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ASSESSMENT OF THE MOST COMMON DISEASES CANCER IN PUNJAB, THEIR RISK VARIABLES AND THEIR RELATIONSHIP TO LIFESTYLE

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Abstract:

Introduction: *This book is based on the title of the company's Assessment of most regular malignancies in KPK. their hazard components and connection with way of life, which was supplemented by the duplicates of the Clump 03 study, MOBS multi-year study from January to April 2016. As malignant growth is one of the most dangerous diseases in the world, it ends the lives of many people every day. The disease is linked to many things, such as variable and immutable. Currently, one day of research has shown that the inclusion of many different variables has increased the rates of progression and stability of some diseases. Pakistan has a remarkable malignant growth rate and increasing patterns of risk factors; it is a nation in desperate need of disease control. We have decided on normal malignant growth, its risk factors and associated lifestyles in the KPK region of Pakistan.*

The objectives: *The basic objectives were to evaluate the most known tumors in KPK patients, to assess malignancy in different age groups, to study the causes and risk factors of the disease, to evaluate the geological appropriation of the disease in the KPK region and to study malignancy as a function of lifestyle.*

Methods: *Our exploration approach was based on the cross-sectional study of 105 malignancy patients from the NMRI and the oncology department of Jinnah Hospital, Lahore from May 2018 to April 2019. We used a non-probabilistic examination technique to collect the tests. A survey was also used for information matching.*

Results: *The results showed the most remarkable number of patients. (38.9%) were from Lahore, while most of the patients in smaller numbers (1.9%) were from Chitral and Mansehra. The most consistent malignant growth (31.40%) in both sexes was GIT disease, while the lowest number (285N) of patients with lung malignancy were found. In men, ClT (35.4%) was generally normal, while in women, malignant growth of the chest (52.63%) was the most regular. The most notable number of patients (25.71%) was found in the 20-30 year age group. Most patients (48.48%) with malignant GIT had a difficult life. The vast majority of patients (8333%) with malignant growth of the chest were harnessed and 63.33% were caring for their children.*

Conclusion: *The most prone age group was the 2,929 year-old age group, which has a low financial status due to the introduction of ecological perils such as contamination, radiation and various carcinogens. Among the topographical locations, Lahore is the one where malignant growth predominates and the most widely recognized is GIT disease in men and malignant growth of the chest in women, while malignant growth of the lungs is considered the least normal.*

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INTRODUCTION:

Malignant growth is one of the most dangerous diseases in the world and ends the lives of many people every day. The disease is linked to many things, such as variable and unchanging factors [1]. Currently, daily examinations have shown that many different elements have contributed to the progress and stability of painful diseases. As far as the disease is concerned, chance is the probability of creating or biting the dust of malignant growth, either within a given period of time or over the course of a lifetime. The danger of obtaining a specific type of malignancy is regularly compounded as a lifetime risk [2].

Some of the components are:

Lifestyle behaviors, including diet, exercise, open presentation, smoking, alcohol consumption and sexual practices Socio-economic components, including training and salary level, access to health care coverage and routine clinical screening and administration Genetic variables, including acquired qualities and family ancestry of certain conditions [3]. Social elements, including practices, beliefs and, in some cases, doubts about the framework of well-being. that may prevent some from seeking to prevent screening administrations. Social elements, however numerous the conditions, (e.g., cardiovascular failure) may have a more dire prediction than most cases of malignant growth; malignant growth is subject to boundless fear and taboos; age reinforces the idea that malignancy is a disease excitingly linked to maturation; thus, the more one lives, the greater the individual dangers for the accumulation of disease. On this basis, surveys on the pervasiveness of malignancy are being conducted around the world, similar to what is happening in our country, the KCR. The Karachi Tumor Registry was recognized to estimate problems of malignant growth using an example of the nation's population [4]. Among women, the disease was 53.1/1000 for breast, 14.5/1000 for oral depression and 10.9/1000 for others. Information from 2013 to 20016 indicates increasing rates of lung, larynx and bladder in men and throat and cervix in women [5]. The average period of malignant growth in all locations was 52.4 years for males and 52 years for females in 1999-2001.

