

## Research Paper



## Cancer: current management strategies and future directions in precision medicine

Afshana Qadir<sup>1\*</sup>, Mohd Altaf Dar<sup>2</sup>, Zulfkar Qadrie<sup>3</sup>, Humaira Ashraf<sup>4</sup>

<sup>1</sup>\*Nursing Tutor, Government College of Nursing Baramulla, India.

<sup>2</sup>Department of Pharmacology, CT Institute of Pharmaceutical Sciences, PTU, Jalandhar Punjab, India.

<sup>3</sup>Department of Pharmacology, Government Medical College, Baramulla, India.

<sup>4</sup>Department of Animal Nutrition, SKUAST-K, Srinagar, India.

### Article Info

#### Article History:

Received: 04 September 2024

Revised: 12 November 2024

Accepted: 20 November 2024

Published: 07 January 2025

#### Keywords:

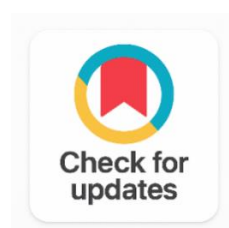
Precision Medicine

Cancer Management

Immunotherapy

Targeted Therapies

Genomic Technologies



### ABSTRACT

Cancer remains one of the most challenging health issues worldwide, necessitating continual advancements in management strategies. Current management of cancer involves a multimodal approach, integrating surgery, radiation therapy, chemotherapy, immunotherapy, and targeted therapies. Surgery and radiation therapy are often employed to remove or shrink tumors, while chemotherapy is used to destroy cancer cells throughout the body. In recent years, immunotherapy, which harnesses the body's immune system to fight cancer, has gained prominence, particularly in treating cancers those are resistant to traditional therapies. Targeted therapies represent another significant advancement, focusing on specific molecular targets associated with cancer growth and survival. These therapies have shown success in treating cancers with particular genetic mutations, such as HER2-positive breast cancer and EGFR-mutated lung cancer. However, challenges such as drug resistance and toxicity remain, prompting the need for continued research. The future of cancer treatment is increasingly centered on precision medicine, which tailors treatments to the genetic profile of individual patients and their tumors. Precision medicine aims to improve outcomes by identifying the most effective therapies for each patient based on their unique genetic makeup. This approach has already led to the development of personalized treatment plans that target specific mutations or pathways involved in cancer progression.

#### Corresponding Author:

Afshana Qadir

Nursing Tutor, Government College of Nursing Baramulla, India.

Email: [qadirafshana3@gmail.com](mailto:qadirafshana3@gmail.com)

Copyright © 2025 The Author(s). This is an open access article distributed under the Creative Commons Attribution License, (<http://creativecommons.org/licenses/by/4.0/>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## 1. INTRODUCTION

Cancer remains one of the most significant global health challenges, with millions of new cases diagnosed each year and a substantial impact on mortality and morbidity worldwide. Despite considerable advancements in understanding the biology of cancer, it continues to pose complex challenges due to its diverse and often unpredictable nature. The management of cancer has evolved significantly over the decades, transitioning from rudimentary treatments to highly sophisticated, multimodal approaches that integrate surgery, chemotherapy, radiation therapy, immunotherapy, and targeted therapies. However, the heterogeneity of cancer across different patients, even within the same type, necessitates a more personalized approach to treatment an approach that is now increasingly being realized through the burgeoning field of precision medicine.

Traditional cancer management strategies have relied heavily on a one-size-fits-all model, where patients with the same type and stage of cancer are typically treated with similar protocols. While this approach has led to significant improvements in survival rates for certain cancers, it has its limitations. Not all patients respond equally well to standard treatments, and some may experience severe side effects without a significant therapeutic benefit. This variability in treatment response is largely due to the genetic and molecular diversity of tumors, which can influence how cancer cells grow, spread, and respond to therapy. Surgery, radiation, and chemotherapy remain the cornerstones of cancer treatment. Surgery is often the first line of defense, especially when the tumor is localized and can be removed completely. Radiation therapy, which uses high doses of radiation to kill cancer cells or shrink tumors, is commonly used either alone or in combination with surgery and chemotherapy. Chemotherapy, which involves the use of cytotoxic drugs to kill rapidly dividing cells, is effective for many cancers but is also associated with significant side effects due to its impact on healthy, fast-growing cells [1], [2], [3], [4], [5].

Unlike traditional chemotherapy, which affects all rapidly dividing cells, targeted therapies are designed to specifically target cancer cells, thereby reducing damage to normal cells and leading to fewer side effects. For example, therapies targeting the HER2 receptor in breast cancer or the BCR-ABL protein in chronic myeloid leukemia have dramatically improved outcomes for patients with these specific genetic abnormalities. Immunotherapy, another groundbreaking advancement, harnesses the body's immune system to fight cancer. This approach includes a variety of strategies, such as immune checkpoint inhibitors, which block proteins that prevent the immune system from attacking cancer cells, and CAR-T cell therapy, which involves genetically modifying a patient's T cells to better recognize and destroy cancer cells. Immunotherapy has shown remarkable success in certain cancers, such as melanoma and lung cancer, providing new hope for patients with previously incurable forms of the disease [5], [6], [7], [8], [9], [10].

