

**Short Communication**

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# Side Effects of Chemotherapy Induces Death Triangle Machinery Activation Irreversibly, Reconsiderations on Different Cancer Treatments

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Cancerogenous processes and treatments' complications affect health status of many patients irreversibly and intensely increases morbidity and mortality rate of the affected cancer patients. [1-5] Complications originating from bad treatments and unspecific diagnostics aggravate patients' wellness continuously. One might expect a standard diagnostic and appropriate treatments after all mouthful sophisticated and developed tools, in 21th Century. Standard guidelines for cancer treatments are mainly surgery, chemotherapy, radiotherapy, and /or a combination of aforementioned therapies. A simple pubmed research reveals that there is neither standard registration and choice for the diagnostic tools nor standard treatments for the same cancer. Beside no similar complications and side effects' registrations in hospitals after all, globally. Some percentage of patients get well and some of them because of wrong therapeutic approaches get treatment complications that cause (un-)known side effects, which aggravates health status of affected patients toward end-stage and risk of septic shock and death, eventually [4,5].

Recent research studies in The Netherlands between 5 different Dutch Hospitals revealed compared to controls who did not get any chemotherapies, patients who get chemotherapies with even modern chemicals did not show any significant progression compared to controls. Recall [4], chemotherapy and radiotherapy induce apoptotic and necrotic processes in all kinds of cells regardless of they are normal functioning or cancerogenous. Now the question remains which kind of modern imaging tools are available and sensitive enough to predict further procedures of treatment? What is going on in each cancer wards now? Whether chemo and/or radiotherapy are always necessary to halt estimated cancerogenous processes. As already known for years cancerogenous processes do not kill any subjects by itself.

Tumor by definition is a balloon forming swelling and growth of cell membranes physically which changes temporarily proteins/lipids function locally. When this swelling becomes chronic and being convoyed by pain and increased permeability, and/or loss of function in the vital organs might Intensive care treatments of affected person is highly desired. [1-5] Though, from all evidence-based recent data become obvious that it does not mean that affected cancer patient directly supposed to get full treatments, which exacerbates undesirable side effects toward uncontrolled thrombocytopenia, and septic shocks due to suppressed immune system and increased risks of infections, however.

Human blood platelets during aforementioned standard cancer therapies might show either hyperactivity and overexpression of their procoagulation function that results in thrombosis, or loss of functions, which results in severe bleeding disorders. Evidence-based data reveal that thrombocytopenia, pancytopenia after complications do not restore in all Hematooncologic patients suffering from bleedings disorders. Specifying real cause of thrombocytopenia is still a challenge for the most Medici and Clinician. One might expect that in 21th Century appropriate tools, registrations, and qualified Medici use all errors and try to gather information and convert it into best cure and care alternatives, sooner or later. Taken together, remain our call to serve future patients objectively based on Science-based interpretation and services. Using any mean to get best therapies should be any Medici mission and try to avoid less sensitive and unspecific expensive tools and means to use it as either diagnostic or therapy, which are both costly and painful for patients and their relatives.

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## Conflict of Interest

No conflict of interest.

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