



Analysis of the Relationship Between Cancer, Microorganisms, and Platelets, Things to See about 'Death Triangle Machinery'

Bahram Alamdary Badlou*

PhD Hematology, BBAAdvies and Research, Research and Development Department. Zeist, The Netherlands

***Corresponding Author:** Bahram Alamdary Badlou, PhD Hematology, BBAAdvies and Research, Research and Development Department. Zeist, The Netherlands.

Received: February 12, 2019; **Published:** February 23, 2019

In the previous paper is highlighted a novel (co-)relationship between Cancer-Microorganisms-Platelets (CMP), which determine main death cause of the most cancer patients [1]. Now after very delightful reactions to aforementioned paper I am going to analyze more in details about CMP-cooperation in an additive and/or synergistic manner, where death receptors, hypothetically, become activated and results in acute and/or sudden death of end-stage cancer patients.

Recall there are different so-called guidelines and standards to treat cancer patients, which consist of 1. the certain differential diagnostics using 2. some (un-)sensitive tools and medical devices, 3. Surgery 4. Chemotherapy 5. Radiotherapy 6. Hormone therapy 7. Water therapy etc. depending on cancer sort [2-5]. According to the recent published statistical data of the different US and EU cancer organizations (if one believes that they are correct data presented) the survival chance of cancer patients after 5 up to 10 years is less than 5%, which means significant mortality and morbidity rate is 95% of cancer patients and that is not acceptable in the 21st Century.

World widely, the main concern is the question namely, 'what is going on? Which factors cause all Medici and Basic Research Scientists (MBRS) to fail to manage cancer-progression toward death. One might objectively think that 1. lack of collaborations 2. lack of frequent summits and meeting 3. lack of sharing correct data 4. economic interests and another argues. 5 even Bioterrorism could affect cure and care of the most cancer patients, however. Besides, why our MBRSs don't come anymore with new means that really can solve the problem? and still (remarkably) Pharmaceuticals are main MBRSs that are announcing proudly that they found at last, the wonder middle to cure all cancers.

Cancer and/or tumor per definition means swelling, a physical change that Scientifically analyzed, based on the underlying mechanism it is simply osmotic chemical changes of mismatched ratio of triangle proteins-salt-water (PSW) could be caused. So simple is it!. If one tries to make it easier for you with bringing back the PSW-ratio to hemostasis, chemically; the problem of cancer might be solved, considerably.

In the other hand (Acute, sudden, silent) death means a vital subject's (-vital) organs die away, irreversibly. The death cause(s) could be hundreds but to make it easy to understand it in the cancer patients it might cause by 1. Thrombosis 2. (Massive uncontrolled) Bleedings 3. (Thrombo-)emboli 4. Brain/ heart-lung/ kidney/ hepatic 'failure' 5. Surgical blunders and 6. 'Unknown' processes. Extraordinarily (3 of 6) say 50% of aforementioned causes are related to the platelets' (dis-)function, (ir-)responsiveness in circulation, and metabolism.

One might speculate if we can build an Academic Hospital of Platelets maybe in the next 3 to 5 years can save 50 of 90% cancer patients, who are dying in less than 5- up to 10 years now. World widely, that is an estimation of 10 million patients annually. And saving more than 1000 Billion of Euros insurance's money, and prevent millions of unnecessary treatments and drugs abused.

Taken together, it is as simple as it says that we can survive cancer if our MBRSs think harder and work together in a humanitarian-help-goals-setting, and not a commercially-based attitudes (with all due respect for good ones). I am going to build an Academic Hospital of Platelets and try to manage CMP-related cancers and subsequently, invest in blockade of the death receptors inhibition technologies and know-how. How about you?.

Bibliography

1. Badlou death triangle (2019).
2. Marilyn M., *et al.* "Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer; A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists". *The Journal of Molecular Diagnostics* 19.1 (2017).
3. Subha Madhavan., *et al.* "ClinGen Cancer Somatic Working Group – standardizing and democratizing access to cancer molecular diagnostic data to drive translational research". *Pacific Symposium on Biocomputing* 23 (2018): 247-258.
4. Arpad M Danos., *et al.* "Adapting crowdsourced clinical cancer curation in CIViC to the ClinGen minimum variant level data community-driven standards". *Human Mutation* 39 (2018): 1721-1732.
5. Deborah I Ritter., *et al.* "Somatic cancer variant curation and harmonization through consensus minimum variant level data". *Genome Medicine* 8 (2016):117.

Volume 3 Issue 3 March 2019

© All rights are reserved by Bahram Alamdary Badlou.