

1.1 Understanding your diagnosis: type, stage, grade and biomarkers

CelluReva™ • Reset → Revive → Reprogram → Restore

Education alongside oncology care. No cancer cure or reversal is promised. Use your individual treatment and emergency plan. Assistant-prepared learning edition; independent native-language medical review pending. English lessons contain 2,500+ words; Hindi and Odia are shorter core-topic versions, not full-length translations.

- Identify the confirmed diagnosis and pending information
- Distinguish stage, grade and biomarkers
- Prepare a diagnosis card and three questions

Know your diagnosis

1. Tissue diagnosis

2. Stage and grade

3. Biomarkers and plan

A learning aid; use your individual oncology plan. The order and timing of care vary.

START HERE: YOUR REPORT IS INFORMATION, NOT YOUR IDENTITY

Hearing the word cancer can make every other sentence difficult to remember. Some people feel frightened, some feel numb, and others immediately begin planning. These reactions do not predict how well treatment will work. You do not have to feel positive all the time to deserve good care. Begin with one manageable task: learn the exact name of your illness and who will explain it to you.

Cancer is a large family of diseases. It develops when abnormal cells grow and behave in ways that damage the body. Changes in genes, interactions with surrounding tissue and other biological processes influence this behaviour. It is not evidence that a person thought incorrectly, failed to forgive or lacked willpower. Cancer is generally not passed through ordinary touch, sharing a room or eating together. Some infections increase the risk of particular cancers, but that does not make everyday contact with a person with cancer dangerous.

THE NAME MATTERS

Ask: where did this cancer begin, and what type of cell is involved? A cancer that started in the breast and spread to bone is usually treated as breast cancer that has spread, rather than as a new primary bone cancer. Blood cancers, brain tumours and childhood cancers may use different classification systems. Two neighbours who both say they have cancer may need completely different medicines and follow-up.

A scan may show a suspicious area. A blood test may show an abnormal result. Neither automatically tells the whole story. For many cancers, a tissue sample called a biopsy is examined by a pathologist to confirm the diagnosis and identify its features. Some blood cancers require blood or bone-marrow tests. Your team chooses the appropriate route. Ask which result confirms the diagnosis, which findings remain uncertain and whether further testing could change treatment.

READING A PATHOLOGY REPORT

Look for your name, identification number, sample date, body site and final diagnosis. Confirm that the sample belongs to you. Reports may include words such as carcinoma, sarcoma, lymphoma, leukaemia or melanoma. These identify different disease families. Terms such as invasive, in situ, differentiation, margins and lymphovascular invasion describe particular findings. Do not interpret a single word without the full report and clinical setting.

A margin is an edge of tissue removed during surgery. A positive or involved margin means cancer cells reach an examined edge; a negative or clear margin means they do not. This finding helps the team consider further surgery, radiation or other management. A clear margin does not by itself guarantee that no further treatment is needed. Keep the final report and ask whether it replaces an earlier provisional result.

STAGE AND GRADE ANSWER DIFFERENT QUESTIONS

Stage describes the extent of disease: its local size or involvement, nearby lymph nodes and whether it has spread to distant sites. Many solid cancers use TNM: T concerns the primary tumour, N the regional lymph nodes and M distant metastasis. Stage groups may use numbers such as I to IV. Not every cancer uses this system, and a stage number should never be compared casually across different cancers.

Grade describes how abnormal cells look under the microscope and may help estimate their behaviour. Grade is not the same as stage. A high-grade tumour is not automatically stage IV. A small tumour can have a high grade, and a larger tumour may have different biology. Ask your doctor to explain both using your own report.

BIOMARKERS: INFORMATION THAT MAY GUIDE TREATMENT

A biomarker is a measurable feature, such as a protein or a gene change, that can help guide diagnosis, treatment or monitoring. For example, certain breast cancers are assessed for hormone receptors and HER2; some other cancers need different molecular tests. This does not mean everyone needs the largest available genetic panel. A useful test has a clear question: what decision could its result change?

Testing a tumour for changes acquired by cancer cells is different from testing for an inherited cancer predisposition. A tumour result does not automatically mean children or siblings have inherited the same change. If family history, age or tumour findings suggest inherited risk, ask about genetic counselling. Discuss benefits, limitations, costs, family implications and privacy before testing.

An abnormal tumour marker in blood is not proof on its own that cancer is worsening. Some markers rise in noncancerous conditions; some cancers produce no useful marker. A trend, symptoms, scans and clinical examination may be considered together. Do not arrange repeated tests simply because an advertisement promises early certainty.

PROGNOSIS WITHOUT FALSE CERTAINTY

Prognosis is an estimate of how an illness may behave. Published survival statistics describe groups from earlier periods; they cannot give a precise personal expiry date. Age, general health, cancer biology, treatment access and response can matter. Ask for the most useful explanation for your situation, including what is known, what remains uncertain and when the estimate will be reviewed.

CELLUREVA LEARNING NOTE

In this course, Reset, Revive, Reprogram and Restore organise practical learning. They do not replace diagnosis, surgery, cancer medicines, radiation or follow-up. The phrase cellular recovery describes support for daily function and wellbeing; it is not a claim that a lifestyle programme can reverse a tumour. Your cancer is not a moral failure.

