



Title: A landmark clinical trial found that more than two-thirds of women with early stage breast cancer can safely avoid chemotherapy.

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Then doctors at Philadelphia's Fox Chase Cancer Center told him about a new clinical trial designed to allow people with certain types of tumors to keep their bladders while being closely monitored. Since getting into the trial a few months ago, "I have been walking on air," he said. "I guess you don't always have to take an all-in, nuclear approach." For decades, "Big C" diagnoses sent patients and doctors scrambling for the most aggressive weapons to take into battle. The severity of the threat, as well as the limited knowledge of the disease and the pervasive use of military language to describe cancer, justified the blunt-force approach. "Our focus historically on the 'war on cancer' implied that more is better and decimation is desired," said Justin Bekelman, a radiation oncologist at the University of Pennsylvania. But today, the "fighting cancer patient" metaphor is falling out of favor, not only because it subtly blames patients who "lose the fight" but also because it doesn't capture a world of new biological insights, improved treatments and molecular tests that are transforming how cancer is treated. At the root of the change is the recognition that not all cancers are the same: Some need to be bludgeoned, but others can be treated with more tailored therapies or simply watched. Equipped with new tools and evidence, oncologists are "deescalating" - cutting back on toxic and costly approaches likely to do more harm than good. "Knowing when not to treat is great medicine," Bekelman said. Yet for many patients, and even some doctors, doing less in the face of danger is emotionally and psychologically difficult. Reshma Jagsi, a radiation oncologist at the University of Michigan, said she sees women every day who look for the most aggressive treatment for breast cancer, even if it isn't needed. (Up to 250 words)

Biography

XXXX has completed his PhD at the age of 25 years from Andhra University and postdoctoral studies from Stanford University School of Medicine. He is the director of XXXX, a premier Bio-Soft service organization. He has published more than 25 papers in reputed journals and has been serving as an editorial board member of repute. (Up to 100 words)

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