RESEARCH, REVIEWS AND REPORTS IN CANCER AND CLINICAL ONCOLOGY

Short Communication
Volume 2 | Issue 1

Important aspects to maintain Good Health

Francisco Javier Torres Gómez

Torres Laboratory of Pathology and Cytology (CITADIAG SL), Sevilla, Spain.

*Corresponding Author: **Francisco Javier Torres Gómez, Torres Laboratory of Pathology and Cytology (CITADIAG SL), Sevilla, Spain.**

Submitted: 22 June 2024 **Accepted:** 24 June 2024 **Published:** 05 July 2024

***Citation:** Francisco Javier Torres Gómez (2024), lung cancer, Research, Reviews and Reports in Cancer and Clinical Oncology, Short Communication, 2 (1): 01-02.*

Dear Sir / Madam

It is surprising how society relates smoking, including exposure to different chemical noxes, with the development of neoplasms of the respiratory tract (mainly lung cancer) and oropharynx - the same cigarette packs include messages related to health risks. associated with consumption - while its statistically significant relationship with urinary tract cancer is unknown, with urothelial carcinoma being the main exponent of this relationship. As a pathologist and cytopathologist, I make numerous diagnoses daily that fall into diagnostic categories 3, 4 and 5 of the Paris System for the standardization of cytodiagnosis of urine samples. Whether it is the first two, considered "categories of uncertainty" with an increasing increase in the risk of malignancy (ROM), or the third, consistent with high-grade urothelial carcinoma, all refer to a highly aggressive malignant entity with significant consequences not only for the health of the patient but for the health of the finances of a health system exposed to increasing costs.

Cytological analysis of urine samples has proven to be an economical and simple test that, although it may show higher sensitivity and specificity, serves to detect cases of clinical significance, to follow up patients diagnosed with urothelial carcinoma and even to perform parallel diagnoses of non-neoplastic entities. However, even knowing that the most frequent cause of both macro and microscopic hematuria in the general population is infection, urothelial cancer conditions the referral to the Pathological Anatomy services of urine samples in patients who show hematuria (1,2,3).

It is the urologist who sends them, although in my opinion, in line with what other colleagues in the specialty think, the primary care doctor could send the sample as a prior step to the urologist's evaluation, without prejudice to the urologist's intervention in the second diagnostic step of these patients so that population-based or specific primary screening could be established, with economic and effectiveness connotations that could boost health systems.

Urothelial cancer is rare. However, it is a major cause of death in underdeveloped and developing countries. In developed countries it shows increasing numbers, although its association with poor prognoses is related to its lack of primary detection and its aggressive nature from the beginning. There are many studies in the literature that have attempted to argue for and against the establishment of screening programs for urothelial carcinoma using urine samples subjected to cytodiagnosis, mainly in patients with macroscopic and microscopic hematuria (this second option is more difficult in the generic population context) (1,2).

Personally, I recommend the cytological study of urine to patients who directly refer hematuria to me without having consulted their family doctor or urologist and the number of patients who, even without symptoms, request my private services to carry out the diagnosis is increasing. cytological of one urine per year with the purpose of preventing this undesirable cancer. This makes me think that perhaps it is not such a bad idea to have annual cytological reviews of urine samples from a certain age, especially if there are concomitant signs or symptoms. The price, at an individual level, is acceptable for the advantages that an early diagnosis can bring and the peace of mind that underlies a negative diagnosis.

With all this, it is worth asking why this practice is not universal and adopted by public health (3). Of course, it is highly recommended in the private sphere and I think that this is an appropriate forum to put on the table a topic that continues and will continue to generate a lot of literature on the matter.

References

1. Chahal R, Gogoi NK, Sundaram SK (2001). Is it necessary to perform urine cytology in screening patients with haematuria?. European urology, 39(3): 283-286.
2. Linder BJ, Bass EJ, Mostafid H, Boorjian SA. (2018) Guideline of guidelines: asymptomatic microscopic haematuria. BJU Int. 121(2): 176-183.
3. Schmitz-Dräger BJ, Kuckuck EC, Zuiverloon TC, Zwarthoff EC, Saltzman A, et al. (2016) Microhematuria assessment an IBCN consensus—Based upon a critical review of current guidelines. In Urologic Oncology: Seminars and Original Investigations 34(10): 437-451.

Copyright: *©2024 Francisco Javier Torres Gómez. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.*