FAMILY EXAMPLE

A woman receives a report showing breast cancer and assumes that the word high grade means it has spread throughout her body. Her daughter writes down three questions instead of forwarding the report to social groups: What is the stage? Which receptor tests are pending? What is the treatment goal? At the appointment the team explains that grade and stage are different and completes the missing assessment. The family now has a plan instead of a guess.

YOUR DIAGNOSIS CARD

Write: exact diagnosis; place of origin; confirmation test and date; stage or risk group; grade if relevant; important biomarkers; pending tests; lead clinician; next appointment. Leave unknown items blank and ask the team. Store paper copies and a secure digital copy. Do not share identifiable reports publicly without considering privacy.

TEACH-BACK AND HOME TASK

Explain in your own words: the cancer name, the difference between stage and grade, and why a biomarker test may be useful. Ask a family member to listen without correcting every medical term. Finish by writing your three most important questions. If a new severe symptom develops, seek clinical help; do not wait until you understand every report.

DEEPER PRACTICE: FOLLOW THE INFORMATION FROM SYMPTOM TO PLAN

Imagine that you find a lump. The first question is what it might be. An examination or scan helps locate and describe it. If a biopsy is appropriate, the next question is what cells are present. Once cancer is confirmed, the team may need information about extent and biology. Only then can different treatment options be compared properly. These steps sometimes happen together, and some results take longer than others. A delay in a specialised report does not automatically mean someone has lost your sample. Ask for the expected reporting date and the person who will chase a missing result.

A screening test and a diagnostic test serve different purposes. Screening looks for possible disease before a person has symptoms, often in a defined population. An abnormal screening result usually calls for further assessment; it does not automatically confirm cancer. A diagnostic investigation follows a symptom or abnormal finding to establish what is happening. After diagnosis, monitoring tests answer a different question again: how the illness or treatment is changing. Knowing the purpose prevents a person from treating every abnormal test as a complete diagnosis.

HOW TO ASK ABOUT A TEST WITHOUT REJECTING IT

Useful questions include: What are we trying to find out? How will the answer affect my care? What are the likely risks or discomforts? Do I need to fast or change a medicine? When and how will I receive the result? Is there an equally useful alternative? These questions help you participate. They are not a reason to refuse a necessary investigation based on a frightening internet story. If cost or access is difficult, tell the clinician before quietly missing the appointment; the team may be able to prioritise or arrange support.

Before a scan, mention pregnancy possibility, kidney problems, implanted devices, claustrophobia and any previous reaction to contrast. The details needed depend on the scan. Follow the imaging department's instructions rather than those supplied for a different test months earlier. If you take medicines, ask which instructions apply to them. A relative can help organise transport and reports but should not answer every question on your behalf unless you request that support.

BIOPSY WORRIES THAT DESERVE A CALM CONVERSATION

Many people worry that taking a sample will make cancer spread. The risk and technique depend on the suspected condition and procedure, so ask the specialist directly rather than accepting a blanket claim. In usual practice, biopsy is often essential to choose the right treatment. Avoiding a recommended biopsy can leave the diagnosis uncertain and delay effective care. Tell the team about blood thinners, bleeding problems and allergies before the procedure. Ask what discomfort is expected, what aftercare is needed and which symptoms require a call.

The tissue sample may be small. Occasionally it is insufficient, gives an uncertain result or does not fit the clinical picture. A repeat biopsy or expert pathology review may then be advised. This does not by itself mean the first clinician was careless. Sampling, laboratory methods and the complexity of the disease can affect certainty. Ask for the reason in your own case. Keep the written report, and ask how slides or blocks can be made available if another centre needs to review them.

UNDERSTANDING COMMON WORD PAIRS

Benign and malignant describe different behaviours. A benign growth is not cancer, although it may still cause problems because of size or location. Malignant means cancerous. Localised and metastatic concern extent, rather than the worth or strength of the person. Recurrence means the cancer has returned after a period when it was not detected or was controlled. Progression means the disease has worsened or grown according to the clinical assessment. A new primary cancer is a separate cancer that began independently. Your team distinguishes these possibilities; the course does not ask you to label a new symptom yourself.

Complete response or no evidence of disease describes what can currently be detected using the relevant methods. It does not mean every future risk has disappeared. Partial response describes a meaningful reduction according to the method being used. Stable disease can be an important outcome when the goal is control. Do not treat these phrases as school marks. Their meaning depends on the cancer, treatment goal, symptoms and how long the result lasts. Ask the team to explain the next action linked to the result.

WHEN TWO REPORTS LOOK DIFFERENT

A scan and a pathology report may use different language because they examine different things. A clinical stage may be estimated before an operation; a pathological assessment after surgery can add information from removed tissue. A scan may describe an indeterminate spot that is too small to classify confidently. That is different from confirmed spread. Ask whether an additional scan, biopsy or planned observation is needed. Do not automatically change the word uncertain into the word metastatic.

A preliminary report may be revised when additional stains or expert review are completed. Use the most recent final interpretation, while retaining earlier reports for context. If the name or site seems inconsistent, ask for clarification before the next major treatment step. Checking information is a normal part of safe care. You do not have to accuse anyone to say: These two documents appear different; can you explain which information guides the plan?

FAMILY HISTORY WITHOUT PANIC

Write down which close relatives had cancer, the type if known and the age at diagnosis. A vague statement that many people in the family were ill is less useful than a simple family record. Do not guess a diagnosis from memory if it is uncertain. A genetic counsellor can help decide whether inherited testing is appropriate and explain what a result could mean. Family history may matter even if no test is indicated, and absence of family history does not rule out cancer.

An inherited test can produce a clear finding, a negative result or an uncertain finding, depending on the test and situation. An uncertain result should not automatically be treated as proof of high risk or used to recommend major surgery to relatives. Ask for specialist interpretation. Respect each relative's privacy and choices about receiving information. A family discussion should support informed care rather than blame one side of the family for passing on disease.

USING NUMBERS KINDLY

When you hear a survival percentage, ask which people were studied, what treatment era the number represents and what period it covers. Ask whether the number describes overall survival, cancer-specific survival or another outcome. You do not have to master statistical vocabulary, but the clinician can explain what the number

does and does not mean. Some people prefer a broad description; others want detailed estimates. Tell the team what helps you make decisions without overwhelming you.

Write down a difficult estimate and revisit it when calmer. Avoid spending every night looking for a better number from a different country or decade. Online calculators may not include your treatment or health details. The most helpful question is often: What can we do now, what should we watch for, and when will we learn more? Uncertainty is uncomfortable, but inventing certainty does not make a plan safer.

SECOND CASE: AN INCIDENTAL SCAN FINDING

A man being investigated for bowel cancer reads that a small lung spot is indeterminate. He tells his family the cancer is definitely in his lungs and considers abandoning treatment. At review, the specialist explains that the spot is not yet classified and outlines the appropriate next assessment. The family records what is confirmed and what is uncertain in separate columns. This simple distinction prevents an uncertain finding from becoming an unsupported conclusion.

WORKSHEET: FOUR COLUMNS FOR EVERY MAJOR RESULT

Use one row for each report. Column one: date and test. Column two: what is confirmed. Column three: what remains uncertain. Column four: next action and who is responsible. For example, a biopsy might confirm a particular cancer while biomarker testing is still pending. A scan might answer an extent question while a tiny finding needs follow-up. Show the sheet to the team so misunderstandings are corrected before they are shared widely.

Before your next appointment, practise a ninety-second summary. Begin with the exact diagnosis. Add the stage or risk group if confirmed, relevant biomarkers, current symptoms and the question you most need answered. Do not fill gaps with guesses. End with: Please tell me if I have misunderstood anything. This creates a useful starting point for the conversation and allows the clinician to focus on the decision in front of you.

END-OF-LESSON REFLECTION

The purpose of learning medical terms is to reduce avoidable confusion and make care easier to discuss. You are not expected to become your own pathologist. A reliable diagnosis card, a clear distinction between confirmed and uncertain findings, and a trusted route for questions can be more useful than hours of unstructured searching. Keep ordinary life in view as well: meals, sleep, company and the next practical task remain part of your day.

Check your understanding

What confirms the cancer type?

1. Pathology and the treating team's assessment
2. A social-media video
3. One symptom alone

Pathology and the treating team's assessment

Use this action in context: Pathology and the treating team's assessment. Ask your treating team to adapt the plan to your situation.

Sources

<https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis>

<https://www.cancer.gov/about-cancer/diagnosis-staging/staging>

<https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>

1.1 अपनी रिपोर्ट समझें: प्रकार, स्टेज, ग्रेड और बायोमार्कर

CelluReva™ • Reset → Revive → Reprogram → Restore

यह कैंसर उपचार के साथ शिक्षा है। कैंसर ठीक करने या पलटने की गारंटी नहीं। व्यक्तिगत उपचार और आपात योजना अपनाएँ। सहायक द्वारा तैयार संस्करण; स्वतंत्र मातृभाषी चिकित्सकीय समीक्षा बाकी है। अंग्रेज़ी पाठ 2,500+ शब्दों के हैं; हिंदी और ओड़िया मुख्य विषयों के संक्षिप्त संस्करण हैं।

- निदान और बाकी जानकारी पहचानें
- स्टेज, ग्रेड और बायोमार्कर का अंतर समझें
- निदान कार्ड और तीन सवाल बनाएँ

अपना निदान समझें

1. उक्तक निदान

2. स्टेज और ग्रेड

3. बायोमार्कर और योजना

शिक्षा के लिए चित्र; अपनी उपचार योजना अपनाएँ। देखभाल का क्रम और समय अलग हो सकता है।

यहाँ से शुरुआत करें: रिपोर्ट जानकारी है, आपकी पहचान नहीं

कैंसर शब्द सुनने के बाद बाकी बातें याद रखना कठिन हो सकता है। डर, गुस्सा, सुन्नपन या रोना स्वाभाविक प्रतिक्रियाएँ हैं। हमेशा प्रसन्न रहने से ही उपचार काम करेगा, ऐसा नहीं है। रोगी को अच्छे उपचार के लिए अपनी भावनाएँ छिपाने की आवश्यकता नहीं। पहला छोटा काम है: बीमारी का सही नाम और उसे समझाने वाले डॉक्टर का नाम लिख लेना।