Despite these advancements, the complexity and heterogeneity of cancer mean that even the most advanced treatments may not be effective for all patients. This has led to the growing recognition of the need for precision medicine in oncology. Precision medicine, sometimes referred to as personalized medicine, is an innovative approach that takes into account the individual variability in genes, environment, and lifestyle for each person. In cancer treatment, this means designing therapies based on the genetic and molecular profile of an individual's tumor. The rise of precision medicine has been facilitated by advances in genomic technologies, such as next-generation sequencing (NGS), which allows for the rapid and comprehensive analysis of cancer genomes. NGS enables the identification of genetic mutations, alterations, and expression patterns that are unique to an individual's cancer, thereby guiding the selection of targeted therapies that are more likely to be effective. For example, in lung cancer, the identification of specific mutations in the EGFR gene can guide the use of EGFR inhibitors, which are far more effective than conventional chemotherapy for patients with these mutations. In addition to guiding the choice of targeted therapies, precision medicine is also informing the development of new treatments. By understanding the specific molecular mechanisms driving cancer in different patients, researchers are able to design drugs that target these mechanisms more precisely, leading to the development of novel therapeutics that are tailored to individual genetic profiles. This approach not only increases the

likelihood of treatment success but also reduces the risk of adverse effects, as therapies can be designed to minimize damage to healthy tissues [10], [11], [12], [13], [14], [15].

The future of cancer treatment lies in the continued integration of precision medicine into clinical practice. As more is learned about the genetic and molecular underpinnings of cancer, the ability to design personalized treatment regimens that are tailored to the unique characteristics of each patient's cancer will become increasingly feasible. This shift towards more individualized care has the potential to improve outcomes, reduce treatment-related side effects, and ultimately, transform cancer from a deadly disease into a manageable chronic condition. However, the implementation of precision medicine in oncology is not without challenges. These include the high costs associated with genetic testing and targeted therapies, the need for sophisticated laboratory infrastructure, and the requirement for healthcare professionals to interpret complex genomic data. Additionally, ethical considerations around genetic testing and the potential for disparities in access to these advanced treatments must be addressed. Nonetheless, with ongoing research and technological advancements, precision medicine represents a promising frontier in the fight against cancer, offering the potential to significantly improve patient care and outcomes in the years to come. [16], [17], [18], [19], [20].

## 2. RELATED WORK

The body of research on cancer management and precision medicine has grown extensively, reflecting the evolving understanding of cancer biology and the increasing focus on personalized treatment strategies. Over the years, numerous studies have investigated various aspects of cancer management, from traditional treatments like surgery, chemotherapy, and radiation therapy to more innovative approaches such as targeted therapies and immunotherapy. These works have laid the groundwork for current practices and the ongoing shift towards precision medicine in oncology. Early research in cancer management primarily centered on optimizing the efficacy of traditional treatments. Studies explored the effectiveness of different chemotherapy regimens, radiation doses, and surgical techniques, aiming to improve survival rates and reduce recurrence.

The advent of adjuvant therapies, where chemotherapy or radiation is administered after surgery to eliminate residual cancer cells, marked a significant advance in the treatment of many cancers, particularly breast, colon, and lung cancers. These approaches were foundational in establishing multimodal treatment as a standard care strategy, emphasizing the importance of combining different modalities to improve outcomes. As the understanding of cancer's molecular underpinnings deepened, research began to focus on the genetic and molecular characteristics of tumors, leading to the development of targeted therapies. These therapies were designed to interfere with specific molecules involved in cancer cell growth and survival, marking a departure from the one-size-fits-all approach of traditional chemotherapy. Studies demonstrated that targeted therapies, such as those inhibiting the HER2 receptor in breast cancer or the BCR-ABL fusion protein in chronic myeloid leukemia, could dramatically improve patient outcomes, particularly for cancers driven by specific genetic mutations [20], [21], [22], [23], [24], [25].

This research highlighted the potential of molecularly targeted treatments to provide more effective and less toxic alternatives to conventional therapies. Immunotherapy represents another critical area of research in cancer treatment. The discovery of immune checkpoint inhibitors, which block proteins that prevent the immune system from attacking cancer cells, revolutionized the treatment of several cancers, including melanoma, lung cancer, and renal cell carcinoma. Clinical trials and observational studies have shown that immunotherapy can lead to durable responses and long-term survival in patients with advanced cancers, even those who have exhausted other treatment options. These findings underscored the potential of harnessing the immune system to fight cancer and spurred further research into other immunotherapeutic approaches, such as CAR-T cell therapy and cancer vaccines. The concept of precision medicine in oncology emerged from these advancements, with a focus on tailoring treatment to the genetic and molecular profiles of individual tumors. Research in this area has explored the feasibility and benefits of using genomic technologies to guide treatment decisions. For

instance, studies utilizing next-generation sequencing (NGS) have demonstrated the ability to identify actionable mutations in various cancers, allowing for the selection of targeted therapies that are more likely to be effective [25], [26], [27], [28], [29], [30].

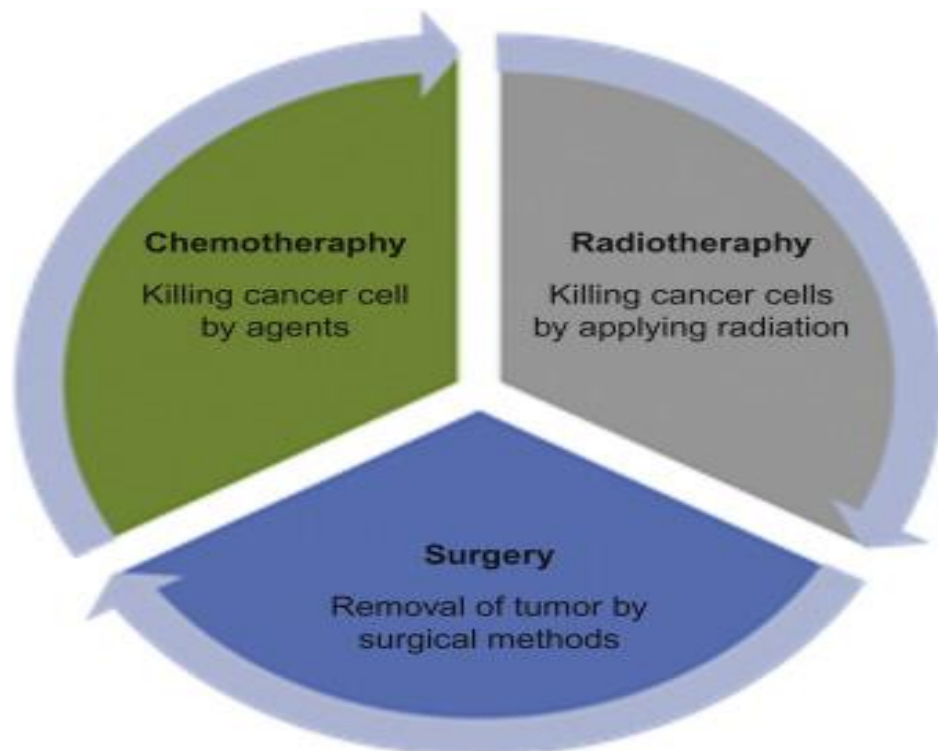


Figure 1. Major Conventional Cancer Treatment Modalities

Cancer treatment typically involves a combination of three primary approaches: chemotherapy, radiotherapy, and surgery. Each method targets cancer cells in distinct ways: chemotherapy uses chemical agents, radiotherapy applies radiation, and surgery physically removes tumors. As shown in Figure 1, these methods form the cornerstone of traditional cancer management strategies. Research has also explored the challenges associated with precision medicine, such as the development of resistance to targeted therapies and the complexity of interpreting genomic data. The integration of precision medicine into clinical practice has been another significant focus of research.

Efforts have been made to understand how genomic data can be incorporated into routine care, including the development of clinical guidelines and decision-support tools to help oncologists choose the most appropriate treatments based on a patient's genetic profile. Studies have examined the impact of precision medicine on patient outcomes, showing that personalized treatment approaches can lead to better responses and fewer side effects compared to standard therapies. Furthermore, research has also addressed the broader implications of precision medicine, including the ethical, economic, and social considerations. Studies have explored the accessibility of genomic testing and targeted therapies, highlighting disparities in access to these advanced treatments based on factors such as geographic location, socioeconomic status, and insurance coverage.

Additionally, ethical discussions have arisen around issues like genetic privacy, informed consent, and the potential psychological impact of knowing one's genetic risks. Related works on cancer management and precision medicine have provided a robust foundation for current practices and future advancements. The shift from traditional treatment modalities to targeted therapies and immunotherapy has been well-documented, with significant evidence supporting the benefits of these approaches. Ongoing research continues to explore the potential of precision medicine to revolutionize cancer care, with a focus on improving outcomes, minimizing side effects, and addressing the challenges associated

with its implementation. These efforts are critical in the ongoing battle against cancer, offering hope for more effective and personalized treatments in the future [30], [31], [32], [33], [34], [35].

**Table 1.** Summary of Cancer Management Strategies

Treatment Type	Mode of Action	Advantages	Limitations
Surgery	Physical removal of tumors	Effective for localized tumors	Not effective for metastases
Chemotherapy	Cytotoxic drugs targeting dividing cells	Effective for systemic treatment	Significant side effects
Radiation Therapy	High-dose radiation to kill cancer cells	Localized treatment	Damage to healthy tissues
Targeted Therapy	Drugs targeting specific cancer molecules	Reduced side effects	Resistance development
Immunotherapy	Harnessing immune system against cancer	Durable responses	Not effective for all patients

Cancer management involves multiple treatment strategies, each tailored to target specific aspects of the disease. Surgery is effective for localized tumors, while chemotherapy and radiation offer systemic and localized benefits, respectively. Targeted therapy and immunotherapy provide more personalized approaches with reduced side effects or durable responses. However, each method also has its limitations, such as side effects, resistance, or limited effectiveness. A detailed comparison is presented as shown in Table 1. Summary of Cancer Management Strategies

### 3. METHODOLOGY

The methodology for the article "Cancer: Current Management Strategies and Future Directions in Precision Medicine" involves a structured approach to reviewing and synthesizing existing literature, clinical studies, and expert opinions to provide a comprehensive overview of the topic. This methodology ensures that the analysis is thorough, accurate, and reflects the most current developments in cancer treatment and precision medicine.

The first step in this methodology involves conducting a comprehensive literature search. This search is crucial for identifying relevant studies, reviews, clinical trials, and expert commentaries on cancer management and precision medicine. Academic databases such as PubMed, Scopus, Web of Science, and Google Scholar are used to gather a broad range of sources. Keywords such as "cancer treatment," "precision medicine," "targeted therapy," "immunotherapy," "genomics," "next-generation sequencing," and "personalized oncology" are utilized to guide the search.

By focusing on studies published in the last decade, the search prioritizes the most recent advancements, though older foundational works are also included when relevant to provide context and background. Once the literature search is complete, the next step involves applying selection criteria to determine which studies and articles will be included in the review.

The inclusion criteria focus on peer-reviewed articles, systematic reviews, meta-analyses, clinical trials, and significant case studies that explore the effectiveness, challenges, and future directions of cancer management strategies and precision medicine. The selection process prioritizes studies that provide empirical data, discuss the application of genomic technologies, or offer insights into the integration of precision medicine into clinical practice. Exclusion criteria are applied to filter out articles that lack peer review, contain outdated information no longer relevant to current practice, or have small sample sizes or methodological flaws that could compromise the reliability of their findings.

