

# Postcovid-19 War Era, Phenomenal Increase in Morbidity and Mortality Rates, Between Chronic Cancer Patients

Bahram Alamdary Badlou

PhD Clinical Hematology and MSc Medical Biology BBAAdvies and Research, Research and Development dept. Zeist, Netherland.

**\*Corresponding Author:** Maria del Rosario Molina Gonzalez, University of Sonora, Navojoa, Mexico

**Received date: November 01, 2024; Accepted date: November 15, 2024; Published date: November 21, 2024**

**Citation:** Bahram A. Badlou, (2024), Postcovid-19 War Era, Phenomenal Increase in Morbidity and Mortality Rates, Between Chronic Cancer Patients, *International Journal of clinical and Medical Case Reports*, 3(6); Doi:10.31579/2834-8664/036.

**Copyright:** © 2024, Bahram Alamdary Badlou. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

Exceptional changes in prognostic, diagnostics, and subsequently Medicaid/ Medicare or' cancer patients have potentially resulted in an excessive accelerated mortality rate, however. Besides, a significant increase in cancer patients' morbidity and mortality became a fact, in this postcovid- 19 periods (www.ourworldindata.com, Cancer Facts & Figures 2024). [1-4] Understanding different hemato-oncologic mechanisms of either unilateral or -bidirectional interactions between different angles of the death triangle might play a pivotal role as a lifesaving novel tool to prevent accelerated excessive mortality rates, in these post covid—19 war periods, which I invented before pandemic attacks since 2018.[3] Remarkable accelerated excessive mortality rates among chronic patients i.e. cancer patients that disastrously increased remains a mysterious black box mechanism, in these post-COVID-19 periods. Multiple studies, in the last years, have shed light on the effects of defective-/ bias-based Pro- and Diagnostics. (1-b) There are different blood cells that could play a role in increasing mortality rates INovember 2024). These include increased hypotheically i.e. myocarditis, cancerogenous reactions of bone marrow, chronic neuromuscular pain, difl'rent disabilities that can accelerate either epileptic and seizure attacks , blackouts, brain fog, and tatigue, or much worse even potential activation of death receptors. [2-5] Which mechanism(s) of action induce such systemic disorders and/or accelerate cancerogenous indications with(out) cardiovascular disorders are not completely elucidated yet. Difl'rent questions still remain over excessive mortality rates in the last [4-5] years between cancer patients who normally before 2016 survived longer than 2-3 years after the same cancerogenous processes, diagnosed and got the same treatments. Why in the last 4-5 years, mortality rates among chronic cancer patients converted to a accelerated death receptors activities is not completely elucidated, as well (www.ourworldindata.com)? There are different speculations and hypothesis which might help open modern view and new angle of death triangle machinery, to prolong at least 5-years survival of cancer patients, however, [3] Furthermore, the speed of different pathological processes and rapid pathological changes, between chronic patients can initiate susceptibility to getting earlier infection which also the mechanism of action(s) is(are) remaining unknown aspects, in this post-COVID-19 period (November 2024). In the last 4-5 years, compared to females, males almost two times more died (www.ourworldindata.com, www.WHO.org). Indicating that something is significantly wrong with Pro- and Diagnostics and subsequently Medicare and Medicare of males, which should be completely investigated and the main reason being elucidated. Different published statistical data over the cancer facts and

figures in 2024, compared to 2015, indicates that in the last 4-5 years a rare phenomenal (un)known (multi)factorial processes are affecting accelerated morbidity and mortality rates, based on physical spatial and temporal variants, on the other hand. Another interesting aspect to unravel is whether chronic patients in the last 4-5 years, indicated how novel coronavirus variants (in)directly interact with novel COVID-19 mutants, which was also not entirely their interaction have been not completely elucidated yet. There are different hypotheses among scientists, which have caused a kind of confusion between readers, globally. Hogan RE et at. 2020 postulated that overall findings indicate seizures and epilepsy are rare, especially in mild COVID-19 cases, but may occur in more severe cases later in the disease course. Caregivers should be vigilant in assessing for possible seizures, especially in patients with systemic effects of severe COVID-19 infections. [6] Hassan L et at. 2023 presented a rare case report that highlighted a unique case of brain fog in a COVID-19 patient, suggesting COVID-19's neurotrophic nature. The COVID-19 mutant could be associated with a long-COVID-19 syndrome that presents with cognitive decline and fatigue [7] which could be seen also in chronic cancer patients, atf'ected either physiologic or pathologically. There are (un)known reasons to mention, that in the last 4-5 years, suddenly chronic cancer patients died in an accelerated manner. [1-5] The sincere question remains that "which aspect of underlying morbidity-mortality mechanlsm(s) is(are) not elucidated completely' And why not There are different hypotheses/ speculations, and model systems proposed that have predicted Why? How? What? Which action mechanism might play a significant role in ind using accelerated activation of death receptors, causing excessive morbidity and mortality rates, however.[1-5] Brown E.E. et al. 2020 postulated that pandemic attacks of' COVID-19 mutants and associated restrictions were causing global morbidity and mortality, straining health systems, and disrupting societies, putting different individuals affected with Alzheimer's disease and related dementias at risk of significant harm, however. [5] Paolini A. et at. 2021 in their review postulated that cell death mechanisms are crucial to maintaining an appropriate environment for the functionality of healthy cells. [8] Difl'rent hematologic and lymphatic processes play a pivotal role in cancer patients' diagnostic results. For example, lymphopenia and monocytopenia are considered an important contributor(s) to immunopathogenesis, but the exact action mechanism[s] between cancer patients remains unknow n. In all kinds of' cancers, dysregulation of' oncogenic and pathologic changes could be present but when and how certain molecular and inter/intracellular factors panicipate in the cancerogenous mechanisms which directly cause an accelerated death