KCR has registered a rise in occurrence of tumor throughout previous era; common cancer is:

• Tobacco related tumor

• Breast cancer

• Gastrointestinal malignancies

• Woman genital tract tumor

• Lymphoma

The global variation in the growth rate of malignancies is strongly reflected in epidemiological sample of the disease in Pakistan. The prevalent influence of tobacco-associated malignancies remains evident throughout country; in any case, the type of tobacco, portion and technique of their use determine symptoms of tobacco-associated illnesses. Oral and lung diseases are most important cancers in Indus Plain, an impression of biting and smoking tobacco and areca nuts. There is an area of high rates of throat disease in Baluchistan where this threat is the most common malignant growth of both types of people. This dominance could be a sign of natural carcinogens, probably foodborne, that act similarly on both sexes. Among women, breast disease is the most successive damage revealed in all districts of Pakistan from the Arabian Sea to the Himalayas. The rate of lymphoma and colorectal disease increases as we continue northward from Karachi to become the most continuous ailment in Lahore. Pakistan has a huge burden of malignancy and increasing patterns of risk factors; it is a nation in critical need of disease control. As malignant growth has a significant link to various ethnic groupings due to certain hereditary cosmetics and lifestyles. The exploration is intended to provide a basis for assessing malignancy in the KPK, as it is one of the improved ethnic types that include Pashtuns (the largest group), Hazar Wal, Chitral and Kohistani. (all insignificant sets)

CANCER:

Tumors are a broad set of contagions that comprise unusual cell growth by potential to attack before spread to diverse portions of body. They structure the subset of neoplams.

Neoplasm: The neoplasm or tumour is the set of cells that have undergone unfettered expansion and frequently form the mass or protrusion.

History: Cancer has existed throughout the history of the murmur. The most accurate account of malignant growth dates back to about 1600 B.C. in the Egyptian papyrus Edwin Smith and depicts breast disease. This name comes from occurrence of cut surface for the large and risky tumor, through "the veins protracted on all sides like creature that crab has feet, hence its name. Galen (second century A.D.) could not help but contradict the use of the medical procedure and suggested laxatives. These suggestions largely represented 1,000 years. During the 16th, 17th and 18th centuries, this became acceptable for specialists to analyze the bodies to find reason for their passage. The German professor

Wilhelm Fabry accepted that the malignant growth of the breast was caused by milk clotting in the mammary duct. The Dutch educator François de la Boe Sylvius, the follower of Descartes, accepted that all ills were outcome of concoction forms, and that acid lymphatic fluid was reason for malignancy. His contemporary Nicolaes Tulp accepted that malignant growth was the toxic substance that spread gradually, and deduced that this was infectious. In 1761, physician John Hill described snuff as reason of malignancy of the nose.

This fact was trailed by 1775 report of the British specialist Percival) Pott that chimney carcinoma, a malignant growth of scrotum, was the typical condition of chimney clearings. Through widespread use of the magnifying lens in 18th century, this was discovered that "malignant growth poison" spread from the essential tumour through the lymphatic centres to different destinations ("metastases"). This view of illness remained "first brought to light by English specialist Campbell De Morgan among 1874 and 1878".

Research on cancer:

Since malignant growth is a category of disease, there can be no solitary "cure for disease", nor can there be a solitary treatment for every irresistible disease. It was once thought that angiogenesis inhibitors could be an effective treatment for malignant growth in many species, but this is not the case today. All things considered, angiogenesis inhibitors and other drugs will be used in combination to reduce the fouling of malignant growth, with a 17:1 mortality rate. The malignant growth drugs being tested are drugs that are concentrated to see if they are effective. Normally, they are concentrated in preliminary clinical trials to think about the proposal: treatment with the best available treatment. They can be quite convincing in another type of treatment. To an ever-increasing extent, these drugs are created in close proximity to partner symptomatic tests in order to focus on the right drugs for the right patients, taking into account their individual science. The exploration of malignant growth is the serious logical effort to understand disease patterns and find potential treatments. Research into the causes of malignant growth revolves around the questions that accompany it. Since then, the United States has spent more than $250 billion on the study of diseases, including both the general population and private segments and institutions. For the assets needed to lead science seem to stifle the spirit of innovation, collaboration, risk-taking, and unique insight needed to make crucial revelations, unduly preferring correct investigations of small, steady advances to imaginative research that can find fundamentally new and vastly improved treatments, as well as the most commonly analyzed non-cutaneous malignant growth in humans in the created nations. All around, the rates of this debilitating disease accelerated dramatically until the mid-1990s, when explicit prostate antigen screening was introduced. The age-balanced rhythms of prostate disease are an incredible arrangement around the world. Rates amongst African Americans are the uppermost (187.6 per 100,000 man-years) on the planet, followed by white Americans (109.5 per 100,000 man-years). Rates in Asian countries are moderately low (3-11 per 100,000 man-years, at least, there has been an upward trend in Singapore, Japan and the Philippines (23-48 per 100,000 man-years), credited to increased urbanization and a change in lifestyle from simple rustic living to increasingly composite urban living. This rise is relative to increasing urbanization and rising financial position". The age-specific occurrence rate in Pakistan is 6.4 per 100,000 man-years,6 which is somewhat lower than in India (6.4 per 100,000 man-years), nevertheless higher than in China (3.1 per 100,000 man-years). The reason for this review is to investigate the relationship between ethnicity and the malignant growth event in the Sao Paulo region. Brazil by "using" this case control approach. Cancer skin growth may initially appear as the slight spot on the skin. Some tumors venture deep into the nearby tissue. They can also spread from skin to different organs in the body. Each year, more than 3 million people are preserved for 2 types of malignant skin tumors: beta, basal cell and squamous cell carcinoma. These malignant tumors are realized in older and younger individuals, but they are also sometimes dangerous. Melanoma is a less basic but progressively authentic type of skin disease that is analyzed in more than 68,900 Americans each year. An additional 49,000 people are determined to have an early type of the disease that affects only the upper layer of the skin. Melanomas emerge from cells that give shade to the skin.

SIGNS AND SYMPTOMS:

The symptoms of malignant growth metastases depend on the area of the tumour. When the disease starts, it is always silent. Signs and indications appear only when the mass continues to grow or ulcer.

Risk aspects and reasons of cancer:

1) Age
2) Alcohol
3) Cancer-producing matters
4) Food
5) Hormones
6) Obesity
7) Radiation
8) Tobacco
9) Sunlight
10) Infectious agents

METHODOLOGY:

Our exploration approach was based on the cross-sectional study of 105 malignancy patients from the NMRI and the oncology department of Jinnah Hospital, Lahore from May 2018 to April 2019. We used a non-probabilistic examination technique to collect the tests. A survey was also used for information matching.

Study Setting:

1) **Study population:** Cases of tumor having data in health facility centers.
2) **To the study area:** IRNUM JINNAH HOSPITAL, LAHORE ONCOLOGY WARD
3) **Study Design:** Cross-sectional research
4) **Sampling Size:** Size 160
5) **Sampling Technique:** Non-probability purposive sampling
6) **Data Collection Technique:**

- Questionnaire
- Face to face interview

7) **Study Plan:** cases with tumor of GIT, Breast, Lungs remained advanced.
8) **Time Period:** March 2018 to February 2019.
9) **Data Presentation Method:** Graph and figures
10) **Data Analysis:** Through statistical Approaches Chi-square, t-test
11) **Ethical Consideration:** Through research moral values remained cared of volunteers were designated, not any cases was required to contribute rather corporate by themselves after authors explained entire process and purpose of research, their confidentiality was threatened and they were taken into assurance.
12) **Ethical Reviews:** Ethical Reviews was taken from KTH and KMC staff.

Our prime example was 110 patients with diseases from the oncology departments of the JINNAH HOSPITAL, LAHORE and IRNUM hospitals.

The review was conducted on Microsoft's service programming, which provides us with important tables and cross-diagrams. Tables and graphs were the important tools that allowed us to gather understandable information and conduct a simple survey of the information collected.

Geographical distribution of Cancer in KPK:

In our research most cases 41.8% were from Lahore than FATA 17.5% and others are shown in table.

Area	Frequency	%	Valid %	Cumulative %
Lahore	42	39.07	39.07	39.07
Malakand	18	16.24	16.24	54.44
Bannu	14	13.39	13.39	66.71
Mansehra	8	12.43	12.43	78.13
Kohat	6	9.58	9.58	86.70
Swabi	5	5.77	5.77	91.46
Mardan	9	3.86	3.86	94.4
Chitral	8	3.70	3.70	97.16
Total	110	100	100	100

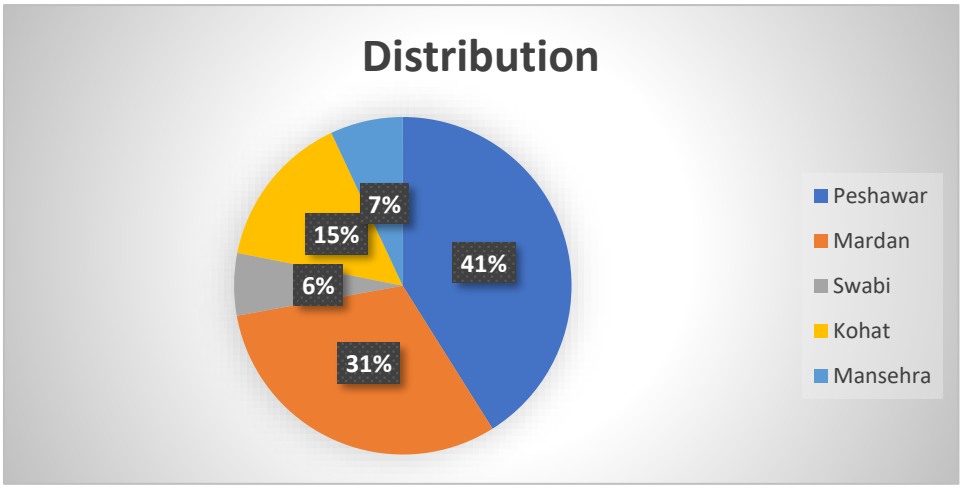
RESULTS:

Common Cancer in Khyber Pakhtunkhwa:

In 110 cases 32.43 had GIT tumor, which was most common amongst them, 29.59 had breast tumor others common tumors are given in table.