After selecting the relevant studies, the next phase is data extraction. This involves systematically reviewing each selected article to extract key information related to the objectives of the review. The data points of interest include the types of cancer treatments discussed, such as surgery, chemotherapy, targeted therapy, and immunotherapy, and their associated outcomes. Additionally, information on the



role of genomic technologies in precision medicine, as well as the challenges and future directions in the field, is gathered. This process ensures that the review is comprehensive and captures the diverse aspects of cancer management and precision medicine. The extracted data is then analyzed and synthesized to identify common themes, trends, and gaps in the existing literature. This analysis involves comparing and contrasting the effectiveness of different management strategies, examining how precision medicine is being integrated into clinical practice, and exploring the implications of recent advancements for future cancer treatment.

The synthesis of this information provides a coherent narrative that highlights the current state of cancer management and the potential of precision medicine to transform patient care. Finally, the methodology includes a critical evaluation of the quality and relevance of the studies reviewed. This step is essential to ensure that the conclusions drawn in the article are based on robust evidence and reflect the best available knowledge. By adhering to this systematic approach, the article aims to provide a comprehensive and insightful overview of cancer management strategies and the future directions in precision medicine.

#### 4. RESULTS AND DISCUSSION

The results and discussion of this article on "Cancer: Current Management Strategies and Future Directions in Precision Medicine" provide a comprehensive analysis of how recent advancements in cancer treatment have influenced current practices and what they suggest for the future of oncology. This section delves into the effectiveness of both traditional and emerging treatment strategies, explores the challenges faced in clinical practice, and examines how precision medicine is transforming cancer care. Traditional cancer treatments, including surgery, chemotherapy, and radiation therapy, continue to be foundational in cancer management. Surgery remains a critical option for localized tumors, often offering the best chance of a cure.

When combined with adjuvant therapies such as chemotherapy or radiation, surgery's effectiveness is significantly enhanced, particularly in reducing the risk of recurrence. This multimodal approach has consistently shown improved survival rates, especially in cancers like breast, colon, and lung. For instance, combining surgery with chemotherapy and radiation has been pivotal in improving the prognosis for patients with early-stage breast cancer, leading to higher survival rates and lower chances of recurrence. Chemotherapy, despite its well-known side effects, has played an instrumental role in treating metastatic cancers and those that are not amenable to surgical intervention.

Advances in chemotherapy regimens have led to improved outcomes in several types of cancer. For example, in Hodgkin lymphoma and testicular cancer, chemotherapy has contributed to cure rates exceeding 80%, representing a significant success in oncology. However, the non-specific action of chemotherapy, which targets all rapidly dividing cells, remains a major drawback. This lack of specificity often results in toxicity, affecting healthy cells and causing significant side effects, which can limit the long-term use of chemotherapy [35], [36], [37], [38], [39], [40].

A prime example is the treatment of HER2-positive breast cancer with HER2-targeted therapies like trastuzumab. Before the introduction of these therapies, HER2-positive breast cancer was associated with poor outcomes. However, targeted therapies have significantly improved survival rates and reduced recurrence, marking a major milestone in breast cancer treatment. Similarly, tyrosine kinase inhibitors (TKIs) targeting the BCR-ABL fusion protein in chronic myeloid leukemia (CML) have transformed what was once a fatal disease into a manageable chronic condition. Clinical trials of targeted therapies have generally shown promising results, with many demonstrating improved progression-free survival and overall survival compared to standard chemotherapy. For instance, TKIs have been shown to induce long-term remission in CML patients, significantly extending survival and improving quality of life [40], [41], [42], [43].

Despite these successes, targeted therapies are not without challenges. Resistance to targeted therapies can develop over time, often due to additional mutations within the cancer cells. This resistance can render the therapy less effective or even ineffective, necessitating the development of next-

generation inhibitors or combination therapies to overcome these hurdles. Furthermore, targeted therapies can be expensive, raising concerns about accessibility and equity in cancer care. These challenges highlight the need for ongoing research to improve the effectiveness and accessibility of targeted therapies, ensuring that more patients can benefit from these innovations. Immunotherapy has also emerged as a groundbreaking advancement in cancer treatment. By harnessing the body's immune system to recognize and destroy cancer cells, immunotherapy offers a novel approach that differs fundamentally from traditional treatments. Immune checkpoint inhibitors, which block proteins that prevent the immune system from attacking cancer cells, have shown remarkable success in treating certain cancers, including melanoma and lung cancer.

Clinical trials have demonstrated that immunotherapy can lead to durable responses and long-term survival, even in patients with advanced cancers who have exhausted other treatment options. This success has spurred further research into other immunotherapeutic approaches, such as CAR-T cell therapy, which involves genetically modifying a patient's T cells to better target and destroy cancer cells. However, immunotherapy is not without its challenges. Some patients do not respond to these treatments, and immune-related adverse effects can be severe, sometimes requiring discontinuation of therapy. Additionally, the high cost of immunotherapy poses a significant barrier to widespread use, particularly in low-resource settings. Traditional and precision medicine differ significantly in their approach, specificity, cost, and effectiveness. Precision medicine offers more personalized and targeted treatment options, as shown in [Table 2](#). Comparison of Traditional and Precision Medicine

**Table 2.** Comparison of Traditional and Precision Medicine

Aspect	Traditional Medicine	Precision Medicine	Remarks
Approach	One-size-fits-all	Personalized	Precision targets specific mutations
Specificity	Low	High	Reduced off-target effects
Cost	Moderate	High	Advanced technology required
Effectiveness	Varies	Higher for specific profiles	Depends on genetic understanding

Precision medicine is also driving the development of new treatments. By understanding the specific molecular mechanisms driving cancer in different patients, researchers are designing drugs that target these mechanisms more precisely. This approach not only increases the effectiveness of treatment but also minimizes damage to healthy tissues, reducing the side effects associated with conventional therapies. However, the implementation of precision medicine in oncology is not without challenges. The high costs associated with genetic testing and targeted therapies, the need for sophisticated laboratory infrastructure, and the requirement for healthcare professionals to interpret complex genomic data are significant hurdles. Additionally, there are ethical considerations around genetic testing, such as concerns about genetic privacy and the potential psychological impact of knowing one's genetic risks.