कैंसर कई अलग बीमारियों का समूह है। इसमें असामान्य कोशिकाएँ बढ़कर शरीर को नुकसान पहुँचा सकती हैं। जीन में बदलाव और आसपास के ऊतकों सहित कई जैविक प्रक्रियाएँ इसमें भूमिका निभाती हैं। यह गलत सोच, इच्छा-शक्ति की कमी या किसी व्यक्ति की नैतिक भूल का प्रमाण नहीं है। सामान्यतः छूने, साथ बैठने या भोजन साझा करने से कैंसर नहीं फैलता। कुछ संक्रमण कुछ कैंसर का जोखिम बढ़ाते हैं, पर इससे रोगी के साथ सामान्य संपर्क खतरनाक नहीं हो जाता।

सही नाम क्यों आवश्यक है

पूछें: कैंसर किस अंग से शुरू हुआ और किस प्रकार की कोशिकाओं का है? स्तन से शुरू होकर हड्डी में पहुँचा कैंसर सामान्यतः फैला हुआ स्तन कैंसर कहलाता है; उसे नया प्राथमिक हड्डी कैंसर मानकर उपचार नहीं किया जाता। रक्त, मस्तिष्क और बच्चों के कैंसर की वर्गीकरण पद्धति अलग हो सकती है। दो लोगों की बीमारी का नाम कैंसर होने पर भी उनकी दवा और निगरानी अलग हो सकती है।

स्कैन में गाँठ दिखना या रक्त जाँच असामान्य आना अकेले पूरी जानकारी नहीं देता। अनेक कैंसर में बायोप्सी, यानी ऊतक का छोटा नमूना लेकर पैथोलॉजिस्ट से जाँच कराना, पुष्टि और बीमारी की विशेषताएँ समझने में मदद करता है। कुछ रक्त कैंसर में रक्त या बोन मैरो की जाँच आवश्यक होती है। डॉक्टर से पूछें: निदान किस परिणाम से पक्का हुआ? क्या अभी कोई जाँच बाकी है जो उपचार बदल सकती है?

पैथोलॉजी रिपोर्ट पढ़ना

सबसे पहले नाम, पहचान संख्या, नमूने की तारीख, अंग और अंतिम निदान देखें। कार्सिनोमा, साकोमा, लिम्फोमा, ल्यूकेमिया जैसे शब्द अलग रोग-समूह बताते हैं। इनवेसिव, इन सिटू, डिफरेंशिएशन या लिम्फोवैस्कुलर इनवेज़न जैसे शब्दों का अर्थ पूरे संदर्भ में समझें। इंटरनेट पर एक शब्द देखकर निष्कर्ष न निकालें।

मार्जिन ऑपरेशन में निकाले गए ऊतक का किनारा है। पॉजिटिव या इनवॉल्व्ड मार्जिन में जाँचे गए किनारे तक कैंसर कोशिकाएँ दिखती हैं। क्लियर या नेगेटिव मार्जिन में वहाँ नहीं दिखतीं। आगे की सर्जरी, रेडिएशन या अन्य उपचार के निर्णय में यह उपयोगी जानकारी है। क्लियर मार्जिन का अर्थ अपने-आप यह नहीं कि अब किसी उपचार की जरूरत नहीं होगी। अंतिम रिपोर्ट की प्रति रखें।

स्टेज और ग्रेड अलग हैं

स्टेज बताती है कि बीमारी कितनी फैली है। कई ठोस कैंसर में TNM का प्रयोग होता है: T मूल ट्यूमर, N आसपास की लिम्फ नोड और M दूर तक फैलाव से संबंधित है। स्टेज I से IV जैसे समूह हो सकते हैं। हर कैंसर यही प्रणाली नहीं अपनाता। अलग कैंसर की समान स्टेज संख्या का सीधा मुकाबला न करें।

ग्रेड बताता है कि माइक्रोस्कोप में कोशिकाएँ कितनी असामान्य दिखती हैं; इससे व्यवहार का अनुमान मिल सकता है। हाई ग्रेड का अर्थ अपने-आप स्टेज IV नहीं है। छोटा ट्यूमर भी हाई ग्रेड हो सकता है। अपनी रिपोर्ट पर डॉक्टर से दोनों बातें अलग समझें।

बायोमार्कर और जीन जाँच

बायोमार्कर प्रोटीन या जीन बदलाव जैसी विशेषता है जो उपचार चुनने में सहायक हो सकती है। कुछ स्तन कैंसर में हार्मोन रिसेप्टर और HER2 देखे जाते हैं। अन्य कैंसर में दूसरी जाँच उपयोगी हो सकती है। हर व्यक्ति को सबसे बड़ा महँगा जीन पैनल कराना आवश्यक नहीं। पूछें: इस परिणाम से कौन-सा उपचार निर्णय बदलेगा?

