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Editorial

POSTCOVID-19 War Era, Accelerated Cancerogenic Processes Role Affecting Medicare and Medicaid are Underestimated

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Cancer and cancerogenic progressions, considered as second cause of increased mortality and morbidity rates in 21st Century. Cancer prognostic and diagnostic data processing and presentation play a pivotal role in succeeding Medicare and Medicare of patients.

Previously described how different microorganisms accelerated mortality and morbidity rate between (chronic) cancer patients, postcovid-19 era [1-4].

Cancerogenic accelerated processes' role affecting Medicare and Medicaid is also undervalued, in these postcovid-19 period (2024). The speed of the COVID-19 pandemic, and its potential threat to society inspired a revolution in clinical trial design, achieved through strange global collaborations and innovation between clinical specialties, different elite research organizations, academic institutions, and governments, recently.

Cancer clinical trials have developed into a diverse and sophisticated array of designs suited to differing purposes especially accelerated morbidity and mortality rates between patients. These trials are going to give robust insights into cancer biology, pathology, investigation and certain management (re-) action in the near future. Recent novel tactics involved clinical testing, risk stratification and the development of therapeutics clinical trial evaluating purposed therapeutics in hospitalized subjects [3-6].

Modification of medical sciences into substantial changes and accelerating mortality and morbidity rates in this post-Covid-19 era, in a intensely unidentified manner becomes a substantial concern. As a result of certain methods improved complex infectious diseases in combination with either COVID-19 mutants, causing unknown complex situation, which no standard guidelines are available to tackle the shocking accelerated increase in (excess) mortality rates. How covid-19 variants could affect death receptors, and could accelerate lethal processes is not completely elucidated yet [6-8]. There are different theories about cancerogenic processes and associated accelerating factors. For instance from Cancer. gov fact sheet could be speculated that Obesity can cause cancer by producing excess amounts of estrogen, high levels of which have been associated with increased risks of breast, endometrial, ovarian, and some other cancers. Moreover, Increasing blood levels of insulin and insulin-like growth factor -1 (IGF-1), causing long-lasting inflammation. Subsequently, damaging the body and increasing the risk of cancer [5-7].

Simultaneously different research study groups have tried to describe new transformation and novel mutation of simple aerosol corona virus as external antigen, into a superbug, initiating systemic (noxious) signal transduction, that might initiate regulating of different unknown (re)action mechanisms, differently from classic known cancerogenic processes. Moreover, all reported clinical diseases indicated an acceleration/excess in mortality rate toward an anomalous increased excess mortality rate, which still not completely elucidated yet [3-8]. The sincere questions remaining are that on the one hand, whether US and other industrialized countries already solved the cancer-related disease (CRD) mechanism?, if yes why so many excess mortality

between 2021-2023, according to the WHO and the CDC mortality data. What does it mean excess mortality of Covid-19 patients? Whether accelerating CRD mortality rate, in combination with different diseases are either forgotten aspects or remained still unanswerd, strangly.

More than a million cases of cancer are diagnosed annually in the United States, and more than 500,000 Americans die of cancer each year. Cancers of 10 different body sites account for more than 75% of this total cancer incidence. The four most common cancers, accounting for more than half of all cancer cases, are those of the breast, prostate, lung, and colon/rectum. Lung cancer, by far the most lethal, is responsible for nearly 30% of all cancer deaths. Moreover, recent epidemiologic studies have shown that cancerogenic lethal processes suddenly got accelerated tendency between cancer patients in the last 4 years. How accelerated cancerogenic processes and associated metabolism could be either prevented or terminated, are not completely elucidated yet (2024). At the cellular level, the development of cancer is viewed as a mysterious multistep process involving gene mutation, and immortalized selected energy metabolism that progressively can increasing capacity of cell organelles for proliferation, invasion, and tumorigenic metastasis. The first step in the process, tumor initiation, is thought to be the result of a genetic alteration leading to abnormal proliferation of a single cell, in a certain tissue [5]. Mutated cell get immortalized status and progression continues as additional mutations occur within cells.

Some of these mutations confer a selective advantage to the cancer cell, such as more rapid growth, and the descendants of a cell bearing such a mutation will consequently become dominant within the tumor population. The process is called clonal selection, since a new clone of tumor cells has evolved on the basis of its increased growth rate or other properties i.e. immortalized properties, superior metabolism, aggressive invasion or metastasis that confer a selective advantage for cancer cell, compared to normal cells surrounding. Clonal selection continues throughout cancer cell reproduction and (swelling)development, so they continuously become more rapid-growing and increasingly with immortalized properties [5]. After a random cancer patient cancer patients, who were surviving more then 2-10 years got infected with different COVID-19 variants, died in less than 1-2 months, however. Obviously, COVID-19 variants could accelerate the excess mortality rate, despite all ICU treatments and therapeutics. Different speculations revealed that might death triangle machinery (Cancer platelets- microorganisms) as previously described [1-3] got a new angle affected by COVID-19 variants, which could "accelerate excess mortality rate" after 2019, amazingly.

One of the fundamental features of cancer is tumor clonality, the development of tumors of single cells that begin to proliferate abnormally. The single-cell origin from many tumors has been demonstrated by analysis of X chromosome inactivation [5,6]. Different study groups have reported sex-related severity and mortality data are for example on 239,709 patients in Italy, lethality is 17.7% in men and 10.8% in women, with 59% of total deaths being men [5]. The clonal origin of tumors does not, however, imply that the original progenitor cell that gives rise to a tumor has initially acquired all of the characteristics of a cancer cell [5,6]. On the contrary, the development of cancer is a multistep process in which cells gradually become malignant through a progressive series of alterations. One indication of the multistep development of cancer is that most cancers develop late in life, while the most excess mortality of COVID-19 were old subjects (>60y). Such a dramatic increase of cancer incidence with age suggests that most cancers develop as a consequence of multiple abnormalities, which accumulate over periods of many years [4-7] but being accelerated by COVID-19 variants. Consecutively, could be said that COVID-19 variants in cancer patients accelerated excess mortality rate, based on ageing-related diseases and dysfunctions. Simultaneously, platelets-related mortality and morbidity rate in subject infected with COVID-19 variants were not ageing-related and ageing dependent processes, but rather more collateral damages from therapeutics, anticoagulants, antiplatelets drugs (ab) use [1-3,8].

Taken together, in men older than 60 years, acceleration of excess mortality rate between different patients, especially cancer patients, infected with COVID-19 could be a multifactorial processes, initiated by ageing-related diseases, but overall (all age and gender) might was based on platelets related (ab)use of therapeutics and vaccines, however. More in detail investigation needed to show whether my death triangle machinery introduced in 2018, indeed, works for new variants of COVID19, in these

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