Despite these challenges, the integration of precision medicine into clinical practice holds great promise for the future of cancer treatment. As research and technology continue to advance, precision medicine is expected to play an increasingly central role in oncology, leading to more effective, personalized care that improves patient outcomes. Ongoing efforts to address the challenges of precision medicine, including reducing costs and improving accessibility, will be crucial in ensuring that these advancements benefit all patients, regardless of their background or resources. The continued exploration of innovative approaches and the integration of new technologies into clinical practice will be vital in shaping the future of cancer care, offering hope for better outcomes and a higher quality of life for patients worldwide.

Cancer treatment typically involves a combination of three primary approaches: chemotherapy, radiotherapy, and surgery. Each method targets cancer cells in distinct ways chemotherapy uses chemical

agents, radiotherapy applies radiation, and surgery physically removes tumors. As shown in Figure 2, these methods form the cornerstone of traditional cancer management strategies.

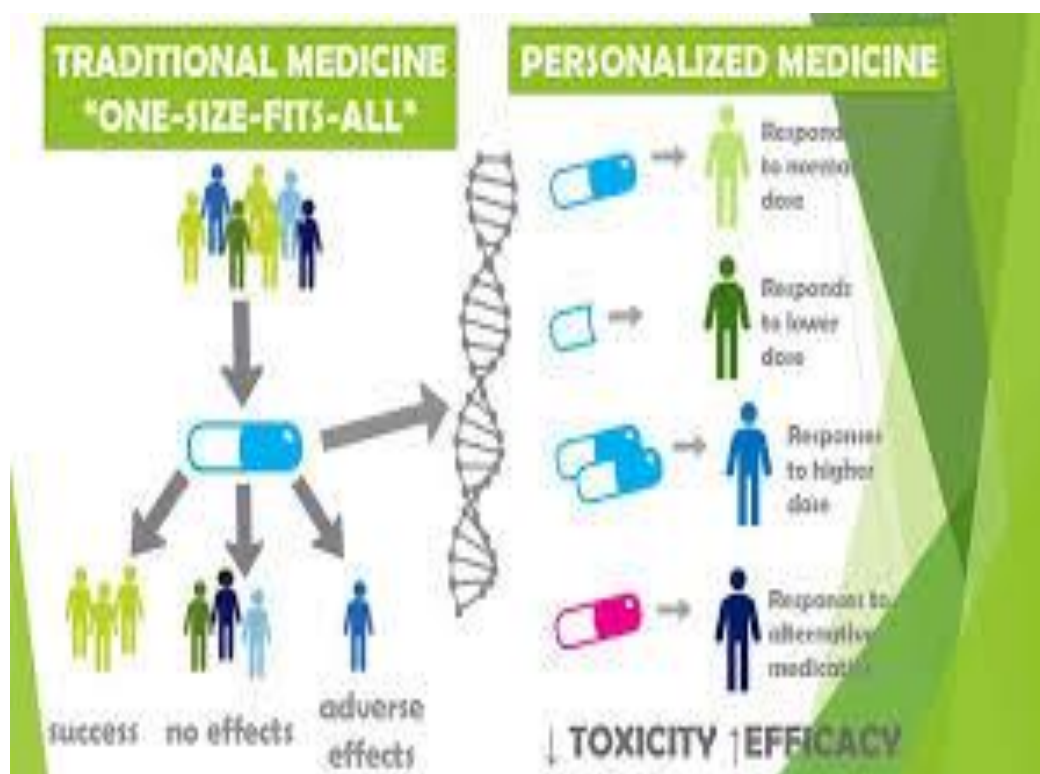


Figure 2. Major Conventional Cancer Treatment Modalities

## 5. CONCLUSION

The landscape of cancer treatment has undergone significant transformation with the advent of advanced therapies and precision medicine. Traditional methods such as surgery, chemotherapy, and radiation therapy remain fundamental to cancer management, providing essential tools for treating localized and metastatic cancers. However, the limitations of these approaches, including their non-specific nature and associated side effects, underscore the need for ongoing innovation.

Targeted therapies have marked a revolutionary shift in oncology by focusing on specific molecular targets involved in cancer progression. These therapies have demonstrated substantial improvements in treatment outcomes, particularly for cancers with identifiable genetic mutations. The success of HER2-targeted therapies in breast cancer and tyrosine kinase inhibitors in chronic myeloid leukemia highlights the potential of targeted approaches to significantly enhance patient survival and quality of life. Nevertheless, challenges such as the development of resistance and high costs remain, emphasizing the need for continued research and development. Immunotherapy represents another breakthrough, leveraging the body's immune system to combat cancer.

The introduction of immune checkpoint inhibitors and CAR-T cell therapy has shown promising results, offering new hope for patients with advanced and previously untreatable cancers. While immunotherapy has led to durable responses in many cases, it is not without challenges, including potential severe side effects and high treatment costs. The rise of precision medicine, driven by advancements in genomic technologies, has further revolutionized cancer care. By tailoring treatments based on the genetic and molecular profiles of individual tumors, precision medicine aims to provide more effective and personalized therapies. This approach holds the promise of improved outcomes and reduced side effects, though it also faces challenges related to cost, infrastructure, and ethical considerations. Overall, the integration of these innovative strategies into clinical practice represents a significant advancement in oncology. As research progresses and technologies continue to evolve, the



future of cancer treatment looks increasingly promising, with the potential for more personalized, effective, and equitable care for patients worldwide.

