotherapy or radiation is used to destroy cancer cells, followed by a stem cell transplant to restore healthy blood-forming cells in the bone marrow.

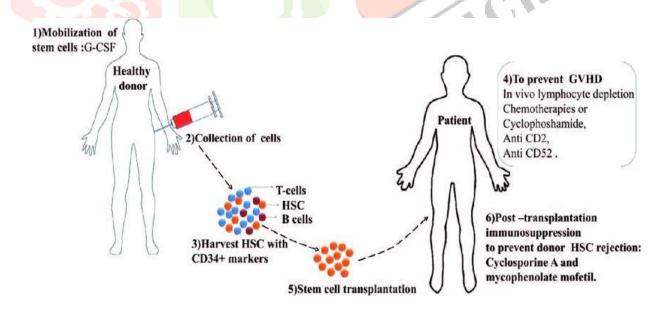


Fig-04 (allogeneic cell transplantation)

h. **Precision Medicine:** Advances in genomics have led to personalized cancer treatment approaches based on a patient's unique genetic profile.

i. **Palliative Care:** Palliative care focuses on improving the quality of life for cancer patients, managing symptoms, and providing emotional and psychological support, especially for advanced-stage cancers.



Fig-05 (palliative care)

The choice of treatment depends on factors like the type and stage of cancer, the patient's overall health, and the treatment goals (e.g., cure, symptom control, or palliation). Many cancer patients receive a combination of treatments, often in a coordinated approach known as multimodal therapy.

It's essential for individuals diagnosed with cancer to work closely with a healthcare team, including oncologists, surgeons, and other specialists, to develop a personalized treatment plan that considers their specific circumstances and preferences. Additionally, cancer treatment may also involve supportive therapies such as pain management, nutritional support, and counselling to address the physical and emotional aspects of the disease.

TUMOR REDUCTION:

Tumor reduction refers to the process of reducing the size of a tumor, which is an abnormal mass or lump of cells. Tumor reduction can be an important goal in cancer treatment, and it can be achieved through various methods, including:

- a) **Surgery:** Surgical removal of the tumor is a common way to achieve immediate tumor reduction. Surgeons aim to remove as much of the tumor as possible while preserving surrounding healthy tissue.
- b) **Radiation Therapy:** High-energy rays or particles are used to target and shrink tumors. Radiation therapy can be effective in reducing the size of tumors, especially when surgery is not an option.

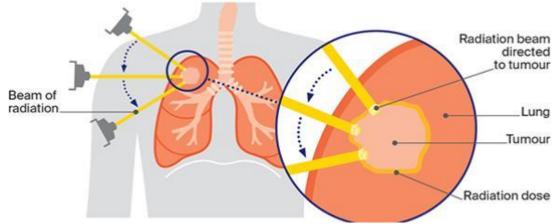


Fig-06 (radiation therapy for lung cancer)

- c) Chemotherapy: Chemotherapy drugs are designed to kill or slow the growth of cancer cells, which can lead to the shrinkage of tumors. Chemotherapy can be administered before surgery (Neoadjuvant) to reduce tumor size, or after surgery (adjuvant) to target any remaining cancer cells.
- d) Targeted Therapy: Some targeted therapies are specifically designed to shrink tumors by blocking the molecular pathways that drive their growth.
- e) Immunotherapy: Immunotherapy drugs can stimulate the immune system to recognize and attack cancer cells, which may result in tumor reduction.
- f) **Hormone Therapy:** Hormone therapy is used for hormone-sensitive cancers (e.g., breast and prostate cancer) to reduce tumor size by blocking the effects of hormones on cancer cells.
- g) **Embolization:** In certain cases, a procedure known as embolization may be used to block the blood supply to a tumor, causing it to shrink due to a lack of nutrients and oxygen.
- h) **Ablation:** Ablation techniques, such as radiofrequency ablation or cryoablation, can be used to destroy tumor tissue through the application of extreme heat or cold.

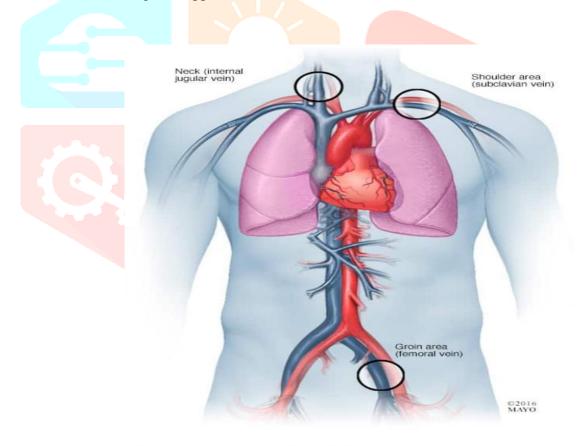


Fig-05 (cardiac ablation)

TREATMENT DECISIONS: Of Cancer,

Treatment decisions for cancer depend on various factors, including the type and stage of cancer, the patient's overall health, and their preferences. Common treatment options include:

- 1) **Surgery:** To remove tumors or affected tissue.
- 2) **Radiation therapy:** Using high-energy rays to kill cancer cells.
- 3) **Chemotherapy:** Medications to target and kill cancer cells.
- 4) **Immunotherapy:** Boosting the body's immune system to fight cancer.
- 5) **Targeted therapy:** Drugs that target specific cancer-related molecules.
- 6) **Hormone therapy:** For hormone-sensitive cancers.
- 7) **Stem cell transplant:** Replacing damaged bone marrow with healthy stem cells.

A multidisciplinary team of healthcare professionals often collaborates to create a personalized treatment plan for each patient. It's essential to discuss options, potential side effects, and expected outcomes with your oncologist to make informed decisions. Second opinions can also be valuable in complex cases.

HEALTHCARE PROVIDERS:

Healthcare providers are professionals and organizations involved in delivering medical services and care to individuals. They play a crucial role in maintaining and improving people's health. Some regular kinds of healthcare providers are:

- a. **Physicians and Surgeons:** Doctors who diagnose, treat, and provide medical care to patients. They can specialize in various fields, such as internal medicine, paediatrics, surgery, and more.
- b. Nurses: Registered nurses (RNs), nurse practitioners (NPs), and other nursing professionals assist in patient care, administer medications, and provide education and support.
- c. **Pharmacists:** Experts in medications, pharmacists dispense prescribed drugs, offer medication counselling, and ensure the safe and effective use of medications.
- d. **Dentists:** Oral healthcare professionals who diagnose and treat dental issues, perform dental procedures, and promote oral hygiene.
- e. **Physical Therapists:** Help patients recover from injuries or surgeries through exercises and physical rehabilitation.
- f. **Occupational Therapists:** Assist individuals in regaining independence in daily activities after illness or injury.
- g. **Psychologists and Psychiatrists:** Mental health professionals who diagnose and treat mental and emotional disorders, providing therapy and medication management.