ट्यूमर में हुए जीन बदलाव की जाँच और जन्म से मिले वंशानुगत जोखिम की जाँच अलग हैं। ट्यूमर की रिपोर्ट में बदलाव होने से बच्चों या भाई-बहनों में वही बदलाव होना निश्चित नहीं। कम उम्र, पारिवारिक इतिहास या रिपोर्ट से संदेह होने पर जेनेटिक काउंसलिंग के बारे में पूछें। खर्च, सीमाएँ, परिवार पर असर और गोपनीयता समझें।

रक्त का ट्यूमर मार्कर बढ़ना अकेले कैंसर बढ़ने का प्रमाण नहीं। कुछ गैर-कैंसर स्थितियों में भी यह बढ़ सकता है। कुछ कैंसर में उपयोगी मार्कर होता ही नहीं। डॉक्टर लक्षण, जाँच, स्कैन और समय के साथ बदलाव साथ देखकर निर्णय लेते हैं। विज्ञापन देखकर बार-बार जाँच न कराएँ।

भविष्य के बारे में बात

प्रोग्नोसिस बीमारी के संभावित व्यवहार का अनुमान है। सर्वाइवल आँकड़े पुराने समय के बड़े समूहों के अनुभव बताते हैं, किसी व्यक्ति की निश्चित अंतिम तारीख नहीं। स्वास्थ्य, कैंसर की विशेषताएँ और उपचार का असर महत्वपूर्ण हैं। पूछें: अभी क्या पता है, क्या अनिश्चित है, और कब दोबारा समीक्षा होगी?

CelluReva का उपयोग

इस कोर्स में Reset, Revive, Reprogram और Restore सीखने की व्यवस्था है। ये ऑपरेशन, कैंसर की दवा, रेडिएशन या फॉलो-अप की जगह नहीं लेते। दैनिक कार्य, पोषण और मनोबल की सहायता करना कैंसर ठीक करने का दावा नहीं है। रोगी को बीमारी के लिए दोष देना गलत है।

उदाहरण और अभ्यास

एक महिला हाई ग्रेड शब्द पढ़कर समझती है कि कैंसर पूरे शरीर में फैल गया। बेटी तीन सवाल लिखती है: स्टेज क्या है? कौन-सी रिसेप्टर जाँच बाकी है? उपचार का लक्ष्य क्या है? डॉक्टर समझाते हैं कि ग्रेड और स्टेज अलग हैं। अनुमान की जगह परिवार को योजना मिलती है।

अपना निदान कार्ड बनाएँ: सही नाम, शुरू होने का अंग, पुष्टि की जाँच और तारीख, स्टेज या जोखिम समूह, संबंधित ग्रेड, बायोमार्कर, बाकी जाँच, डॉक्टर और अगली मुलाकात। अज्ञात स्थान खाली छोड़ें। रिपोर्ट सुरक्षित रखें; निजी जानकारी सार्वजनिक समूह में डालने से पहले सोचें। परिवार को अपने शब्दों में स्टेज और ग्रेड का अंतर समझाएँ और तीन प्रश्न लिखें। गंभीर नया लक्षण हो तो रिपोर्ट समझने की प्रतीक्षा किए बिना चिकित्सा सहायता लें।

अपनी समझ जाँचें

कैंसर का प्रकार किससे स्पष्ट होता है?

1. पैथोलॉजी और उपचार टीम का मूल्यांकन
2. सोशल मीडिया वीडियो
3. केवल एक लक्षण

पैथोलॉजी और उपचार टीम का मूल्यांकन

सही कदम: पैथोलॉजी और उपचार टीम का मूल्यांकन। अपनी स्थिति के अनुसार योजना के लिए उपचार टीम से बात करें।

Sources

<https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis>

<https://www.cancer.gov/about-cancer/diagnosis-staging/staging>

<https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>

1.1 ନିଜ ନିଦାନ ବୁଝନ୍ତୁ: ପ୍ରକାର, ଷ୍ଟେଜ୍, ଗ୍ରେଡ୍ ଓ ବାୟୋମାର୍କର

CelluReva™ • Reset → Revive → Reprogram → Restore

ଏହା କର୍କଟ ଚିକିତ୍ସା ସହ ଶିକ୍ଷା ଆରୋଗ୍ୟ ବା କର୍କଟ ଫେରାଜବାର ଗ୍ୟାରେଣ୍ଟି ନାହିଁ ନିଜ ଚିକିତ୍ସା ଓ ଜରୁରୀ ଯୋଜନା ପାଳନ କରନ୍ତୁ। ସହାୟକ ପ୍ରସ୍ତୁତ ସଂସ୍କରଣ; ସ୍ବାଧୀନ ମାତୃଭାଷୀ ଡାକ୍ତରୀ ସମୀକ୍ଷା ବାକି ଅଛି। ଇଂରାଜୀ ପାଠରେ 2,500+ ଶବ୍ଦ ଅଛି; ହିନ୍ଦୀ ଓ ଓଡ଼ିଆ ମୁଖ୍ୟ ବିଷୟର ସଂକ୍ଷିପ୍ତ ସଂସ୍କରଣ।

- ନିଦାନ ଓ ବାକି ତଥ୍ୟ ଚିହ୍ନଟ
- ଷ୍ଟେଜ୍, ଗ୍ରେଡ୍ ଓ ବାୟୋମାର୍କର ଭିନ୍ନ କରନ୍ତୁ
- ନିଦାନ କାର୍ତ୍ତ ଓ ତିନି ପ୍ରଶ୍ନ ଲେଖନ୍ତୁ