### Acknowledgments

The authors have no specific acknowledgments to make for this research.

### Funding Information

No funding.

### Author Contributions Statement

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Afshana Qadir	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Mohd Altaf Dar		✓			✓		✓	✓	✓	✓	✓		✓	
Zulfkhar Qadrie	✓		✓	✓		✓		✓		✓		✓		✓
Humaira Ashraf				✓				✓			✓		✓	

C : Conceptualization

M : Methodology

So : Software

Va : Validation

Fo : Formal analysis

I : Investigation

R : Resources

D : Data Curation

O : Writing - Original Draft

E : Writing - Review & Editing

Vi : Visualization

Su : Supervision

P : Project administration

Fu : Funding acquisition

### Conflicts of Interest

The authors declare no conflicts of interest.

### Ethical Approval

The study was conducted in compliance with the ethical principles outlined in the Declaration of Helsinki and approved by the relevant institutional authorities.

### Informed Consent

All participants were informed about the purpose of the study, and their voluntary consent was obtained prior to data collection.

### Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### REFERENCES

- [1] R. J. Lihite et al., 'A study on adverse drug reactions in a tertiary care hospital of Northeast India. Alexandria journal of medicine', vol. 53, pp. 151-156, 2017. [doi.org/10.1016/j.ajme.2016.05.007](https://doi.org/10.1016/j.ajme.2016.05.007)
- [2] M. Zehravi and M. Maqbool, 'Polycystic ovary syndrome and infertility: an update. International journal of adolescent medicine and health', vol. 34, pp. 1-9, 2021. [doi.org/10.1515/ijamh-2021-0073](https://doi.org/10.1515/ijamh-2021-0073)
- [3] M. Zehravi and M. Maqbool, 'Correlation between obesity, gestational diabetes mellitus, and pregnancy outcomes: an overview', International Journal of Adolescent Medicine and Health, vol. 33, no. 6, pp. 339-345, 2021. [doi.org/10.1515/ijamh-2021-0058](https://doi.org/10.1515/ijamh-2021-0058)
- [4] M. Maqbool, F. Bekele, and G. Fekadu, 'Treatment strategies against triple-negative breast cancer: an updated review. Breast Cancer: Targets and Therapy', pp. 15-24, 2022. [doi.org/10.2147/BCTT.S348060](https://doi.org/10.2147/BCTT.S348060)