- h. **Social Workers:** Provide support and resources to individuals and families facing various social and healthcare challenges.
- i. **Hospitals and Clinics:** Healthcare facilities where patients receive various medical services, including emergency care, surgery, diagnostics, and more.
- j. **Home Healthcare Providers:** Deliver medical care and assistance to patients in their homes, particularly for those with chronic illnesses or disabilities.
- k. **Chiropractors:** Specialize in diagnosing and treating musculoskeletal issues, often using manual adjustments.
- 1. **Optometrists and Ophthalmologists:** Eye care specialists who diagnose and treat vision-related conditions.
- m. **Radiologists:** Interpret medical images (X-rays, MRIs, etc.) to aid in diagnosis and treatment planning.
- n. Laboratory Technicians: Conduct tests and analyze samples to assist in diagnosing diseases.

The Some examples, and the healthcare field includes many more specialized professionals and support staff working together to provide comprehensive care to patients.

CHEMOTHERAPY:

Chemotherapy is a medical treatment that uses drugs to kill or slow the growth of rapidly dividing cells, including cancer cells. It is commonly used in the treatment of cancer, but it can also be used for other conditions, such as autoimmune diseases and certain types of infections.

The main goal of chemotherapy in cancer treatment is to:

- a. **Destroy cancer cells:** Chemotherapy drugs target and kill cancer cells, which are characterized by their uncontrolled growth and division.
- b. **Shrink tumors:** Chemotherapy can reduce the size of tumors, making them easier to remove surgically or decreasing the pressure and symptoms caused by the tumor.
- c. **Prevent cancer recurrence:** After surgery or radiation therapy, chemotherapy may be used to eliminate any remaining cancer cells and reduce the risk of cancer coming back.

Chemotherapy can be administered in various ways, including oral pills, intravenous (IV) injections, or injections directly into the tumor (intraregional). The choice of chemotherapy regimen and delivery method depends on the type of cancer, its stage, and the patient's overall health.

While chemotherapy can be effective in treating cancer, it often comes with side effects, which can vary depending on the specific drugs used and the individual's response. Common side effects of chemotherapy include nausea, vomiting, hair loss, fatigue, and a lowered immune system. Medical professionals work closely with patients to manage these side effects and provide supportive care during treatment.

Chemotherapy harms the genes inside cell nuclei. Some drugs harm cells when they divide. Others hurt cells while they're copying genes before splitting. It's less likely to harm resting cells, like most normal ones.

You could use a mix of various chemotherapy medications. This includes drugs that harm cells at various stages of cell division, increasing the likelihood of killing more cells.

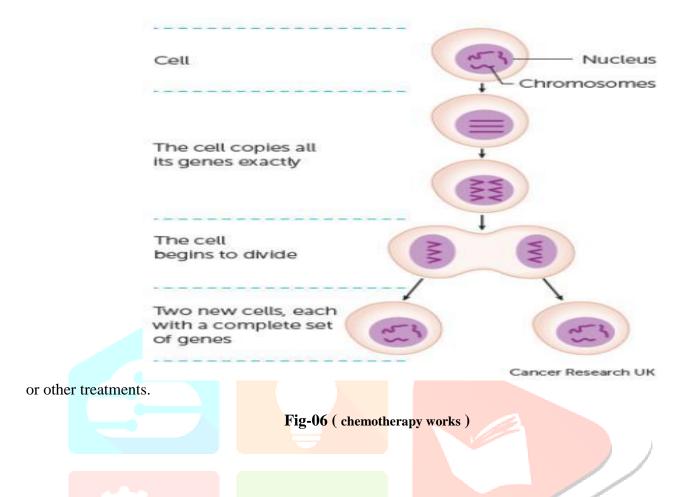
CHEMOTHERAPY WORK:

Chemotherapy works by using drugs to target and kill rapidly dividing cancer cells in the body. You can take these drugs by mouth or through a vein. Chemotherapy is effective at shrinking tumors, preventing the spread of cancer, and sometimes even curing cancer. However, it can also have side effects because it can affect healthy cells that divide quickly, such as those in the bone marrow, digestive tract, and hair follicles. The choice of chemotherapy drugs and the treatment plan depend on the type and stage of cancer, as well as individual patient factors. It is typically used in combination with other cancer treatments like surgery and radiation therapy for the best outcome.

Chemotherapy works by targeting and destroying rapidly dividing cells, which is a characteristic of cancer cells. Here's how it generally works:

- 1. Drug Delivery: Chemotherapy drugs are administered to the patient either intravenously (IV), orally, or through other methods, depending on the specific treatment plan and type of cancer.
- 2. Circulation: Once in the bloodstream, the drugs circulate throughout the body, reaching both cancerous and healthy cells.
- 3. Targeting Cancer Cells: Chemotherapy drugs specifically target cells that are actively dividing. Cancer cells divide more frequently than most healthy cells, making them more susceptible to the effects of chemotherapy.
- 4. DNA Damage: Chemotherapy drugs work by damaging the DNA inside the nucleus of dividing cells. This harm stops cancer cells from multiplying and getting bigger.
- 5. Cell Death: When the DNA damage becomes too extensive, the cancer cells may either die or become unable to replicate, reducing the size of the tumor.
- 6. Impact on Healthy Cells: Unfortunately, chemotherapy drugs can also affect healthy cells that divide rapidly, such as those in the bone marrow, gastrointestinal tract, and hair follicles. This leads to various side effects, including a decreased immune response, gastrointestinal issues, and hair loss.
- 7. Treatment Cycles: Chemotherapy is often administered in cycles, with rest periods in between, to allow healthy cells to recover. The goal is to maximize the destruction of cancer cells while minimizing harm to healthy tissue.
- 8. Combination Therapies: In many cases, chemotherapy is used in combination with other cancer treatments, such as surgery, radiation therapy, targeted therapy, or immunotherapy, to improve its effectiveness.

The specific chemotherapy drugs used and the treatment regimen depend on factors like the type of cancer, its stage, the patient's overall health, and the treatment goals. Chemotherapy can be curative, palliative (to relieve symptoms and improve quality of life), or used as adjuvant therapy to prevent cancer recurrence after surgery



CHEMOTHERAPEUTIC DRUGS:

Chemotherapeutic drugs, often simply called "chemotherapy," are medications used in the treatment of cancer and other diseases characterized by uncontrolled cell growth. These drugs work by targeting rapidly dividing cells, which includes cancer cells. Here are some key points about chemotherapeutic drugs:

- 1. Cancer Treatment: Chemotherapy is a common treatment method for various types and stages of cancer. It can be administered alone or in combination with other treatments like surgery, radiation therapy, or immunotherapy.
- 2. Cellular Target: Chemotherapy drugs interfere with the cell cycle and inhibit the growth and division of cancer cells. They can also affect normal, healthy cells that divide rapidly, leading to side effects.
- 3. **Systemic Treatment:** Chemotherapy is typically administered orally, intravenously, or through injections. It circulates throughout the body, targeting cancer cells wherever they may be.
- 4. **Types of Drugs:** There are various classes of chemotherapeutic drugs, including cytotoxic agents that directly kill cancer cells and targeted therapies that specifically target molecules involved in cancer growth.
- 5. Side Effects: Chemotherapy often causes side effects such as nausea, vomiting, hair loss, fatigue, anemia, and immunosuppression. The severity and type of side effects depend on the specific drugs used and individual patient factors.

