

Radiation therapy: A non-invasive approach to cancer treatment.

Eun Yang*

Department of Plastic & Reconstructive Surgery, Yonsei University College of Medicine, Republic of Korea

Introduction

Radiation therapy is a cornerstone of cancer treatment, offering a non-invasive approach to targeting and eliminating cancer cells. This therapeutic technique harnesses the power of ionizing radiation to damage the DNA of cancer cells, thereby inhibiting their ability to reproduce and grow. Over the years, advancements in radiation therapy have significantly improved its effectiveness and precision, making it a vital tool in the fight against cancer. This article explores the principles of radiation therapy, its applications, advancements, and the benefits it offers as a non-invasive treatment option [1].

Radiation therapy utilizes high-energy radiation to damage the DNA within cancer cells, leading to cell death or the inability of the cells to divide and proliferate. The principle behind radiation therapy is to deliver targeted doses of radiation to tumor tissues while minimizing exposure to surrounding healthy tissues. This selective targeting is crucial for maximizing therapeutic efficacy and minimizing adverse effects [2].

Radiation therapy can be administered in several forms, each tailored to specific clinical needs: EBRT involves directing high-energy radiation beams from outside the body toward the tumor. Techniques such as intensity-modulated radiation therapy (IMRT) and volumetric modulated arc therapy (VMAT) are used to precisely shape the radiation beams and adapt them to the tumor's contours [3].

This approach involves administering radioactive substances, such as radioactive iodine, which are absorbed by cancer cells throughout the body. It is used primarily for cancers such as thyroid cancer. Brachytherapy involves placing a radioactive source directly within or near the tumor. This localized approach delivers high radiation doses to the tumor while sparing surrounding healthy tissue. It is commonly used for cancers of the prostate, breast, and cervix [4].

Long-term effects of radiation therapy can include tissue damage and increased risk of secondary cancers. IGRT uses advanced imaging technologies to visualize the tumor before and during treatment. This allows for real-time adjustments, ensuring the radiation is accurately delivered to the tumor despite any movement or changes in tumor position [5].

SBRT delivers high doses of radiation in fewer sessions, targeting small, well-defined tumors with high precision. This technique is particularly effective for tumors in the lungs, liver, and spine, offering shorter treatment courses and reduced patient inconvenience [6].

Proton therapy utilizes protons rather than X-rays to treat cancer. Protons deposit their maximum energy at a specific depth (the Bragg peak), which allows for precise targeting of the tumor while minimizing radiation exposure to healthy tissues [7].

Common side effects of radiation therapy include skin irritation, fatigue, and localized discomfort. This technique adjusts the treatment plan based on changes in tumor size or position observed during the course of therapy. Adaptive radiation therapy enhances treatment accuracy and reduces the risk of side effects [8].

Radiation therapy offers several benefits as a non-invasive cancer treatment option: Radiation therapy is highly effective at targeting localized tumors without requiring surgical intervention. This is particularly advantageous for patients who are not candidates for surgery or those with tumors in delicate areas [9].

Radiation therapy can be combined with other treatments, such as chemotherapy or immunotherapy. Unlike surgical procedures, radiation therapy generally does not require an extensive recovery period. Patients can often resume their normal activities shortly after treatment sessions [10].

Conclusion

Radiation therapy remains a powerful and non-invasive approach to cancer treatment, offering significant benefits in terms of precision, efficacy, and safety. With ongoing advancements in technology and techniques, radiation therapy continues to evolve, enhancing patient outcomes and expanding treatment possibilities. As research progresses, the future of radiation therapy holds the promise of even greater precision and effectiveness in the fight against cancer.

References

1. Calvo FA, Meirino RM, Orecchia R. Intraoperative radiation therapy: First part: Rationale and techniques. *Crit Rev Oncol Hematol*. 2006;59(2):106-15.
2. Ma CM, Paskalev K. In-room CT techniques for image-guided radiation therapy. *Med Dosimet*. 2006;31(1):30-9.
3. Willett CG, Czito BG, Tyler DS. Intraoperative radiation therapy. *J Clin Oncol*. 2007;25(8):971-7.
4. Fraass BA. The development of conformal radiation therapy. *Med Phys*. 1995;22(11):1911-21.

*Correspondence to: Eun Yang, Department of Plastic & Reconstructive Surgery, Yonsei University College of Medicine, Republic of Korea. E-mail: Eun.y5@yuhs.ac

Received: 05-Aug-2024, Manuscript No. AAJCIT-24-144190; Editor assigned: 06-Aug-2024, Pre QC No. AAJCIT-24-144190(PQ); Reviewed: 22-Aug-2024, QC No. AAJCIT-24-144190; Revised: 27-Aug-2024, Manuscript No. AAJCIT-24-144190(R); Published: 04-Sep-2024, DOI:10.35841/aajcit-7.4.225

5. Shepard DM, Ferris MC, Olivera GH, Mackie TR. Optimizing the delivery of radiation therapy to cancer patients. *Siam Rev.* 1999;41(4):721-44.
6. Chui CS, Hong L, Hunt M, McCormick B. A simplified intensity modulated radiation therapy technique for the breast. *Med Phys.* 2002;29(4):522-9.
7. Mavroidis P, Lind BK, Van Dijk J, Koedooder K, De Neve W, De Wagter C, Planskoy B, Rosenwald JC, Proimos B, Kappas C, Danciu C. Comparison of conformal radiation therapy techniques within the dynamic radiotherapy project Dynarad. *Phys Med Biol.* 2000;45(9):2459.
8. Zhang Q, Liu J, Ao N, Yu H, Peng Y, Ou L, Zhang S. Secondary cancer risk after radiation therapy for breast cancer with different radiotherapy techniques. *Sci Rep.* 2020;10(1):1220.
9. Diwanji TP, Mohindra P, Vyfhuis M, Snider III JW, Kalavagunta C, Mossahebi S, Yu J, Feigenberg S, Badiyan SN. Advances in radiotherapy techniques and delivery for non-small cell lung cancer: benefits of intensity-modulated radiation therapy, proton therapy, and stereotactic body radiation therapy. *Transl Lung Cancer Res.* 2017;6(2):131.
10. Wang CC. Accelerated hyperfractionation radiation therapy for carcinoma of the nasopharynx. Techniques and results. *Cancer.* 1989;63(12):2461-7.