ନିଜ ନିଦାନ ବୁଝନ୍ତୁ

1. ତତ୍ତ୍ୱ ନିଦାନ

2. ଷ୍ଟେଜ୍ ଓ ଗ୍ରେଡ୍

3. ବାୟୋମାର୍କର ଓ ଯୋଜନା

ଶିକ୍ଷା ପାଇଁ ଚିତ୍ର; ନିଜ ଚିକିତ୍ସା ଯୋଜନା ପାଳନ କରନ୍ତୁ। ଯନ୍ତ୍ର କ୍ରମ ଓ ସମୟ ଭିନ୍ନ ହୋଇପାରେ।

ଏଠାରୁ ଆରମ୍ଭ କରନ୍ତୁ: ରିପୋର୍ଟ ହେଉଛି ତଥ୍ୟ, ଆପଣଙ୍କ ପରିଚୟ ନୁହେଁ

କର୍କଟ ଶବ୍ଦ ଶୁଣିବା ପରେ ଅନ୍ୟ କଥା ମନେ ରଖିବା କଷ୍ଟ ହୋଇପାରେ। ଭୟ, ରାଗ, କାନ୍ଦ କିମ୍ବା ମନ ଶୂନ୍ୟ ଲାଗିବା ସ୍ବାଭାବିକ। ସବୁବେଳେ ଖୁସି ରହିଲେ ହିଁ ଚିକିତ୍ସା କାମ କରିବ, ଏପରି ନୁହେଁ। ଭଲ ଯତ୍ନ ପାଇବା ପାଇଁ ନିଜ ଭାବନା ଲୁଚାଇବା ଦରକାର ନାହିଁ। ପ୍ରଥମ ଛୋଟ କାମ ହେଉଛି ରୋଗର ସଠିକ୍ ନାମ ଓ ବୁଝାଇବାକୁ ଥିବା ଡାକ୍ତରଙ୍କ ନାମ ଲେଖିବା।

କର୍କଟ ଅନେକ ପ୍ରକାର ରୋଗର ଏକ ସମୂହ। ଅସ୍ବାଭାବିକ କୋଷ ବଢ଼ି ଶରୀରକୁ କ୍ଷତି କରିପାରେ। ଜିନ୍ର ପରିବର୍ତ୍ତନ, ଚାରିପାଖ ତତ୍ତ୍ୱ ଓ ଅନ୍ୟ ଜୈବିକ ପ୍ରକ୍ରିୟା ଏଥିରେ ଜଡ଼ିତ। ଏହା ଭୁଲ ଚିନ୍ତା, ଦୁର୍ବଳ ଇଚ୍ଛାଶକ୍ତି କିମ୍ବା ବ୍ୟକ୍ତିର ଦୋଷର ପ୍ରମାଣ ନୁହେଁ। ସାଧାରଣତଃ ଛୁଇଁବା, ଏକାଠି ବସିବା କିମ୍ବା ଖାଇବା ଦ୍ବାରା କର୍କଟ ବ୍ୟାପେ ନାହିଁ। କେତେକ ସଂକ୍ରମଣ କେତେକ କର୍କଟର ଆଶଙ୍କା ବଢ଼ାଏ; ଏଥିପାଇଁ ରୋଗୀଙ୍କୁ ଅଲଗା କରିବା ଉଚିତ ନୁହେଁ।

ସଠିକ୍ ନାମ କାହିଁକି ଦରକାର

ପଚାରନ୍ତୁ: ରୋଗ କେଉଁ ଅଙ୍ଗରୁ ଆରମ୍ଭ ହେଲା ଓ କେଉଁ କୋଷରୁ ହୋଇଛି? ସ୍ତନରୁ ଆରମ୍ଭ ହୋଇ ହାଡ଼କୁ ଯାଇଥିବା କର୍କଟକୁ ସାଧାରଣତଃ ବ୍ୟାପିଥିବା ସ୍ତନ କର୍କଟ ଭାବେ ଚିକିତ୍ସା କରାଯାଏ। ଏହା ନୂଆ ପ୍ରାଥମିକ ହାଡ଼ କର୍କଟ ସହିତ ସମାନ ନୁହେଁ। ରକ୍ତ, ମସ୍ତିଷ୍କ ଓ ଶିଶୁ କର୍କଟର ବର୍ଗୀକରଣ ଭିନ୍ନ ହୋଇପାରେ। ଦୁଇ ଜଣଙ୍କର କର୍କଟ ଥିଲେ ମଧ୍ୟ ଔଷଧ ଓ ଯନ୍ତ୍ର ଭିନ୍ନ ହୋଇପାରେ।

ସ୍ଥାନରେ ସନ୍ଦେହଜନକ ଗାଠି କିମ୍ବା ରକ୍ତ ପରୀକ୍ଷାରେ ଅସ୍ବାଭାବିକ ଫଳ ଏକାକୀ ସବୁ କଥା କହେ ନାହିଁ। ଅନେକ କର୍କଟରେ ବାୟୋପ୍ସି, ଅର୍ଥାତ୍ ଛୋଟ ଡକ୍ଟର ନମୁନା ନେଇ ପାଥୋଲୋଜିଷ୍ଟଙ୍କ ପରୀକ୍ଷା, ରୋଗ ନିଶ୍ଚିତ କରେ। କେତେକ ରକ୍ତ କର୍କଟରେ ରକ୍ତ କିମ୍ବା ଅସ୍ଥିମଜ୍ଜା ପରୀକ୍ଷା ଦରକାର। କେଉଁ ଫଳରେ ନିଦାନ ନିଶ୍ଚିତ ହେଲା ଓ କେଉଁ ତଥ୍ୟ ଏବେବି ବାକି, ପଚାରନ୍ତୁ।

ରିପୋର୍ଟ ପଢ଼ିବାର ଉପାୟ

ନାମ, ପରିଚୟ ସଂଖ୍ୟା, ନମୁନାର ତାରିଖ, ଅଙ୍ଗ ଓ ଶେଷ ନିଦାନ ଦେଖନ୍ତୁ। କାର୍ଯ୍ୟନୋମା, ସାର୍କୋମା, ଲିମ୍ଫୋମା କିମ୍ବା ଲ୍ୟୁକେମିଆ ଅଲଗା ରୋଗ ଗୋଷ୍ଠୀ। ଇନଭେସିଭ୍, ଇନ ସିଟୁ ଓ ମାର୍ଜିନ୍ ପରି ଶବ୍ଦର ଅର୍ଥ ସମ୍ପୂର୍ଣ୍ଣ ପରିପ୍ରେକ୍ଷ୍ୟରେ ବୁଝନ୍ତୁ। ଗୋଟିଏ ଶବ୍ଦ ଇଣ୍ଟରନେଟ୍ରେ ଦେଖି ନିଶ୍ଚିତ ନେବେ ନାହିଁ।

ମାର୍ଜିନ୍ ହେଉଛି ଅପରେସନ୍ରେ ବାହାର କରାଯାଇଥିବା ଡକ୍ଟର କିନାରା। ପଜିଟିଭ୍ ମାର୍ଜିନ୍ରେ ସେହି କିନାରା ପର୍ଯ୍ୟନ୍ତ କର୍କଟ କୋଷ ଦେଖାଯାଏ। କ୍ଲିୟର୍ ମାର୍ଜିନ୍ରେ ସେଠାରେ କୋଷ ଦେଖାଯାଏ ନାହିଁ। ଏହା ପରବର୍ତ୍ତୀ ଯୋଜନାରେ ସାହାଯ୍ୟ କରେ। କ୍ଲିୟର୍ ମାର୍ଜିନ୍ ମାନେ ଆଉ କୌଣସି ଚିକିତ୍ସା ଦରକାର ନାହିଁ, ଏପରି ନୁହେଁ।

ଷ୍ଟେଜ୍ ଓ ଗ୍ରେଡ୍ ଭିନ୍ନ

ଷ୍ଟେଜ୍ ରୋଗ କେତେ ବ୍ୟାପିଛି ତାହା କୁହେ। ଅନେକ ଠୋସ କର୍କଟରେ TNM ବ୍ୟବହାର ହୁଏ: T ମୂଳ ଟ୍ୟୁମର, N ଆଖପାଖ ଲିମ୍ଫ ନୋଡ୍ ଓ M ଦୂରକୁ ବ୍ୟାପିବା ସମ୍ଭାବନା। ସବୁ କର୍କଟ ଏହି ପଦ୍ଧତି ବ୍ୟବହାର କରେ ନାହିଁ। ଅଲଗା ରୋଗର ସମାନ ଷ୍ଟେଜ୍ ସଂଖ୍ୟାକୁ ସିଧାସଳଖ ତୁଳନା କରନ୍ତୁ ନାହିଁ।

ଗ୍ରେଡ୍ରେ ମାଇକ୍ରୋସ୍କୋପ୍ ତଳେ କୋଷ କେତେ ଅସ୍ବାଭାବିକ ଦେଖାଯାଏ ତାହା ବୁଝାଯାଏ। ହାଇ ଗ୍ରେଡ୍ ମାନେ ଷ୍ଟେଜ୍ IV ନୁହେଁ। ଛୋଟ ଟ୍ୟୁମରର ଗ୍ରେଡ୍ ମଧ୍ୟ ଉଚ୍ଚ ହୋଇପାରେ। ନିଜ ରିପୋର୍ଟରେ ଦୁଇଟି ଅଲଗା କରି ବୁଝନ୍ତୁ।

ବାୟୋମାର୍କର୍ କ'ଣ

ପ୍ରୋଟିନ୍ କିମ୍ବା ଜିନ୍ ପରିବର୍ତ୍ତନ ପରି ବୈଶିଷ୍ଟ୍ୟ ଚିକିତ୍ସା ବାଛିବାରେ ସାହାଯ୍ୟ କରିପାରେ। କେତେକ ସ୍ତନ କର୍କଟରେ ହର୍ମୋନ୍ ରିସେପ୍ଟର ଓ HER2 ଦେଖାଯାଏ। ପ୍ରତ୍ୟେକଙ୍କୁ ସବୁଠାରୁ ବଡ଼ ମହଙ୍ଗା ଜିନ୍ ପ୍ୟାନେଲ୍ ଦରକାର ନାହିଁ। ପଚାରନ୍ତୁ: ଏହି ଫଳରେ କେଉଁ ଚିକିତ୍ସା ନିଶ୍ଚିତ ବଦଳିବ?

ଟ୍ୟୁମରର ଜିନ୍ ପରିବର୍ତ୍ତନ ପରୀକ୍ଷା ଓ ଜନ୍ମରୁ ମିଳିଥିବା ବଂଶଗତ ଆଣବିକ ପରୀକ୍ଷା ଭିନ୍ନ। ଟ୍ୟୁମର ରିପୋର୍ଟରେ ପରିବର୍ତ୍ତନ ଥିଲେ ସନ୍ତାନଙ୍କର ମଧ୍ୟ ଥିବ, ଏପରି ନିଶ୍ଚିତ ନୁହେଁ। ପରିବାର ଇତିହାସ କିମ୍ବା ରିପୋର୍ଟରେ ସନ୍ଦେହ ଥିଲେ ଜେନେଟିକ୍ କାଉନ୍ସେଲିଂ ବିଷୟରେ ପଚାରନ୍ତୁ।

ରକ୍ତର ଟ୍ୟୁମର ମାର୍କର୍ ବଢ଼ିବା ଏକାକୀ ରୋଗ ବଢ଼ିବାର ପ୍ରମାଣ ନୁହେଁ। ଡାକ୍ତର ଲକ୍ଷଣ, ସ୍ଥାନ ଓ ସମୟ ସହିତ ପରିବର୍ତ୍ତନ ମିଶାଇ ଦେଖିବା ବିଜ୍ଞାପନ ଦେଖି ବାରମ୍ବାର ପରୀକ୍ଷା କରିବେ ନାହିଁ। ଭବିଷ୍ୟତର ଆକଳନ ମଧ୍ୟ ନିଶ୍ଚିତ ଶେଷ ତାରିଖ ନୁହେଁ; ଏହା ଅନେକ ତଥ୍ୟ ଉପରେ ନିର୍ଭର କରେ।

CelluReva ଓ ଘରକାମ

Reset, Revive, Reprogram ଓ Restore ଏଠାରେ ଶିକ୍ଷାର ଗଠନ ଏହା ଅପରେସନ୍, କର୍କଟ ଔଷଧ, ରେଡିଏସନ୍ କିମ୍ବା ଫଲୋ-ଅପ୍ ପରିବର୍ତ୍ତନ ନୁହେଁ। ସୁସ୍ଥ ଦୈନିକ ଜୀବନକୁ ସାହାଯ୍ୟ କରିବା ଓ ରୂପାନ୍ତ ଆରୋଗ୍ୟ କରିବାର ଦାବି ଏକ କଥା ନୁହେଁ।

ନିଦାନ କାର୍ତ୍ତ ଲେଖକ: ସଠିକ୍ ରୋଗ ନାମ, ଆରମ୍ଭ ଅଙ୍ଗ, ପୁଷ୍ଟି ପରୀକ୍ଷା ଓ ଡାରିଙ୍ଗ, ଷ୍ଟେଜ୍, ଗ୍ରେଡ୍, ବାୟୋମାର୍କର୍, ବାକି ପରୀକ୍ଷା, ଡାକ୍ତର ଓ ପରବର୍ତ୍ତୀ ଦିନା ଅଜଣା ସ୍ଥାନ ଖାଲି ରଖନ୍ତୁ। ନିଜ ଭାଷାରେ ଷ୍ଟେଜ୍ ଓ ଗ୍ରେଡ୍ ତଥ୍ୟ ପରିବାରକୁ କହନ୍ତୁ। ତିନୋଟି ପ୍ରଶ୍ନ ଲେଖନ୍ତୁ। ଗୁରୁତର ନୂଆ ଲକ୍ଷଣ ହେଲେ ରିପୋର୍ଟ ବୁଝିବା ପର୍ଯ୍ୟନ୍ତ ଅପେକ୍ଷା ନକରି ଚିକିତ୍ସା ସହାୟତା ନିଅନ୍ତୁ।

ନିଜ ବୁଝାମଣା ଯାଞ୍ଚ

କର୍କଟର ପ୍ରକାର କେଉଁଥିରୁ ସ୍ପଷ୍ଟ ହୁଏ?

1. ପାଥୋଲୋଜି ଓ ଚିକିତ୍ସା ଦଳର ମୂଲ୍ୟାୟନ
2. ସୋସିଆଲ ମିଡିଆ ଭିଡିଓ
3. କେବଳ ଗୋଟିଏ ଲକ୍ଷଣ

ପାଥୋଲୋଜି ଓ ଚିକିତ୍ସା ଦଳର ମୂଲ୍ୟାୟନ

ସଠିକ୍ ପଦକ୍ଷେପ: ପାଥୋଲୋଜି ଓ ଚିକିତ୍ସା ଦଳର ମୂଲ୍ୟାୟନ। ନିଜ ସ୍ଥିତି ଅନୁସାରେ ଯୋଜନା ପାଇଁ ଚିକିତ୍ସା ଦଳକୁ ପଚାରନ୍ତୁ।

Sources

<https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis>

<https://www.cancer.gov/about-cancer/diagnosis-staging/staging>

<https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>