Common Side Effects of Chemotherapy

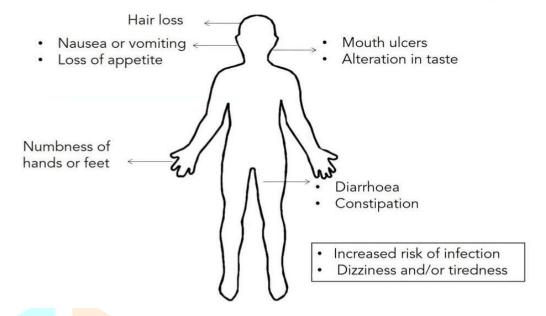


Fig-07 (side effects of chemotherapeutic drugs)

- 6. **Treatment Plans:** Oncologists tailor chemotherapy regimens to each patient's cancer type, stage, and overall health. Treatment plans can vary widely.
- 7. Combination Therapy: In many cases, a combination of different chemotherapy drugs is used to maximize their effectiveness and reduce the risk of drug resistance.
- 8. Response Rates: The success of chemotherapy varies from patient to patient and cancer type to cancer type. Some patients experience complete remission, while others achieve disease control or symptom relief.
- 9. **Research and Advancements:** Ongoing research in oncology aims to develop more targeted and less toxic chemotherapy drugs, improving both their effectiveness and the patient's quality of life during treatment.

QUALITY OF LIFE:

Quality of life (QOL) refers to a person's overall well-being and satisfaction with various aspects of their life, including physical, mental, emotional, and social well-being. It can be influenced by many factors, including health, relationships, financial stability, and personal fulfillment.

Improving one's quality of life often involves addressing physical and mental health, pursuing meaningful activities, maintaining a support network of friends and family, and achieving a balance between work and leisure. If you have specific questions or concerns related to your own or someone else's quality of life, feel free to ask for more information or guidance on a particular aspect.

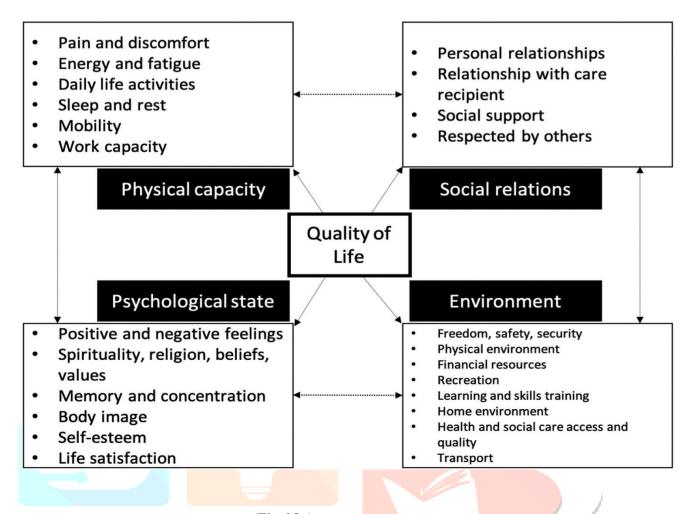


Fig-08 (quality of life)

IMPROVING QUALITY OF LIFE STYLE:

Improving your quality of life often involves making positive lifestyle changes. Here are some general tips to enhance your quality of life:

- a) **Prioritize Health:** Eat a balanced diet, exercise regularly, get enough sleep, and manage stress. These habits can greatly affect your physical and mental health.
- b) **Stay Active:** Engage in physical activities you enjoy, whether it's walking, cycling, dancing, or sports. Exercising regularly can make you feel happier and more energetic.
- c) Mental Health: Pay attention to your mental health. Seek support or therapy if needed, practice mindfulness or meditation, and take breaks when feeling overwhelmed.
- d) Maintain Relationships: Spend time with family and friends. Being with loved ones can make you feel better and help you feel like you belong.
- e) Work-Life Balance: Make sure you balance work and personal life. Set aside time for things you enjoy, rest, and being with family and friends.
- f) Learn and Grow: Continue learning and pursuing personal development. Setting and achieving goals can increase your sense of purpose and satisfaction.
- g) Financial Well-being: Manage your finances responsibly to reduce stress. Make a budget, save money, and think about the future.

- h) **Enjoy Hobbies:** Dedicate time to hobbies and activities that bring you joy and relaxation.
- i) **Limit Screen Time:** Reduce excessive screen time and engage in real-world activities to foster meaningful experiences.
- j) **Practice Gratitude:** Focus on the positive aspects of your life and practice gratitude daily.
- k) **Help Others:** Volunteering or helping others can provide a sense of fulfillment and purpose.
- l) **Seek Support:** Don't hesitate to seek professional help or support from friends and family if you're facing challenges or difficulties.

PALLIATIVE CARE:

Palliative care is a specialized medical approach focused on providing relief and improving the quality of life for individuals facing serious illness, particularly those with life-limiting or terminal conditions. Here are some key aspects of palliative care:

- a. **Relief of Symptoms:** Palliative care aims to manage and alleviate the physical and emotional symptoms associated with serious illnesses. This includes pain, nausea, shortness of breath, fatigue, anxiety, and depression.
- b. Holistic Approach: It takes a holistic approach, addressing not only physical symptoms but also psychological, social, and spiritual aspects of a patient's well-being.
- c. Quality of Life: The primary goal is to enhance the patient's overall quality of life, regardless of the prognosis. Palliative care focuses on helping individuals live as comfortably and fully as possible.
- d. **Patient-Cantered:** It is highly patient-cantered and respects the values and goals of the individual receiving care. It often involves discussions with the patient and their family about treatment options and end-of-life preferences.
- e. Collaborative Care: Palliative care teams typically include doctors, nurses, social workers, psychologists, and other specialists who work together to provide comprehensive support.
- f. **Timing:** Palliative care can begin at any stage of a serious illness, not just in the terminal phase. You can get it with treatment to cure, and it's not just for the end of life.
- g. **End-of-Life Care:** In cases where the disease is terminal, palliative care can transition into end-of-life care, ensuring that the patient's comfort, dignity, and wishes are respected during the dying process.
- h. **Grief Support:** Palliative care often extends to providing grief and bereavement support for the patient's loved ones after their passing.

Palliative care can significantly improve the quality of life for individuals facing serious illness and their families by addressing their physical and emotional needs, providing support, and enhancing their overall well-being. It is an important aspect of modern healthcare, promoting comfort, dignity, and compassionate care during challenging times.

EMOTIONAL WELL-BEING:

The Feeling good emotionally is important for your overall health and how good your life. Here are some strategies to promote and maintain emotional well-being:

- 1) **Self-Awareness:** Pay attention to your emotions and thoughts. Self-awareness is the first step in understanding and managing your emotional state.
- 2) **Express Yourself:** Don't bottle up your emotions. Talk to close friends, family, or a therapist about how you feel. Talking about what's on your mind can be very therapeutic.
- 3) **Stress Management:** Practice stress-reduction techniques such as deep breathing, meditation, yoga, or mindfulness. These practices can help you stay calm and focused.
- 4) **Physical Health:** A healthy body supports emotional well-being. Regular exercise, a balanced diet, and adequate sleep contribute to both physical and emotional health.

