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Various Types Involved in Prostate Cancer

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Description

Prostate cancer is a type of cancer that occurs in the prostate gland, which is a small, walnut-sized gland located below the bladder in men. It is one of the most common types of cancer in men, and it typically develops slowly over many years [1]. The exact cause of prostate cancer is not fully understood, but there are several risk factors that are associated with an increased risk of developing the disease, including age (prostate cancer is most common in men over the age of 50), family history of prostate cancer, and certain genetic mutations. Symptoms of prostate cancer may include difficulty urinating, weak or interrupted urine flow, blood in the urine or semen, pain or discomfort in the pelvic area, and bone pain [2].

Types of prostate cancer

There are several types of prostate cancer, and the most common type is adenocarcinoma, which accounts for more than 95% of all prostate cancer cases. Other types of prostate cancer are much less common and include.

Small cell carcinoma: Small Cell Carcinoma (SCC) is a type of cancer that typically arises in the lungs, although it can also occur in other parts of the body [3]. SCC is considered a type of neuroendocrine tumor because it arises from cells that have both neural and endocrine characteristics. SCC is an aggressive cancer that tends to grow and spread rapidly, making early diagnosis and treatment essential. Treatment for SCC typically involves a combination of chemotherapy and radiation therapy. Surgery may also be an option in some cases, particularly for limited-stage disease. Prognosis for SCC can vary widely depending on the stage of the cancer and other factors, but overall survival rates are generally lower than for other types of lung cancer [4].

Transitional cell carcinoma: Transitional Cell Carcinoma (TCC), also known as urothelial carcinoma, is a type of cancer that affects the transitional cells, which are the cells that line the bladder, ureters, and part of the kidneys [5]. TCC is the most common type of bladder cancer, accounting for about 90% of all bladder cancer cases. TCC can occur at any age, but it is more common in people over the age of 60. Risk factors for TCC include smoking, exposure to certain chemicals, chronic bladder inflammation, and a family history of bladder cancer.Regular check-ups and screenings are important for detecting

TCC early and improving the chances of successful treatment. If experience any symptoms or have any concerns about risk for TCC, it is important to speak with healthcare provider [6].

Sarcomas: These are rare types of cancer that develop in the connective tissue of the prostate gland. Sarcomas are a rare type of cancer that develop in the body's connective tissues, such as bones, muscles, cartilage, fat, and blood vessels [7]. They can occur anywhere in the body and can be difficult to diagnose and treat. Sarcomas can be treated with a combination of surgery, chemotherapy, radiation therapy, and targeted therapy, depending on the type and stage of cancer. It is important to consult with a medical professional for proper diagnosis and treatment of sarcomas [8].

Neuroendocrine tumors: Neuroendocrine Tumors (NETs) are a type of cancer that develops from cells of the neuroendocrine system. The neuroendocrine system is a complex network of cells and organs that produce hormones and regulate various bodily functions such as metabolism, growth, and reproduction. NETs can occur in different parts of the body, including the gastrointestinal tract, pancreas, lungs, and other organs [9]. They can be benign (non-cancerous) or malignant (cancerous). The symptoms of NETs depend on their location and size, but they often include abdominal pain, diarrhea, flushing, and weight

In its early stages, prostate cancer may not cause any symptoms at all. There are several different treatment options for prostate cancer, including surgery, radiation therapy, hormone therapy, and chemotherapy [10]. The choice of treatment will depend on a variety of factors, including the stage of the cancer, the age and overall health of the patient, and the patient's personal preferences. In many cases, a combination of treatments may be used to achieve the best possible outcome.

References

- Sung H, Ferlay J, Siegel RL (2021) Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin 71: 209.
- Siegel RL, Miller KD, Wagle NS, Jemal A (2023) Cancer statistics, 2023. CA Cancer J Clin 73: 17.
- Butler SS, Muralidhar V, Zhao SG (2020) Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostatespecific antigen screening in 2012. Cancer 126:717.
- Jemal A, Fedewa SA, Ma J (2015) Prostate Cancer Incidence and PSA Testing Patterns in Relation to USPSTF Screening Recommendations. JAMA 314:2054.
- Jemal A, Culp MB, Ma J (2021) Prostate Cancer Incidence 5 After US Preventive Services Task Recommendations Against Screening. J Natl Cancer Inst 2021;
- Desai MM, Cacciamani GE, Gill K (2022) Trends in Incidence of Metastatic Prostate Cancer in the US. JAMA Netw Open 5: e222246.
- US Preventive Services Task Force, Grossman DC, Curry SJ (2018) Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement. JAMA 319: 1901.



- prostate cancer: A systematic review of autopsy studies. Int J Cancer 137: 1749.
- Sakr WA, Grignon DJ, Haas GP (1996) Age and racial distribution of prostatic intraepithelial neoplasia. Eur Urol 30:
- Bell KJ, Del Mar C, Wright G (2015) Prevalence of incidental 10. Haas GP, Sakr WA (1997) Epidemiology of prostate cancer. CA Cancer J Clin 47: 273.

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