Type	Frequency	%	Valid %	Cumulative %
GIT	39	32.43	32.43	32.43
BREAST	38	29.59	29.59	58.35
BRAIN	9	18.21	18.21	82.36
LUNGS	13	23.35	23.35	85.35
OTHERS	11	21.48	21.48	89.34
TOTAL	110	100	100	100

Geographical distribution of cancer in Khyber Pakhtunkhwa:



Prevalence in Females: 59 out of 110 were women and out of 58, 33 (54.65) had breast cancer. Other common tumors in women are shown in table below.

Type	Frequency	%	Valid %	Cumulative %
GIT	29	51.25	51.25	53.65
BREAST	15	27.35	27.35	81.8
BRAIN	8	13.25	13.25	93.99
LUNGS	2	3.79	3.79	94.25
OTHERS	5	7.58	7.58	94.25
TOTAL	59	100	100	100

Prevalence in male: 49 out of 110 were men and out of 49, 18 (37.43) had GIT Tumor. So common tumor in man was GIT and other tumors are shown in table.

Causes and risk factors: Amongst 110 cases 36.35 were living through sedentary life style, 14.55 had radiation treatment before suffering from cancer and other danger aspects are shown in table:

Type of cancer	Family history		Activity		Medication		Radiation		Industrial work		obesity	
	Yes	no	Yes	no	Yes	no	Yes	no	Yes	no	Yes	no
Git	3	31	22	13	13	21	3	31	2	32	2	32
Breast	12	18	19	13	17	24	9	22	1	31	9	23
Brain	3	21	17	7	11	13	3	22	2	23	3	21
Lungs	1	7	5	3	3	5	9	5	2	7	1	7
Others	4	5	7	4	1	4	1	4	1	4	1	4
Total	23	61	56	40	45	67	25	84	8	92	16	82

Lifestyle of cases having Breast Cancer:
Amongst female cases that had breast tumor, 87.32 were married, 64.85 % remained breast leading their child also 36.64% remained on menopause.

Life style	Yes		NO	
	Freq	%	Freq	%
Breast feeding	26	84.25	6	17.18
Menopause	20	64.44	12	37.68
Medication for Pregnancy	12	37.44	18	64.77
Use of Contraceptive pills	5	24.35	24	77.68
Natural Regular Periods	3	15.25	27	87.95
Marriage	29	95	30	11

DISCUSSION:

As malignant growth is one of the main sources of mortality, it has been a difficult disease for humanity for a long time. Many efforts are being made to understand its etiology, risk factor and pathogenesis. On this basis, preventive measures and useful systems are received to control its movement [6]. Our investigation into KPK disease has uncovered the relationship between lifestyle and ethnicity and malignancy [7]. As this review indicates, different elements were assumed to be related to the etiology of malignancy. The topographical appropriation of malignant growth showed that 38.09% of the diseases we discovered came from Lahore; this could be the direct result of the simple availability in this territory and more offices are accessible here [8]. It is in the different areas that this extent is the highest. According to our review, the most basic type of malignant growth is GIT, which accounts for 31.42% of our survey. This could be related to the use of tobacco, niswar and white flour as often as possible. It was also found that the vast majority of individuals have an unhygienic lifestyle. A few people have a hard life which makes them increasingly susceptible to developing a malignant tumour [9].

Currently, malignant growth (34.46%) is considered the most common in men and breast disease (29.58%) the second most common in women in KPK. This study confirms the previous survey conducted at the Nishtar Hospital in Multan, where chest disease (14.2%) is the most common among women. The main danger of creating chest disease is hereditary basis. The use of pills to prevent conception for a period of time previous to initial pregnancy outcomes in the discrete rise in the risk of breast malignancy (National disease organization 1991; page and Aspire, 1989) [10-11].

CONCLUSION:

This was proposed that in tropical states such as Pakistan, beginning of menarche is previous owing to high temperature. The proportion of population rise is high in our general people and the high quantity of repeat pregnancies would delay menopause. In addition, estrogen levels throughout repeated pregnancies could be high. This could lead to an increase in cases of malignant growth. Another important factor could be added to the higher prevalence of malignancy at the present time: the physical action of the woman.

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