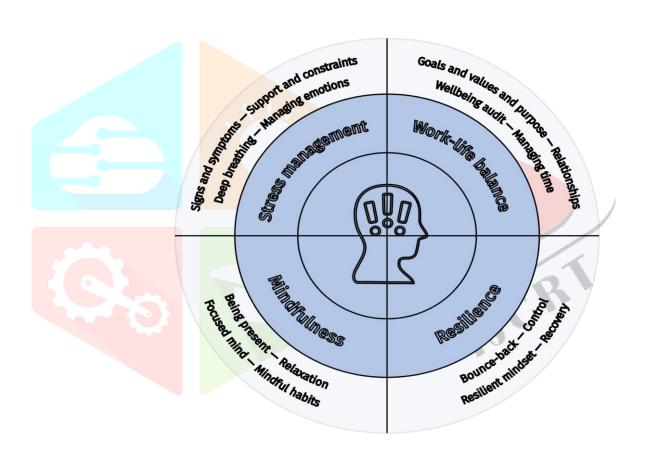


Fig-09 (Emotional Well-being)

- 5) **Set Realistic Goals:** Setting achievable goals and breaking them down into smaller steps can boost your confidence and sense of accomplishment.
- 6) **Social Connections:** Maintain and nurture your social relationships. Being with friends and loved ones gives you emotional help and makes you feel like you belong.
- 7) **Limit Negative Influences:** Minimize exposure to negative people or situations that can drain your emotional energy.

- 8) **Seek Professional Help:** If you're struggling with persistent emotional challenges like depression, anxiety, or trauma, don't hesitate to seek help from a mental health professional.
- 9) **Practice Gratitude:** Be thankful and think about the good parts of your life. Regularly expressing gratitude can improve your overall outlook.
- 10) **Engage in Activities You Enjoy:** Pursue hobbies and activities that bring you joy and a sense of fulfillment.
- 11) **Limit Screen Time:** Excessive screen time, especially on social media, can negatively impact emotional well-being. Create limits and pause using screens for a while.
- 12) Mindful Time Management: Balance work and personal life to reduce stress and prevent burnout.

The emotional well-being is a journey, and it's okay to seek help and support when needed. Everyone's path to emotional well-being is unique, so find the strategies that work best for you and make them a part of your daily life.

LONG-TERM EFFECTS: Of chemotherapeutic drug,

The long-term effects of chemotherapeutic drugs can vary depending on the specific drug, the type of cancer being treated, and the individual patient. Some common long-term effects and considerations include:

a) **Organ Damage:** Chemotherapy can potentially damage healthy cells and organs, leading to long-term issues. For example, it may affect the heart, kidneys, or lungs.

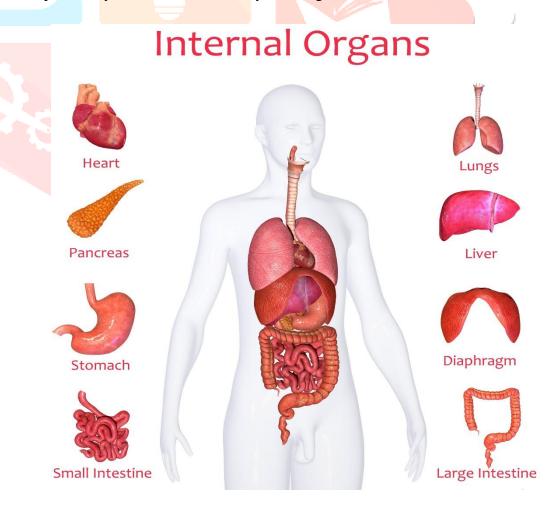


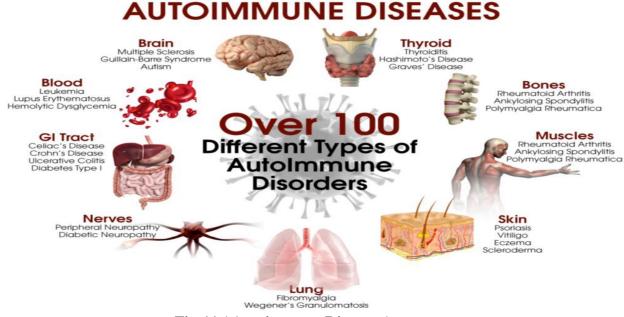
Fig-10 (Organ Damage Chemotherapeutic Drug)

- b) **Secondary Cancers:** Some chemotherapy drugs may increase the risk of developing secondary cancers later in life.
- c) **Fertility:** Chemotherapy can impact fertility, and patients may experience long-term difficulties conceiving or maintaining a pregnancy.
- d) **Cognitive Function:** Some patients report "chemo brain," which involves long-term cognitive changes such as memory and concentration problems.
- e) **Fatigue:** Fatigue is a common long-term side effect of chemotherapy and can persist for months or even years.
- f) **Peripheral Neuropathy:** Some individuals may experience tingling, numbness, or pain in their extremities as a long-term effect of chemotherapy.
- g) **Emotional and Psychological Effects:** Coping with the emotional and psychological effects of cancer and its treatment can be a long-term challenge for many patients.

IMMUNE SYSTEM SUPPRESSION:

Immune system suppression refers to the deliberate weakening or inhibition of the immune system's activity. This can be done for various reasons, such as:

- a) Medical Treatment: Immune system suppression is often used in medical treatments, like organ transplantation or autoimmune disease management, to prevent the body from rejecting transplanted organs or to reduce the immune system attacking its own tissues.
- b) **Medications:** Immunosuppressive drugs, such as corticosteroids or immunosuppressant's, are prescribed to achieve immune system suppression in specific medical conditions.
- c) Infection Control: In some cases, immune system suppression may be necessary to manage severe immune responses in conditions like sepsis or cytokine storms.
- d) **Autoimmune Diseases:** Immune system suppression is used to manage overactive immune responses seen in conditions like rheumatoid arthritis, lupus, or multiple sclerosis.



The immune system suppression can have side effects and may make the individual more susceptible to infections, so it should always be done under medical supervision.

DRUG RESISTANCE:

Drug resistance occurs when microorganisms such as bacteria, viruses, or parasites develop the ability to survive and reproduce in the presence of drugs that were originally effective against them. This can happen due to genetic mutations or acquired resistance mechanisms. Drug resistance is a significant concern in healthcare, as it can lead to the ineffectiveness of antibiotics and other medications, making it more difficult to treat infections and diseases. Efforts are ongoing to combat drug resistance through the development of new drugs and better antimicrobial stewardship practices.



Fig-12 (Drug Resistance)

Drug resistance occurs through several mechanisms:

- a) Genetic Mutation: Microorganisms can acquire mutations in their genetic material (DNA or RNA) that make them less susceptible to the drug's action. These mutations can alter the target site of the drug or increase the microorganism's ability to pump the drug out of its cells.
- b) **Horizontal Gene Transfer:** Bacteria, in particular, can transfer drug resistance genes to each other through processes like conjugation, transformation, or transduction. This allows resistance traits to spread rapidly among bacterial populations.
- c) **Natural Selection:** When a drug is used to treat an infection, it can kill off the susceptible microorganisms, leaving behind those with resistance mechanisms. This leads to the selective survival and growth of resistant strains.
- d) **Overuse and Misuse of Drugs:** Inappropriate or excessive use of antibiotics and other antimicrobial drugs can accelerate the development of resistance. When people don't finish a full course of antibiotics or when antibiotics are used unnecessarily, it can promote the survival of resistant strains.

e) **Biofilm Formation:** Some microorganisms can form biofilms, which are protective structures that make them less susceptible to drugs and the immune system's attack.

f) **Cross-Resistance:** In some cases, resistance to one drug can confer resistance to other drugs with similar mechanisms of action. This can limit treatment options further.

