Cancer And Women's And Men's Health

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Prostate Cancer Prevalence and Risk Factors

Among the most common cancers affecting men, prostate cancer ranks second with a lifetime prevalence of 17%. The cancer attacks men from the age of 50, and there are various risk factors associated with the disorder. Some of these include race, age and family history. Black men have a higher probability of being attacked by prostate cancer as compared to whites. On the other hand, breast cancer ranks second, after skin cancer, in the list of common cancers affecting women. The most common predisposing factors for the disease include age, gender, family history, and genetics. The paper discusses prostate and breast cancer, which are some of the common cancers affecting men and women, respectively. The two disorders will be discussed based on age and gender as the risk factors.

Prevention Through Diet and Lifestyle

There are various preventive services for men at risk of contracting prostate cancer. First, a healthy diet reduces the chances of contracting prostate cancer. The diet chosen should be low in fat content, which means that meat, oils, nuts, and dairy products like cheese and milk should be consumed in minimal quantities because they contain high-fat content. Studies show that men consuming foods with high quantities of fats are at higher risk of contracting prostate cancer as compared to their counterparts taking low-fat foods. Furthermore, fats from animals increase the chances of prostate cancer attack, and thus, it is advisable for men to consume more fat from plant materials than from animals. Second, maintaining a healthy weight reduces the risks of prostate cancer attack. According to research, obese men with a body mass index (BMI) of 30 or higher are at increased risk of contracting prostate cancer. A healthy weight can be maintained by regular exercise and by reducing the number of calories taken every day. Similarly, breast cancer in women can be prevented by maintaining foods low in fat content, regular exercises, avoiding alcohol and maintaining a healthy weight. (World Health Organization, 2022)

Age Screening and Early Detection

Age presents the greatest risk of prostate cancer. Despite the various preventive services, the risk of contracting prostate cancer increases at an alarming rate at the age of 50 in white men with no family history of the disorder. For black men with a family history of the disorder, the risk of suffering from prostate cancer will increase significantly after the age of 40 years. Therefore, the decisions made in relation to prevention may be less viable, especially if one has a family history of the disease. Studies

show that the older the women, the higher the probability of suffering from breast cancer. For women aged 40 years and below, the prevalence rates of breast cancer are much lower than for those above 40 years. Early detection and diagnosis of the disease are associated with a decrease in mortality and morbidity rates. In terms of gender, women are at higher risk of developing breast cancer than men.

Drug Treatments for Prostate and Breast Cancer

Numerous drug treatment options for prostate cancer exist. Some of these drugs include bicalutamide, casodex, zytiga, Lupron depot, stands, zoladex, Tigard, firman, leuprolide, abiraterone, Provenge, Taxotere, goserelin, Telstar, enzalutamide, Estrace, degarelix, delestrogen, estradiol patch, estradiol, docetaxel, flutamide, triptorelin, Tofino, and jevtana among others. On the other hand, various medications are used to treat breast cancer. These drugs include Arimidex, tamoxifen, anastrozole, femara, letrozole, aromasin, Abraxane, Adriamycin, Herceptin, exemestane, taxol, after, Taxotere, xeloda, recall, faslodex, cyclophosphamide, methotrexate, doxorubicin, paclitaxel, projet, paclitaxel protein-bound, trastuzumab, kerb, and capecitabine among others.

Adverse Effects of Cancer Treatment

The use of the above drugs for the treatment of prostate and breast cancer is associated with adverse side effects. For prostate cancer, some of the long-term effects include erectile dysfunction, ejaculation and orgasm problems, Peyronie’s disease, high-grade prostate cancer, and blood pressure changes. Drugs such as Proscar, Propecia, Avodart, Jalyn, and Flomax commonly result in erectile dysfunction. Avodart has detrimental effects on the body of the user, such as lowering the sperm count, reducing the semen volume and inhibiting sperm movement, in addition to causing ejaculation problems. (Sung et al., 2021) The use of Flomax results in symptoms that are similar to Peyronie’s disease. This disorder causes the bending of the penis from anywhere between 10 and 90 degrees. Allergies are one of the short-term effects of prostate medications, which leads to skin rashes, breathing difficulties, hives, and swelling. Loss of hair, loss of appetite, constipation, nerve damage, fatigue, nausea and vomiting, and mouth sores are some of the short-term effects attributed to breast cancer treatment drugs. Furthermore, the drugs also increase the risks of contracting other infections due to a decline in white blood cell count and cognitive problems. The long-term effects of breast cancer medications are infertility, heart damage, leukaemia, osteoporosis and osteopenia.

Conclusion on Cancer Prevention and Care

In conclusion, eating a healthy diet, maintaining weight, and exercising regularly are some of the common ways of preventing prostate and breast cancer. Drugs such as bicalutamide, casodex, and zytiga are used to treat prostate cancer, whereas Arimidex, tamoxifen, and anastrozole are used in fighting against breast cancer. The long-term effects of the use of these drugs include erectile

dysfunction, ejaculation and orgasm problems in men, while ladies encounter challenges such as infertility, heart damage, and leukaemia, among others. Therefore, drugs selected for treating these two types of cancers should be chosen with care to minimize some of these adverse effects.

References

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