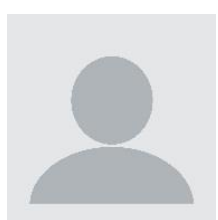
- [5] M. Zehravi and M. Maqbool, 'Depression and anxiety in women with polycystic ovarian syndrome: a literature survey', *International Journal of Adolescent Medicine and Health*, vol. 33, no. 6, pp. 367-373, 2021. [doi.org/10.1515/ijamh-2021-0092](https://doi.org/10.1515/ijamh-2021-0092)
- [6] M. Maqbool, I. Gani, and M. A. Dar, 'Anti-diabetic effects of some medicinal plants in experimental animals: a review', *Asian Journal of Pharmaceutical Research and Development*, vol. 7, no. 1, pp. 66-69, 2019. [doi.org/10.22270/ajprd.v7i1.469](https://doi.org/10.22270/ajprd.v7i1.469)
- [7] M. Zehravi and M. Maqbool, 'Polycystic ovary syndrome and reproductive health of women: a curious association. *International journal of adolescent medicine and health*', vol. 33, pp. 333-337, 2021. [doi.org/10.1515/ijamh-2021-0031](https://doi.org/10.1515/ijamh-2021-0031)
- [8] M. Mohd, M. Maqbool, M. A. Dar, and I. Mushtaq, 'Polycystic ovary syndrome, a modern epidemic: an overview', *Journal of Drug Delivery and Therapeutics*, vol. 9, no. 3, pp. 641-644, 2019. [doi.org/10.22270/jddt.v9i3.2661](https://doi.org/10.22270/jddt.v9i3.2661)
- [9] M. Maqbool et al., 'An up to date on clinical prospects and management of osteoarthritis', *Annals of Medicine and Surgery*, vol. 72, 2021. [doi.org/10.1016/j.amsu.2021.103077](https://doi.org/10.1016/j.amsu.2021.103077)
- [10] A. Majeed, R. Bashir, S. Farooq, and M. Maqbool, 'Preparation, characterization and applications of nanoemulsions: An insight', *Journal of Drug Delivery and Therapeutics*, vol. 9, no. 2, pp. 520-527, 2019. [doi.org/10.22270/jddt.v9i2.2410](https://doi.org/10.22270/jddt.v9i2.2410)
- [11] M. Zehravi and M. Maqbool, 'Healthy lifestyle and dietary approaches to treating polycystic ovary syndrome: a review. *Open Health*', vol. 3, pp. 60-65, 2022. [doi.org/10.1515/openhe-2022-0008](https://doi.org/10.1515/openhe-2022-0008)
- [12] R. Maqbool, M. Maqbool, and M. Zehravi, 'Menstrual distress in females of reproductive age: a literature review. *International journal of adolescent medicine and health*', vol. 34, pp. 11-17, 2021. [doi.org/10.1515/ijamh-2021-0081](https://doi.org/10.1515/ijamh-2021-0081)
- [13] M. Maqbool, S. Rasool, M. A. Dar, R. Bashir, and M. Khan, 'Hepatotoxicity and Hepatoprotective agents: A Mini review. *PharmaTutor*', vol. 7, pp. 34-40, 2019.
- [14] I. Ara, M. Maqbool, G. Fekadu, T. A. Hajam, and M. A. Dar, 'Pharmaceutical significance of *Nigella sativa* L., a wonder herb', *Journal of Applied Pharmaceutical Sciences and Research*, vol. 3, no. 4, pp. 4-13, 2020. [doi.org/10.31069/japsr.v3i4.2](https://doi.org/10.31069/japsr.v3i4.2)
- [15] M. Maqbool, N. Nasir, and S. Mustafa, 'Polycystic in ovarian syndrome and its various treatment strategies', *INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES*, vol. 5, no. 9, pp. 8470-8478, 2018.
- [16] M. Maqbool, M. Zehravi, and R. Maqbool, 'Study of adverse drug reactions in pulmonary medicine department of a Tertiary care hospital', *India. CELLMED*, vol. 11, no. 2, pp. 8-9, 2021.
- [17] I. Ara, M. Maqbool, B. Bukhari, and A. N. Hajam, 'Present status, standardization and safety issues with herbal drugs', *International Journal of Research in Pharmaceutical Sciences and Technology*, vol. 1, no. 3, pp. 95-101, 2020. [doi.org/10.33974/ijrpst.v1i3.169](https://doi.org/10.33974/ijrpst.v1i3.169)
- [18] M. Maqbool, G. Fekadu, D. Dugassa, F. Bekele, E. Turi, and D. Simegnaw, 'The pattern of substance abuse in the psychiatry department of a tertiary care of Srinagar hospital, Jammu and Kashmir, India', *Archives of Neuroscience*, vol. 7, no. 4, 2020. [doi.org/10.5812/ans.106492](https://doi.org/10.5812/ans.106492)
- [19] I. Ara, M. Maqbool, and I. Gani, 'Reproductive Health of Women: implications and attributes', *International Journal of Current Research in Physiology and Pharmacology*, pp. 8-18, 2022.
- [20] M. Zehravi, R. Maqbool, and M. Maqbool, 'To Identify Patterns of Drug Usage among Patients Who Seek Care in Psychiatry Outpatient Department of a Tertiary Care Hospital in Srinagar', *Journal of Pharmaceutical Research International*, vol. 33, no. 31A, pp. 135-140, 2021. [doi.org/10.9734/jpri/2021/v33i31A31673](https://doi.org/10.9734/jpri/2021/v33i31A31673)
- [21] G. Fekadu, F. Bekele, K. Bekele, S. Hanbisa, G. Belay, and M. Maqbool, 'Drug use evaluation of beta-blockers in medical wards of Nedjo general hospital', *Cardiovascular Therapeutics*, 2020. [doi.org/10.1155/2020/2509875](https://doi.org/10.1155/2020/2509875)
- [22] M. Maqbool, S. Javed, and A. A. Bajwa, 'Assessment OF pain management IN postoperative cases using different scales and questionnaires', *INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES*, vol. 6, no. 1, pp. 983-987, 2019.