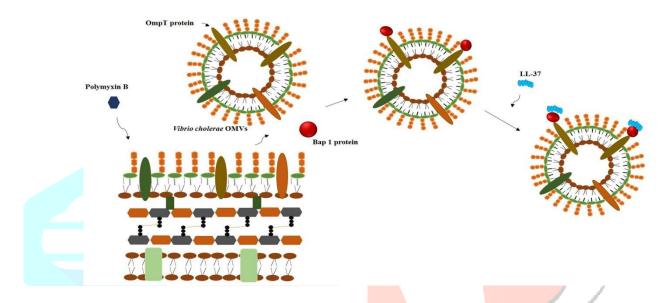


Fig-13 (Cross-Resistance)

To combat drug resistance, strategies include developing new drugs, improving the use of existing drugs, practicing antimicrobial stewardship, and promoting hygiene and infection control measures to reduce the spread of resistant microorganisms.

PATIENT EXPERIENCE:

The patient experience with chemotherapeutic drugs can vary significantly depending on the specific drug, the patient's health condition, and their individual response to treatment. Here are some common aspects of the patient experience related to chemotherapeutic drugs:

- a) **Side Effects:** Chemotherapy often causes side effects, such as nausea, vomiting, fatigue, hair loss, and changes in blood cell counts. These side effects can vary in intensity and duration from person to person.
- b) **Treatment Schedule:** Patients typically receive chemotherapy in cycles, with rest periods in between. The frequency and duration of treatment cycles can vary based on the type and stage of cancer.
- c) Supportive Care: Healthcare providers may offer supportive care, including medications to manage side effects, nutritional guidance, and emotional support to help patients cope with the challenges of chemotherapy.

- d) Monitoring and Tests: Regular monitoring through blood tests and imaging is a standard part of chemotherapy to assess the treatment's effectiveness and manage any potential complications.
- e) Emotional Impact: Chemotherapy can have a significant emotional impact on patients and their families. Feelings of anxiety, depression, and fear are common, and many patients seek counselling or support groups.
- f) **Individual Response:** The effectiveness of chemotherapy varies from person to person. Some patients may have a positive response with tumor shrinkage, while others may experience disease stabilization or progression.
- g) Treatment Goals: The patient's goals for chemotherapy may differ, from curative intent (eliminating cancer) to palliative care (improving quality of life while not aiming for a cure).

It's important for patients to have open and honest communication with their healthcare team to address their concerns, manage side effects, and make informed decisions about their treatment. Additionally, advances in oncology research continue to improve the patient experience by developing targeted therapies with fewer side effects and better outcomes for certain cancers.

PATIENT SATISFACTION LEVEL: by using Chemotherapeutic Drug;

Patient satisfaction with chemotherapy can vary significantly based on a variety of factors, including the drug used, the patient's overall health, the management of side effects, and the effectiveness of the treatment. To assess patient satisfaction with a chemotherapeutic drug, healthcare providers often consider the following:

- 1. Effectiveness: Patients want to know if the drug is effectively treating their condition or cancer. Positive outcomes can contribute to higher satisfaction.
- 2. Side Effects: Chemotherapy often comes with side effects like nausea, fatigue, and hair loss. Managing and minimizing these side effects can greatly impact satisfaction.
- 3. Communication: Good communication between healthcare providers and patients is crucial. Patients should be well-informed about their treatment plan and what to expect.
- 4. Supportive Care: The availability of support services, such as counselling, pain management, and access to a healthcare team, can improve patient satisfaction.
- 5. Convenience: Factors like the frequency of treatments and the ease of accessing healthcare facilities can affect satisfaction.
- 6. Quality of Life: Chemotherapy's impact on a patient's overall quality of life is a significant factor in satisfaction.

7. Long-term Outcomes: Patients may also consider the drug's potential for long-term remission or cure when evaluating their satisfaction.



Fig-14 (Patient Satisfaction Level By Using Chemotherapeutic Drug)

To assess patient satisfaction when using chemotherapeutic drugs, healthcare providers often use surveys or questionnaires specifically designed for oncology patients. These surveys can help gather feedback and identify areas for improvement in the patient experience. Healthcare teams to prioritize patient-cantered care and continuously seek ways to enhance patient satisfaction while ensuring the best possible treatment outcomes.

ADVANCES IN ONCOLOGY:

There have been several advances in oncology up to my last knowledge update in September 2021, and there may have been more developments since then. Here are some key advances in the field:

- 1. **Immunotherapy:** Immunotherapy has revolutionized cancer treatment by harnessing the body's immune system to target and attack cancer cells. Checkpoint inhibitors and CAR-T cell therapy are important examples. Checkpoint inhibitors and CAR-T cell therapy are well-known treatments.
- 2. **Precision Medicine:** Advances in genomics have allowed for more personalized cancer treatments, tailoring therapies to an individual's genetic profile and the specific characteristics of their cancer.
- 3. **Targeted Therapies:** Targeted therapies are drugs designed to target specific molecules or pathways involved in cancer growth, minimizing damage to healthy cells. Examples include EGFR inhibitors for lung cancer and BRAF inhibitors for melanoma.
- 4. **Liquid Biopsies:** Liquid biopsies enable the detection of cancer-related genetic mutations and biomarkers through a simple blood test, providing a less invasive way to monitor cancer progression and treatment response.

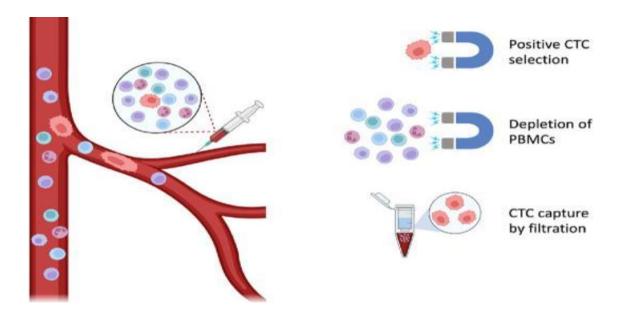


Fig-15 (Liquid Biopsy In Pancreatic Cancer)

- 5. **Minimally Invasive Surgery:** Robotic-assisted and laparoscopic surgeries have improved precision and reduced recovery times for cancer patients undergoing surgery.
- 6. Advances in Radiation Therapy: Techniques such as intensity-modulated radiation therapy (IMRT) and proton therapy have improved the accuracy and reduced side effects of radiation treatment.
- 7. Early Detection: Improved screening methods and biomarker identification have enhanced the early detection of cancers, increasing the chances of successful treatment.
- 8. **Supportive Care:** Palliative care and supportive therapies have improved the quality of life for cancer patients, managing symptoms and side effects of treatment more effectively.
- 9. **Artificial Intelligence** (AI): AI is being used to analyze medical images, predict treatment outcomes, and assist in cancer research, potentially accelerating progress in the field.

