conferenceseries.com

4th International conference on PREDICTIVE, PREVENTIVE AND PERSONALIZED MEDICINE & MOLECULAR DIAGNOSTICS

September 22-23, 2016 Phoenix, USA

Personalized medicine in lung cancer

Seyedeh Afrooz Azimi Mashhad University, Iran

The concepts of personalized medicine can be applied to new and transformative approaches to health care. Personalized health L care is based on the dynamics of systems biology and uses predictive tools to evaluate health risks and to design personalized health plans to help patients mitigate risks, prevent disease and to treat it with precision when it occurs. Every person has a unique variation of the human genome. Although most of the variation between individuals has no effect on health, an individual's health stems from genetic variation with behaviors and influences from the environment. Personalized medicine can also be used to predict a person's risk for a particular disease, based on one or even several genes. One of the largest issues is the fear and potential consequences for patients who are predisposed after genetic testing or found to be non-responsive towards certain treatments. This includes the psychological effects on patients due to genetic testing results. The right of family members who do not directly consent is another issue, considering that genetic predispositions and risks are inheritable. The implications for certain ethnic groups and presence of a common allele would also have to be considered. A biopsy on a lymph node under collarbone is positive for non-small cell lung cancer. The patient had no risk factors commonly associated with lung cancer, never smoked was young with no family history. In addition to tobacco-related lung cancer, environmental exposures such as radon, second hand smoke and asbestos increase the risk for lung cancer. Members of a family live in the same home and eat the same diet may be exposed to dad's cigarette smoke. We received the whole information of patients with NSCLC. NSCLC is Multi factorial disease and related to extra factors. If we want to predict the risks of the disease, we need to know more about the psychological effects, life style and the personal behaviors more than genetic and direct exposed parameters. Maybe in future we could to say there is difference for description of biomarkers in cells in one by one person and we need to monitor every patient to control and treat by the best treatment.

Biography

Seyedeh Afrooz Azimi has completed her PhD degree from Mashhad Medical University, Iran. She is the Quality Manager in Atieh Hospital in Tehran, Iran. She researches on NSCLC Diagnostic biomarkers in Dr. Masih Daneshvari Hospital, Lung Center of Shahid Beheshti Medical University.

Azimia921@mums.ac.ir

Notes: