

Beyond surgery: The advantages of radiation therapy for cancer patients.

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Introduction

Radiation therapy has become a cornerstone in the management of cancer, offering significant advantages beyond surgical intervention. As a non-invasive treatment modality, it plays a crucial role in both curative and palliative care for cancer patients. This article explores the benefits of radiation therapy, its applications, and the evolving advancements that enhance its effectiveness, drawing on recent research and clinical findings [1].

Radiation therapy uses high-energy radiation to target and destroy cancer cells while minimizing damage to surrounding healthy tissues. It works by damaging the DNA within cancer cells, impairing their ability to divide and grow. This targeted approach can be used alone or in combination with other treatments like surgery and chemotherapy [2].

One of the primary advantages of radiation therapy is its non-invasive nature. Unlike surgery, which involves physical removal of tumors, radiation therapy targets cancer cells from outside the body using focused beams of radiation. This non-invasive approach reduces the risk of infection and avoids the complications associated with surgical procedures [3].

Modern advancements in radiation technology, such as intensity-modulated radiation therapy (IMRT) and stereotactic body radiation therapy (SBRT), allow for precise targeting of tumors. IMRT enables the delivery of radiation in multiple angles, conforming to the shape of the tumor and sparing healthy tissue. SBRT provides highly focused radiation doses to small tumors, improving efficacy and minimizing side effects [4].

Radiation therapy is versatile and can be applied to a wide range of cancer types, including breast, prostate, lung, and brain cancers. It is particularly beneficial for cancers located in areas that are difficult to access surgically. For example, radiation therapy can be used to treat brain tumors where surgical intervention may be risky or impractical [5].

For patients with advanced or inoperable cancers, radiation therapy can significantly enhance quality of life by alleviating symptoms and improving functional outcomes. Palliative radiation therapy can help manage pain, reduce bleeding, and control tumor growth, providing relief from distressing symptoms [6].

Radiation therapy often complements other cancer treatments. It can be used before surgery (neoadjuvant therapy) to shrink

tumors, making them easier to remove. Post-surgery (adjuvant therapy), it helps eliminate residual cancer cells. Additionally, radiation can be combined with chemotherapy to enhance the overall effectiveness of treatment [7].

Technological advancements in radiation therapy continue to improve treatment outcomes. Techniques like proton therapy offer the advantage of delivering radiation with minimal damage to surrounding tissues, which is particularly beneficial for treating cancers near critical organs. Research in *Journal of Clinical Oncology* shows that proton therapy can reduce long-term side effects compared to conventional X-ray therapy [8].

Radiation therapy can reduce the risk of cancer recurrence by targeting any remaining cancer cells after surgery. For many cancers, adjuvant radiation therapy has been shown to improve long-term survival rates. Studies in *Cancer Research* have demonstrated that adding radiation therapy to surgical treatment plans can significantly lower the risk of local recurrence. Radiation therapy can often be completed in a shorter duration compared to some surgical procedures. Techniques like hypofractionated radiation therapy deliver higher doses over fewer sessions, which can be more convenient for patients and reduce the overall treatment time [9].

Advancements in imaging and radiation planning allow for highly personalized treatment plans. By using detailed imaging techniques such as PET and MRI scans, radiation oncologists can tailor treatment to the specific characteristics of the tumor and the patient's anatomy, enhancing the precision and effectiveness of the therapy. Compared to surgical interventions, radiation therapy typically involves minimal recovery time. Patients may experience mild side effects, but these are generally manageable and transient. This allows for a quicker return to daily activities and a better overall quality of life during treatment [10].

Conclusion

Radiation therapy offers a range of advantages for cancer patients, from its non-invasive nature and precision targeting to its ability to complement other treatments and enhance quality of life. Advances in technology continue to improve the effectiveness and safety of radiation therapy, making it a valuable tool in the fight against cancer. As research and clinical practice evolve, radiation therapy will likely remain a cornerstone of cancer treatment, providing hope and improved outcomes for patients worldwide.

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References

1. Puri DR, Chou W, Lee N. Intensity-modulated radiation therapy in head and neck cancers: dosimetric advantages and update of clinical results. *Am J Clin.* 2005;28(4):415-23.
2. Gerbaulet A, Lambin P. Radiation therapy of cancer of the penis: indications, advantages, and pitfalls. *Urol Clin North Am.* 1992;19(2):325-32.
3. Poulsen M. Radiation therapy rather than surgery for merkel cell carcinoma: The advantages of radiation therapy. *Int J Radiat Oncol Biol Phys.* 2018;100(1):14-5.
4. Valicenti R, Lu J, Pilepich M, Asbell S, Grignon D. Survival advantage from higher-dose radiation therapy for clinically localized prostate cancer treated on the Radiation Therapy Oncology Group trials. *J Clin Oncol.* 2000;18(14):2740-6.
5. Boyle J, Ackerson B, Gu L, Kelsey CR. Dosimetric advantages of intensity modulated radiation therapy in locally advanced lung cancer. *Adv Radiat Oncol.* 2017;2(1):6-11.
6. Hall WA, Small C, Paulson E, Koay EJ, Crane C, Intven M, Daamen LA, Meijer GJ, Heerkens HD, Bassetti M, Rosenberg SA. Magnetic resonance guided radiation therapy for pancreatic adenocarcinoma, advantages, challenges, current approaches, and future directions. *Front Oncol.* 2021;11:628155.
7. Spieler B, Samuels SE, Llorente R, Yechieli R, Ford JC, Mellon EA. Advantages of radiation therapy simulation with 0.35 tesla magnetic resonance imaging for stereotactic ablation of spinal metastases. *Pract Radiat Oncol.* 2020;10(5):339-44.
8. Alani S, Soyfer V, Strauss N, Schifter D, Corn BW. Limited advantages of intensity-modulated radiotherapy over 3D conformal radiation therapy in the adjuvant management of gastric cancer. *Int J Radiat Oncol Biol Phys.* 2009;74(2):562-6.
9. Du X, Freeman JL, Goodwin JS. Information on radiation treatment in patients with breast cancer: the advantages of the linked Medicare and SEER data. *J Clin Epidemiol.* 1999;52(5):463-70.
10. Tsuboi K. Advantages and limitations in the use of combination therapies with charged particle radiation therapy. *Int J Part Ther.* 2018;5(1):122-32.