The oncology is a rapidly evolving field, and new breakthroughs continue to emerge. For the latest developments, I recommend consulting recent medical literature or speaking with a medical professional.

PERSONALIZED MEDICINE:

Personalized medicine, also known as precision medicine, is an approach to healthcare that takes into account individual variations in genes, environment, and lifestyle when diagnosing and treating medical conditions. It aims to provide tailored medical care and treatments to maximize their effectiveness and minimize potential side effects.

Key aspects of personalized medicine include:

- 1) **Genomic Information:** Analyzing a patient's genetic makeup to understand how their genes may influence disease risk, treatment response, and drug metabolism.
- 2) **Targeted Therapies:** Developing treatments that specifically target the underlying genetic or molecular mechanisms of a disease, rather than using a one-size-fits-all approach.

3) **Biomarker Identification:** Identifying biomarkers—indicators in the body such as proteins or genetic markers—that can help diagnose diseases or predict treatment responses.

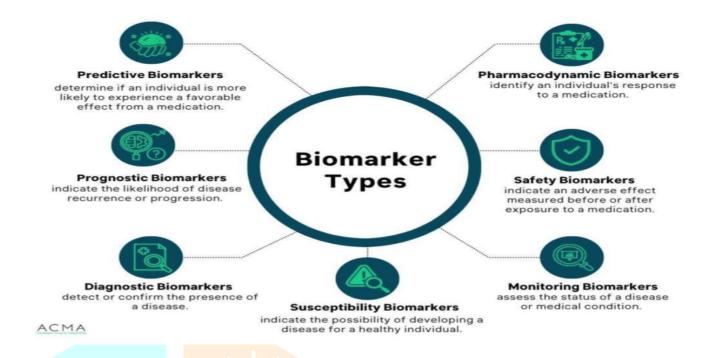


Fig-16 (Types Biomarker Identification)

- 4) Tailored Treatment Plans: Creating individualized treatment plans based on genetic information, lifestyle, and other factors to optimize outcomes.
- 5) **Predictive Medicine:** Using data and advanced analytics to predict disease risk, progression, and response to treatments.

Personalized medicine has the potential to revolutionize healthcare by providing more effective and efficient treatments while minimizing adverse effects. It's an evolving field that continues to advance with developments in genetics, technology, and data analysis.

ADVANTAGES OF CHEMOTHERAPEUTIC DRUGS:

Chemotherapeutic drugs have several advantages in the treatment of cancer and other diseases:

- 1. **Targeted Treatment:** They can specifically target and kill rapidly dividing cancer cells, which makes them effective in combating cancer.
- 2. **Systemic Effect:** Chemotherapy drugs can reach cancer cells throughout the body, making them suitable for treating cancers that have spread.
- 3. **Adjuvant Therapy:** They can be used alongside surgery, radiation therapy, or other treatments to increase the chances of successful treatment.
- 4. **Palliative Care:** Chemotherapy can help alleviate symptoms and improve the quality of life for patients with advanced cancer.
- 5. **Curative Potential:** In some cases, chemotherapy can lead to the complete eradication of cancer cells and a cure.

- 6. **Variety of Drugs:** There is a wide range of chemotherapeutic drugs available, allowing for personalized treatment plans tailored to the specific type and stage of cancer.
- 7. **Research and Development:** Ongoing research leads to the development of new and more effective chemotherapy drugs.
- 8. **Systemic Treatment:** Chemotherapy is a systemic treatment, meaning it circulates throughout the body, which allows it to reach cancer cells that may have spread to other parts of the body, even if they can't be seen on imaging.
- 9. **Adjuvant Therapy:** Chemotherapy can be used as adjuvant therapy after surgery or radiation to eliminate any remaining cancer cells and reduce the risk of recurrence.
- 10. **Shrinking Tumors:** In some cases, chemotherapy can shrink tumors before surgery or radiation therapy, making these treatments more effective.
- 11. **Combination Therapy:** Chemotherapy can be combined with other cancer treatments, such as radiation therapy or targeted therapy, to enhance their effectiveness.

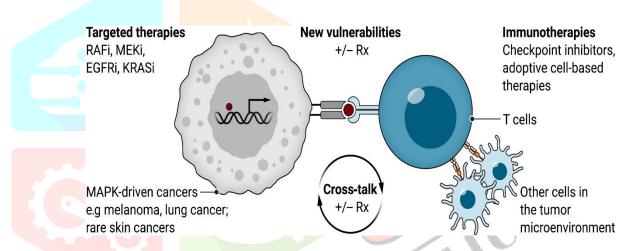


Fig-17 (Mechanism Base Combination Therapy)

- 12. **Treatment for Different Types of Cancer:** Chemotherapy is used to treat a wide range of cancer types, including leukemia, lymphoma, breast cancer, lung cancer, and more.
- 13. **Control of Symptoms:** In advanced cancer cases, chemotherapy can help control cancer-related symptoms and improve the quality of life.
- 14. **Research and Development:** Ongoing research into new chemotherapy drugs and regimens continues to improve their efficacy and reduce side effects.
- 15. If you have **chemotherapy after surgery**, this may reduce the chances of the cancer coming back.
- 16. You may have more **regular check-ups**, tests and contact with your doctor when you are having chemotherapy. Some people find this reassuring.

USES OF CHEMOTHERAPEUTIC DRUGS: In Cancer,

Chemotherapeutic drugs, commonly known as chemotherapy, have various uses beyond cancer treatment. These are some main ways they are used."

- 1. Chemotherapeutic drugs are commonly used in the treatment of cancer. They are designed to target and kill rapidly dividing cancer cells. Here are some of the primary uses of chemotherapeutic drugs in cancer treatment:
- 2. Adjuvant Therapy: After surgery to remove a tumor, chemotherapy may be used as adjuvant therapy to kill any remaining cancer cells that may not have been removed during surgery.
- 3. Neoadjuvant Therapy: In some cases, chemotherapy is administered before surgery to shrink large tumors and make them more manageable for surgical removal.
- 4. Palliative Care: Chemotherapy can be used to alleviate symptoms and improve the quality of life for cancer patients in advanced stages when a cure is unlikely. This is known as palliative chemotherapy.
- 5. Combination Therapy: Often, multiple chemotherapy drugs are used together in combination therapy to increase their effectiveness and reduce the chance of resistance developing in cancer cells.
- 6. Metastatic Cancer: Chemotherapy is commonly used to treat cancer that has spread to other parts of the body (metastatic cancer). It can help control the growth of metastases and relieve symptoms.
- 7. Haematological Cancers: Chemotherapy is frequently used to treat blood-related cancers like leukemia, lymphoma, and multiple myeloma. It targets cancer cells in the bone marrow and blood.
- 8. Curative Intent: In some cases, chemotherapy is administered with the goal of achieving a complete cure for cancer. This is more common in certain types of childhood cancers.
- 9. Targeted Therapy: Some newer chemotherapy drugs are designed to target specific molecular or genetic abnormalities in cancer cells, minimizing damage to healthy cells.
- 10. Maintenance Therapy: In certain situations, after a successful initial treatment, patients may undergo maintenance chemotherapy to prevent the return of cancer.
- 11. Cancer Treatment: As previously mentioned, chemotherapy is extensively used in the treatment of cancer to target and kill rapidly dividing cancer cells.
- 12. Autoimmune Diseases: In some autoimmune diseases, such as rheumatoid arthritis and lupus, chemotherapy drugs may be prescribed to suppress the overactive immune system.
- 13. Transplantation: Chemotherapy drugs are used as part of conditioning regimens before organ or bone marrow transplantation to suppress the recipient's immune system and reduce the risk of rejection.
- 14. Infectious Diseases: Certain chemotherapy agents can be used to treat severe infections, particularly in cases where conventional antibiotics have been ineffective.
- 15. Haematological Disorders: Chemotherapy is employed in the treatment of various blood-related disorders, including leukemia, lymphomas, and disorders of the bone marrow.