receptor activation are not elucidated completely. [1-13] Besides, it is noteworthy that every study done failed to assess a proof-of-principle mechanism, or more in detail, highlight the abovementioned questions and their relevant answers to cancers scientific community. On the other hand, because of (un)known limitations, the most studies focused only in a certain aspect of cancerogenous-known and old-fashioned knowledge, with a fixed mindsets (Elephant —in-room- discussion). Of course, to name some speculative causes for example 1. some old-fashioned restrictions could be seen as the main cause of such delay in offering logical answers, however, 2. Economic-Based Goals (EBGs) [1,2] versus the Affordable Care Act (ACA), although, the ACA had showed significant improved access to Medicare/Medicaid, resulting in better insurance coverage and reduced disparities, in the last decade [6-13]. The take home message is restricted-old —fashioned views and algorithms dominating Medicare and Medicaid of cancer patients, in the last 4-5 years, Post Covid-19 war era. Different controversial study results have been published are indicating an accelerated excessive morbidity and mortality rates among cancer patients, however. The exact mechanism(s) is not completely elucidated and because of remarkable coverups of discovery sciences One is observing that to prevent accelerated mortality rates either an evolution or Scientific revolution needed soon.

**No conflict of interest:** reported, of any kind.

## References

1. Cancer.org <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acf.pdf>
2. Worldwide cancer statistics Cancerresearchuk.com 2024 <https://www.cancerresearchuk.org/health-professional/cancer-statistics/worldwide-cancer>.
3. Bahram Alamdary Badlou. (2018). Thrombosis, an Important Feature of 'Death Triangle' Machinery. I Thrombosis; ITC -105. DOI: 10.29011/IJC-105.000005
4. Saloni Dattani, Veronika Samborska, Hannah Ritchie and Max Roser Cancers are one of the leading causes of death globally. Are we making progress against them? Cause of death <https://ourworldindata.org/causes-of-death> <https://professionals.hartstichting.nl/onze-missie/onderzoeksresultaten-2023-2024>
5. Brown EE, Kumar S, Rajji TK, Pollock BG, Mulsant BH, (2020). Anticipating and Mitigating the Impact of the COVID-19 Pandemic on Alzheimer's Disease and Related Dementias. *Am J Geriatr Psychiatry*. 2020 Jul;28(7):712-721. doi: 10.1016/j.jagp.2020.04.010. Epub Apr 18. PMID: 32331845, PMCID: PMC7165101.
6. Hogan RE, Grinspan Z, A xeen E, Marquis B, Day BK.(2020). COVID -19 in Patients With Seizures and Epilepsy: Interpretation of Relevant Knowledge of Presenting Signs and Symptoms. *Epilepsy Curr.* 2020 Sep;20(5):312-315. doi: 10.1177/1535759720948549. Epub 2020 Aug 24. PMID: 32833573; PMCID: PMC7445677.
7. Hassan L, Ahsan Z, Bint E Riaz H. (2023). An Unusual Case of Blackout in a COVID -19 Patient: COVID-19 Brain Fog. *Cureus.* 2023 Mar 17;15(3): e36273. doi: 10.7759/cureus.36273. PMID: 37073192; PMCID: PMC10105897.
8. h. Paolini A, Borella R, De Biasi S, Neroni A, Mattioli M, Lo Tartaro D, Siionini C, Franceschini L, Cicco G, Piparo AM, Cossarizza A, G ibellini L. Cell Death in Coronavirus Infections: Uncovering Its Role during COVID -19. *Cells.* 2021 Jun 23;10(7):1585. doi: 10.3390/cells100715b5. PMID: 34201547; PMCID: PMC6306954.
9. Bahram Alamdary Badlou. (2024). POSTCOVID-19 war era, rapid modern diseases progression, and cross-contamination between donors and patients. *Hematol Transfus Int.*;12(2):26-27. DOI: 10.15406/htij.2024.12.00326
10. Badlou BA. (2023). POSTCOVID- 19WAR Era, interaction between Cancer-Hematologic disorders- diabetes significantly increased by COVID-19 variants, aggressively. *Arch Pharmacol Ther*;5(1):8-10.
11. Haley A Moss, Jenny Wu, Samantha I Kaplan, S Yousuf Zahir,( 2020). The Affordable Care Act's Medicaid expansion and impact along the Cancer-Care Continuum: A Systematic Review, *JNCI: Journal of the National Cancer Institute* August, 112;8:779-791, <https://doi.org/10.1093/jnci/djaa043>
12. A Kyle A Mani and others. (2024) Population-based study of COVID-19 mortality risk in US cancer patients; *Journal of the National Cancer Institute*, August;116;8:1288-1293, <https://doi.org/10.1093/jnci/djae086>
13. Janczewski LM, Browner AE, Cotler JH, et al. ( 2024) Survival among patients with high-risk gastrointestinal cancers during the COVID-19 pandemic. *JAMA Netw Open*;7(3): e240160. doi:10.1001/jamanetworkopen.2024.0160 JAMA

**Ready to submit your research? Choose ClinicSearch and benefit from:**

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

**At ClinicSearch, research is always in progress.**

Learn more <http://clinicsearchonline.org/journals/international-journal-of-clinical-and-medical-case-reports>



© The Author(s) 2024. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.