



# Iranian Journal of Cancer Prevention

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## Aims and Scope

**"Iranian Journal of Cancer Prevention"** is a quarterly peer-reviewed publication of the Cancer Research Centre (CRC), Shahid Beheshti University of Medical Sciences (SBUMS), Tehran, I.R of Iran.

Predictive oncology follows a holistic approach in cancer prevention by risk factor management, considering social determinants of health, biological evaluation, assessing carcinogenesis and predisposing factors, early detection and diagnosing precancerous lesions, prognostic evaluation of malignant tumour transformation and progression, control of genotoxic exposures, lifestyle modification, cancer management (surgery, chemoradiotherapy, immuno-hormone therapy, psychological and spiritual care, etc), surviving patients with the highest possible quality of life, rehabilitation and palliative care.

**"Iranian Journal of Cancer Prevention"** appreciates articles in all aspects of cancer including:

- Risk factor management: Life style, gene–environment interactions, molecular triggers and strategies for reducing risk.
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- Cancer diagnosis and prognosis: Molecular markers; diagnostic imaging; defining tumour margins; detecting minimal residual disease.
- New approaches to cancer therapy: Surgery, radiation therapy, rational drug design, gene therapy, immunotherapy, combination therapies, combating drug resistance, targeting therapies to the individual and complementary medicine, spiritual and psychological in particular.
- Experimental systems and techniques: Cell culture and animal models, genomic and proteomic approaches to studying cancer.
- Cancer-associated conditions: Cancer pain, cachexia, symptoms associated with treatment (hair loss, anaemia, gastrointestinal disorders), psychosocial aspects of cancer.
- Ethical and legal issues surrounding cancer research: Trial design, genetic screening, communicating with patients and families, death issues, research policy and advocacy.

**"Iranian Journal of Cancer Prevention"** focuses on advances in epidemiology, genetics, translational therapeutics, molecular medicine, pathology, new approaches in surgery and radiation therapy, and biotechnologies that have an impact on clinical oncology modalities. All of these goals depend on a combination of basic, applied, and health system research.

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### **Article within a journal supplement**

Safae Keshtgar MR. Current status of sentinel node biopsy in the UK: The national survey. *Iran J Cancer Prev* 2009; 2(Suppl 1):11.

### **In press article**

Akbari A ,Akbari ME: Breast Cancer risk reduction by parity and breastfeeding, Islamic Perspective; A Case Control Study, I.R.Iran 2009. *Iran J Cancer Prev*, in press.

### **Published abstract**

Ahmadi M, Bagheri JA, Marinova S, Maini RN: DM and Gasteric cancer [abstract]. *Deiabet* 2000, 35:s200.

### **Article within conference proceedings**

Khayamzade M. Burden of Gastric cancer in Iran. In *Proceedings of the First National Conference on Iran: 20-25June 2001; Shiraz*. Edited by Saremi A; 2003: 15-20.

### **Book chapter or article within a book**

Akbari ME. Breast cancer in Iran:Ahvaz statistics. *Cancer in Iran*. Volume 2. 3rd edition. Edited by Akbari A. Qom: Darolfekr; 2002:63-75.

**Whole issue of journal**

Madjd B, Alee Z, Keshmir F (Eds): Innovative oncology. In Breast Cancer Res 2003; 11:10-72.

**Whole conference proceedings**

Smith Y (Ed). Proceedings of the First National Conference on Porous Sieves: 27-30 June 2001; Baltimore. Stoneham: Butterworth-Heinemann; 1996.

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Hassanpoor SE. Breast Cancer. New Haven: Shahid Beheshti University Press; 2003.

**Monograph or book in a series**

Hunninghake GW, Gadek JE. The alveolar macrophage. In Cultured Human Cells and Tissues. Edited by Harris TJR. New York: Academic Press; 1995:54-56. [Stoner G (Series Editor): Methods and Perspectives in Cell Biology, vol 1].

**Book with institutional author**

Advisory Committee on Colorectal Cancer: Annual Report. China; 2000.

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# Iranian Journal of Cancer Prevention

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## Cancer and Emotion; the Scope of Psycho-Socio-Oncology

As we had discussed before health is a multicausal issue. It is completely physical, mental, social, and spiritual well being. These health determinants are interactive and dynamic. Cancer among the diseases and disorders is significantly affected by these aspects of health. Emotion and psychosocial determinants are one of the important factors that cancer concerns not just individual patients but their families, relatives, colleagues, and the society in which they live; and not only the body of the patients but the mind of him/her as well. So the term of psychosocial oncology is created responding the subject.

By the Greek word “pschy” means the “mind” which is different with “soul” that in Islamic perspective is coming from Allah and is not changeable. Sociology will discuss about social determinants such as poverty, housing, education, job, social position and irrelativeness, which all of them are related to cancer management. Psycho social response depends on many different factors such as:

\*Medical Prognosis, as definite by the patient and his/her family

\*Age, sex and social group of patient. The psycho social issues for a male manual worker who is after 50 with a large family member and no sufficient insurance suffering from hepatic cellular carcinoma is probably different with a young employee lady affected by breast carcinoma with good support from spouse and family members.

\*Cause of cancer by reality or justification of patient; for example a lady who has used hormones and other related medications to become pregnant and suffering from breast cancer, this would be a self blame, or blaming others and the judgment will be different with some unanswerable question like ‘why me’?

\*Site and direct effect of cancer, will affect somatically or psychosocially the patient, for example the brain tumor or sexual dysfunction due to rectal surgery.

\*Presentation of disease will be followed by different psycho social issues, mastectomies' cases, and cases with ostomy have different response from other malignancies, psychologically or socially.

\*Stigma is another issue which will effect on the psycho social aspect of health of the patient, by conceals the diagnosis of the cancer from patient or relatives.

\*Patient characteristic issues such as: belief to Allah, spirituality, religion, understanding of death, cultural belief, education level, family and social integrity, past life experience, personal and social empowerment.

\*Geographical difference not only by the culture but by the habit and efficacy of the geography in behavior and life style.

\*Relationship to doctors and care givers, this is another important issues which will affect the psychological aspect of cancer patients.

\*Treatment issues that should be adjustable with patient will and economical power, not only by the institutional or national guidelines.

These are some instances from broad elements of necessities that care givers and medical doctors in particular are facing with in managing cancer patients, and should be empower enough to respond it.

Mohammad E. Akbari  
Professor of Surgical Oncology  
Chairman & Editor in Chief