- 16. Autoimmune Haemolytic Anemia: Chemotherapy may be used to treat this condition, where the immune system destroys red blood cells.
- 17. Multiple Sclerosis (MS): Some chemotherapy drugs are used to manage severe cases of multiple sclerosis by suppressing the immune response.
- 18. Psoriasis: Chemotherapy agents are occasionally used to treat severe psoriasis when other treatments have failed.
- 19. Vasculitis: Chemotherapy can be prescribed for certain types of vasculitis, which involve inflammation of blood vessels.
- 20. Solid Organ Transplantation: Chemotherapy drugs may be used to prevent the recipient's immune system from rejecting a transplanted organ.

The chemotherapy can have side effects, as it can also affect healthy, rapidly dividing cells in the body. The choice of chemotherapy regimen and its use in cancer treatment depend on the type and stage of cancer, as well as individual patient factors.

Treatment plans are typically developed in consultation with oncologists and medical professionals.

The choice of chemotherapy and its specific use depend on the medical condition being treated, the patient's health status, and the assessment of potential benefits and risks by healthcare professionals.

CONCLUSION:

The impact of various chemotherapeutic drugs on people living with cancer is a complex and dynamic field. Chemotherapy remains a cornerstone of cancer treatment, with the potential to extend and save lives. However, it has its difficulties. The effects of chemotherapy are highly individualized, influenced by factors such as cancer type, stage, drug selection, and patient health. While these drugs can effectively target and eliminate cancer cells, they often come with a range of side effects that can significantly impact a patient's quality of life.

The key to mitigating these side effects lies in personalized treatment plans and ongoing research. Tailoring chemotherapy regimens to individual patients, considering their unique circumstances and medical history, can help optimize outcomes while minimizing discomfort. Additionally, the development of targeted therapies and immunotherapies holds promise in providing more precise and less toxic treatment options in the future.

As our understanding of cancer biology and treatment options continues to advance, the goal remains clear: to improve the lives of people living with cancer by enhancing the effectiveness of chemotherapy while reducing its adverse effects. With ongoing research and a patient-centred approach, we are making strides in achieving this objective and providing hope to those facing the challenges of cancer treatment.

REFERENCE:

- 1. Park SY, Kim YM, Pyo H. Gefitinib radiosensitizes non-small cell lung cancer cells through inhibition of ataxia telangiectasia mutated. Mol Cancer. 2010; 9: 222. [PMC free article].
- 2. Meijer L, Borgne A, Mulner O, Chong JP, Blow JJ, Inagaki N, et al. Biochemical and cellular effects of roscovitine, a potent and selective inhibitor of the cyclin-dependent kinases cdc2, cdk2 and cdk5. Eur J Biochem. 1997; 243: 527-36.
- 3. Johnson DH, Einhorn LH, Bartolucci A, Birch R, Omura G, Perez CA, et al. Thoracic radiotherapy does not prolong survival in patients with locally advanced, unresectable non-small cell lung cancer. Ann Intern Med. 1990; 113: 33-8.
- 4. Heinemann V, Quietzsch D, Gieseler F, Gonnermann M, Schonekas H, Rost A, et al. Randomized phase III trial of gemcit-abine plus cisplatin compared with gemcitabine alone in advanced pancreatic cancer. J Clin Oncol. 2006; 24: 3946-52.
- 5. Erten C, Demir L, Somali I, Alacacioglu A, Kucukzeybek Y, Akyol M, et al. Cisplatin plus gemcitabine for treatment of breast cancer patients with brain metastases; a preferential option for triple negative patients? Asian Pac J Cancer Prev. 2013; 14: 3711-7.
- 6. Han SY, Zhao MB, Zhuang GB, Li PP. Marsden a tenacissima extract restored gefitinib sensitivity in resistant non-small cell lung cancer cells. Lung Cancer. 2012; 75: 30-7.
- 7. Anderson NG, Ahmad T, Chan K, Dobson R, Bundred NJ. ZD1839 (Iressa), a novel epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor, potently inhibits the growth of EGFR-positive cancer cell lines with or without erbB2 overexpression. Int J Cancer. 2001; 94: 774-82.
- 8. Lee SJ, Lee HS, Choi JS, Na JO, Seo KH, Oh MH, et al. Remarkable Effect of Gefitinib Retreatment in a Lung Cancer Patient With Lepidic Predominat Adenocarcinoma who had Experienced Favorable Results From Initial Treatment With Gefitinib: A Case Report. J Clin Med Res. 2012; 4: 216-20.
- 9. Park SJ, Wu CH, Gordon JD, Zhong X, Emami A, Safa AR. Taxol induces caspase-10-dependent apoptosis. J Biol Chem. 2004; 279: 51057-67.
- 10. Li H, Zhu H, Xu CJ, Yuan J. Cleavage of BID by caspase 8 mediates the mitochondrial damage in the Fas pathway of apoptosis. Cell. 1998; 94: 491-501.
- 11. Hennequin C, Giocanti N, Favaudon V. S-phase specificity of cell killing by docetaxel (Taxotere) in synchronised HeLa cells. Br J Cancer. 1995; 71: 1194-8.
- 12. Chang AY, Kim K, Glick J, Anderson T, Karp D, Johnson D. Phase II study of taxol, merbarone, and piroxantrone in stage IV non-small-cell lung cancer: The Eastern Cooperative Oncology Group Results. J Natl Cancer Inst. 1993; 85: 388-94.
- 13. Cohen MH, Gootenberg J, Keegan P, Pazdur R. FDA drug approval summary: bevacizumab (Avastin) plus Carboplatin and Paclitaxel as first-line treatment of advanced/metastatic recurrent no-squamous non-small cell lung cancer. Oncologist. 2007; 12: 713-8.
- 14. Schiller JH, Harrington D, Belani CP, Langer C, Sandler A, Krook J, et al. Comparison of four chemotherapy regimens for advanced non-small-cell lung cancer. N Engl J Med. 2002; 346: 92-8.

c127

- 15. Kottke TJ, Blajeski AL, Meng XW, Svingen PA, Ruchaud S, Mesner PW Jr., et al. Lack of correlation between caspase activation and caspase activity assays in paclitaxel-treated MCF-7 breast cancer cells. J Biol Chem. 2002; 277: 804-15.
- 16. Fukuoka M, Yano S, Giaccone G, Tamura T, Nakagawa K, Douillard JY, et al. Multi-institutional randomized phase II trial of gefitinib for previously treated patients with advanced non-small-cell lung cancer (The IDEAL 1 Trial) [corrected]. J Clin Oncol. 2003; 21: 2237-46.
- 17. Von Minckwitz G, Jonat W, Fasching P, du Bois A, Kleeberg U, Luck HJ, et al. A multicentre phase II study on gefitinib in taxane-and anthracycline-pretreated metastatic breast cancer. Breast Cancer Res Treat. 2005; 89: 165-72.
- 18. Schiff BA, McMurphy AB, Jasser SA, Younes MN, Doan D, Yigitbasi OG, et al. Epidermal growth factor receptor (EGFR) is overexpressed in anaplastic thyroid cancer, and the EGFR inhibitor gefitinib inhibits the growth of anaplastic thyroid cancer. Clin Cancer Res. 2004; 10: 8594-602.
- 19. Shi L, Tang J, Tong L, Liu Z. Risk of interstitial lung disease with gefitinib and erlotinib in advanced non-small cell lung cancer: a systematic review and meta-analysis of clinical trials. Lung Cancer. 2014; 83: 231-9.
- 20. Shi Y, Sun Y, Yu J, Ding C, Wang Z, Wang C, et al. China experts consensus on the diagnosis and treatment of advanced stage primary lung cancer (2016 version). Asia Pac J Clin Oncol. 2017; 13: 87-103.
- 21. Han SY, Zhao MB, Zhuang GB, Li PP. Marsdenia tenacissima extract restored gefitinib sensitivity in resistant non-small cell lung cancer cells. Lung Cancer. 2012; 75: 30-7.
- 22. Grigoriu B, Berghmans T, Meert AP. Management of EGFR mutated nonsmall cell lung carcinoma patients. Eur Respir J. 2015; 45: 1132-41.
- 23. Abbruzzese JL, Grunewald R, Weeks EA, Gravel D, Adams T, Nowak B, et al. A phase I clinical, plasma, and cellular pharmacology study of gemcitabine. J Clin Oncol. 1991; 9: 491-8.
- 24. Siegel R, DeSantis C, Virgo K, Stein K, Mariotto A, Smith T, et al. Cancer treatment and survivorship statistics, 2012. CA Cancer J Clin. 2012; 62: 220-41.
- 25. Lin HC, Lin MH, Liao JH, Wu TH, Lee TH, Mi FL, et al. Antroquinonol, a Ubiquinone Derivative from the Mushroom Antrodia camphorata, Inhibits Colon Cancer Stem Cell-like Properties: Insights into the Molecular Mechanism and Inhibitory Targets. J Agric Food Chem. 2017; 65: 51-59.
- 26. Kumar VB, Yuan TC, Liou JW, Yang CJ, Sung PJ, Weng CF. An-troquinonol inhibits NSCLC proliferation by altering PI3K/mT0R proteins and miRNA expression profiles. Mutat Res. 2011; 707: 42-52.
- 27. Peng PL, Hsieh YS, Wang CJ, Hsu JL, Chou FP. Inhibitory effect of berberine on the invasion of human lung cancer cells via decreased productions of urokinase-plasminogen activator and matrix metalloproteinase-2. Toxicol Appl Pharmacol. 2006; 214: 8-15.
- 28. Zhu J, Huang JW, Tseng PH, Yang YT, Fowble J, Shiau CW, et al. From the cyclooxygenase-2 inhibitor celecoxib to a novel class of 3-phosphoinositide-dependent protein kinase-1 inhibitors. Cancer Res. 2004; 64: 4309-18.

- 29. Stef G, Csiszar A, Lerea K, Ungvari Z, Veress G. Resveratrol inhibits aggregation of platelets from high-risk cardiac patients with aspirin resistance. J Cardiovasc Pharmacol. 2006; 48: 1-5.
- 30. McCubrey JA, Lertpiriyapong K, Steel-man LS, Abrams SL, Yang LV, Murata RM, et al. Effects of resveratrol, curcumin, ber-berine and other nutraceuticals on aging, cancer development, cancer stem cells and microRNAs. Aging (Albany NY) 2017; 9: 1477-536.
- 31. Aravindaram K, Yang NS. Anti-inflammatory plant natural products for cancer therapy. Planta Med. 2010; 76: 1103-17.
- 32. Dillman RO, Berry C, Ryan KP, Green MR, Seagren SL. Recent outcomes for patients with carcinoma of the lung. Cancer Invest. 1991; 9: 9-17.
- 33. Baselga J, Rischin D, Ranson M, Calvert H, Raymond E, Kieback DG, et al. Phase I safety, pharmacokinetic, and pharma-codynamic trial of ZD1839, a selective oral epidermal growth factor receptor tyrosine kinase inhibitor, in patients with five selected solid tumor types. J Clin Oncol. 2002; 20: 4292-302.
- 34. Mason K, Staab A, Hunter N, McBride W, Petersen S, Terry N, et al. Enhancement of tumor radio response by docetaxel: Involvement of immune system. Int J Oncol. 2001; 18: 599-606.
- 35. Gatzemeier U, Heckmayer M, Neuhauss R, Schluter I, von Pawel J, Wagner H, et al. Chemotherapy of advanced inoperable non-small cell lung cancer with paclitaxel: a phase II trial. Semin Oncol. 1995; 22: 24-8.
- 36. Rowinsky EK, Onetto N, Canetta RM, Arbuck SG. Taxol: the first of the taxanes, an important new class of antitumor agents. Semin Oncol. 1992; 19: 646-62.
- 37. Cohen SM, Lippard SJ. Cisplatin: from DNA damage to cancer chemotherapy. Prog Nucleic Acid Res Mol Biol. 2001; 67: 93-130.
- 38. Wei Q, Cheng L, Amos CI, Wang LE, Guo Z, Hong WK, et al. Repair of tobacco carcinogen-induced DNA adducts and lung cancer risk: a molecular epidemiologic study. J Natl Cancer Inst. 2000; 92: 1764-72.
- 39. A. Foitz, G. Gaines, M. Gullottee ,Recalled side effects and self-care action of patient receiving inpatient chemotherapy, medical oncology unit , American journal, 23 (4) (2015).
- 40. F.T. Arslan, Kantar M. Basbakkal, Quality of life and chemotherapy realted symptoms of Turkish cancer children undergoing chemotherapy.
- 41. Cancer and its Management (7th edition) J Tobis and D Hochhause, Wiley Blackwell, 2015.
- 42. Johnstone RW, Ruefli AA, Lowe SW (January 2002). "Apoptosis: a link between cancer genetics and chemotherapy".
- 43. Wood M, Brighton D (2005). The Royal Marsden Hospital handbook of cancer chemotherapy: a guide for the multidisciplinary team. St. Louis, Mo: Elsevier Churchill Livingstone.
- 44. Handbook of Cancer Chemotherapy (8th edition) , R T Skeel and S N Khleif , Lippincott, Williams and Wilkins, 2011.
- 45. King PD, Perry MC. Hepatotoxicity of chemotherapy. Oncologist. 2001;6:162–176.