- [23] I. Ara, M. Maqbool, and M. Zehravi, 'Psychic consequences of infertility on couples: A short commentary', *Open Health*, vol. 3, pp. 114-119, 2022. [doi.org/10.1515/openhe-2022-0022](https://doi.org/10.1515/openhe-2022-0022)
- [24] M. Maqbool, D. Dugassa, and G. Fekadu, Adverse drug reactions of antiepileptic drugs in the neurology department of a tertiary care hospital, vol. 8. Srinagar, Jammu & Kashmir, India, 2021. [doi.org/10.5812/ans.112364](https://doi.org/10.5812/ans.112364)
- [25] R. Bashir, M. Maqbool, and A. I. Zehravi, 'An Insight into Novel Drug Delivery System', *In Situ Gels. CELLMED*, vol. 11, no. 1, pp. 6-7, 2021.
- [26] M. Zehravi and M. Maqbool, 'Teenage menstrual dysfunction: an overview', *International Journal of Adolescent Medicine and Health*, vol. 35, no. 1, pp. 15-19, 2022. [doi.org/10.1515/ijamh-2022-0018](https://doi.org/10.1515/ijamh-2022-0018)
- [27] M. A. Dar, M. Maqbool, Z. Qadrie, and A. I. Qadir, 'Unraveling PCOS: Exploring its causes and diagnostic challenges. *Open Health*', vol. 5, 2024. [doi.org/10.1515/ohe-2023-0026](https://doi.org/10.1515/ohe-2023-0026)
- [28] M. A. Dar, M. Maqbool, and S. Rasool, 'Pharmaceutical wastes and their disposal practice in routine', *Int J InfComput Sci*, vol. 6, pp. 76-92, 2019.
- [29] M. M. Willie, M. Maqbool, and Z. Qadrie, 'Disrupting the melody: The interplay of obesity and metabolic dysfunction. *Open Health*', vol. 5, 2024. [doi.org/10.1515/ohe-2023-0034](https://doi.org/10.1515/ohe-2023-0034)
- [30] M. M. Willie, M. Maqbool, B. Kubheka, B. Popovic, and S. Kabane, 'An analysis of medical scheme-related pregnancy terminations in South Africa in 2022. *Open Health*', vol. 5, 2024. [doi.org/10.1515/ohe-2023-0031](https://doi.org/10.1515/ohe-2023-0031)
- [31] I. Ara, M. Zehravi, M. Maqbool, and I. Gani, 'A review of recent developments and future challenges in the implementation of universal health coverage policy framework in some countries', *Journal of Pharmaceutical Research & Reports*, no. 3, 2022.
- [32] M. Maqbool, M. A. Dar, S. Rasool, I. Gani, and M. Khan, 'Substance use disorder and availability of treatment options: an overview', *Journal of research in health science*, vol. 1, pp. 4-10, 2019.
- [33] M. A. Dar, Z. Qadrie, M. Maqbool, and A. I. Qadir, 'Metabolic mysteries of the mind: Investigating type 3 diabetes. *Open Health*', vol. 5, 2024. [doi.org/10.1515/ohe-2023-0025](https://doi.org/10.1515/ohe-2023-0025)
- [34] M. Maqbool, W. Shabbir, and S. Aamir, 'Adverse events of blood transfusion and blood safety in clinical practice', *Indo American Journal of Pharmaceutical Sciences*, vol. 5, no. 8, pp. 8254-8259, 2018.
- [35] M. Maqbool, A. Naeem, and S. Aamer, 'Diabetes mellitus and its various management strategies in practice', *Indo American Journal of Pharmaceutical Sciences*, vol. 5, no. 8, 2018.
- [36] M. Maqbool, S. Tariq, and S. Amjad, 'Prescribing practices in pediatrics and drug utilization studies promoting pediatric health', *Indo American Journal of Pharmaceutical Sciences*, vol. 5, no. 8, pp. 8070-8076, 2018.
- [37] M. Maqbool, U. Ikram, and A. Anwar, 'Adverse drug reaction monitoring and occurrence in drugs used in pulmonary disorders', *Indo American Journal of Pharmaceutical Sciences*, vol. 5, no. 8, pp. 8060-8065, 2018.
- [38] R. Maqbool, M. Maqbool, and M. Zehravi, 'Acute neurological conditions during pregnancy and their management: a review', *International Journal of Adolescent Medicine and Health*, vol. 33, no. 6, pp. 357-366, 2021. [doi.org/10.1515/ijamh-2021-0084](https://doi.org/10.1515/ijamh-2021-0084)
- [39] M. Maqbool, M. Zehravi, and R. Maqbool, 'An overview about treatment of gestational diabetes mellitus: A short communication', *CELLMED*, vol. 11, no. 3, 2021.
- [40] G. Fekadu, B. Gamachu, T. Mengie, and M. Maqbool, 'Knowledge, attitude of health care professional's towards clinical pharmacy services in Nedjo General Hospital', *Western Ethiopia. International Journal*, vol. 5, no. 7, 2019. [doi.org/10.18203/issn.2454-2156.IntJSciRep20192798](https://doi.org/10.18203/issn.2454-2156.IntJSciRep20192798)
- [41] M. Maqbool, 'Evaluation of drug utilization pattern in the pediatric department of a Tertiary Care Hospital in Srinagar', *Journal of Applied Pharmaceutical Sciences and Research*, vol. 2019, pp. 6-9. [doi.org/10.31069/japsr.v2i4.2](https://doi.org/10.31069/japsr.v2i4.2)
- [42] M. Maqbool and I. Gani, 'Utilization of statins in reducing comorbidities of diabetes mellitus: A systematic review', *Journal of Pharmacy Practice and Community Medicine*, vol. 4, no. 4, 2018. [doi.org/10.5530/jppcm.2018.4.46](https://doi.org/10.5530/jppcm.2018.4.46)

- [43] M. Maqbool and A. I. Gani, 'The Story of Polycystic Ovarian Syndrome: A Challenging Disorder with Numerous Consequences for Females of Reproductive Age', International Journal of Current Research in Physiology and Pharmacology, pp. 19-31, 2022.

**How to Cite:** Afshana Qadir, Mohd Altaf Dar, Zulfkar Qadrie, Humaira Ashraf. (2025). Cancer: current management strategies and future directions in precision medicine. Journal Healthcare Treatment Development (JHTD), 5(1), 1–12. <https://doi.org/10.55529/jhtd.51.1.12>

#### BIOGRAPHIES OF AUTHORS

	<p><b>Afshana Qadir</b><sup>ID</sup>, Afshana Qadir is currently serving as a Nursing Tutor at the Government College of Nursing, Baramulla. With a strong commitment to nursing education and healthcare training, she plays a vital role in shaping the next generation of nursing professionals. Her interests include clinical instruction, patient care, and advancing nursing practices through education and mentorship. Email: <a href="mailto:qadirafshana3@gmail.com">qadirafshana3@gmail.com</a></p>
	<p><b>Mohd Altaf Dar</b><sup>ID</sup>, Mohd Altaf Dar is associated with the Department of Pharmacology at CT Institute of Pharmaceutical Sciences, Punjab Technical University (PTU), Jalandhar and Punjab, India. His academic interests lie in the field of pharmacology, contributing to research and education aimed at advancing pharmaceutical sciences and promoting healthcare through scientific innovation and study. Email: <a href="mailto:daraltaf490@gmail.com">daraltaf490@gmail.com</a></p>
	<p><b>Zulfkar Qadrie</b><sup>ID</sup>, Zulfkar Qadrie is affiliated with the Department of Pharmacology at Government Medical College, Baramulla, India. He is engaged in medical and pharmacological research, focusing on advancing knowledge in drug action and therapy. His work supports medical education and contributes to improving patient care through evidence-based pharmacological practices.</p>
	<p><b>Humaira Ashraf</b><sup>ID</sup>, Humaira Ashraf is affiliated with the Department of Animal Nutrition at Sher-e-Kashmir University of Agricultural Sciences and Technology of Kashmir (SKUAST-K), Srinagar, India. Her academic and research interests focus on enhancing animal health and productivity through optimized nutritional strategies. She contributes to the advancement of livestock science and sustainable agricultural practices.</p>