

# Entanglements and Envisioned Futures: Oncology's Precision Subjects

Jennifer Wilson\*

Editorial office, European Journal of Clinical Oncology, Germany

## Corresponding Author\*

Jennifer Wilson  
Editorial office,  
European Journal of Clinical Oncology,  
Germany  
E-mail: [oncology@scholarlymed.com](mailto:oncology@scholarlymed.com)

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## Abstract

Precision oncology plays a more important social role. Precision medicine has completely changed how patients confront, deal with, and experience cancer, as well as how they navigate their treatment plans and deal with side effects. Precision-related innovations in cancer are constantly more-than-clinical; they circulate outside of the lab and the hospital, but it is yet unclear what this "circulation of innovation" actually creates. We use qualitative interviews with 20 people who have been diagnosed with metastatic non-small cell lung cancer and are receiving immunotherapy and/or targeted therapy to begin to understand what is emerging at the cancer-precision nexus in people's daily lives. We discuss how precision affects survivorship, entangles subjects in chronic living, and creates novel temporalities. Precision innovation reshapes expectations and possibilities through these inflections of survival and occasionally enacts new, unexpected (or, for some, undesirable) futures. In order to understand precision innovation in cancer, social science studies should be directed towards concerns of temporality and entanglements, according to such disease and survivorship narratives. And while doing so, give a comprehensive explanation of how innovations disrupt and reshape the normative cancer scenario rather than unravelling it.

**Keywords:** Oncology • Lung cancer • Metastatic • Chemotherapeutic • Immunotherapies

## Introduction

The nature of cancer and survival rates have undergone tremendous change in recent decades as a result of therapeutic advancements. Immunotherapies and targeted medicines, which emerged from the genetic revolution of the 1980s and 1990s, have now supplanted traditional cytotoxic cancer treatments. The implications of this, which for some have fundamentally altered hope, caring, and survival, have largely remained unexplored by social scientists up until this point. One notable "success story" of precision therapies in cancer is lung cancer. Given that uneven access, results, and experiences of survival persist across subjects, contexts, and biomarkers/mutations, this is not without its difficulties. Notwithstanding non-linearity, lung cancer has undergone a

fundamental shift with the identification of "targets," the development of medicines (even if they are occasionally pricey and out of reach outside of clinical trials), and the drastically improved results for many patients. Lung cancer doesn't resemble it did even a decade ago, despite the fact that it is still a very stratified landscape with some mutation 'classes' performing remarkably well and others lagging behind or showing no response. Without a doubt, lung cancer survival dates back before the invention of precision. Lung cancer was frequently treated with a variety of surgical, (combination) chemotherapeutic, and radiation procedures before the advent of precision medicines and the emphasis on the specificities of mutations within tumour streams. Lung cancer survivorship pre-precision was frequently tumultuous, generally brief-lived, and morally imbued due to the toxic nexus of cultural concepts about responsabilisation and poor survival. Moving beyond the overly linear and reductionist picture of lung cancer has been made possible by the differentiation between different tumour forms, among other degrees of precision. Nonetheless, for many who embark on a journey towards and beyond precision, "hybrid" trajectories continue to be the norm and may include some or all of these ("new" and "old"). There are no sharp distinctions between the conventional and the precise, past and contemporary, in this sense. Yet, what we can observe in the experiences of our participants is the establishment of precision in the survival lifeworld and its permutations therein. Lung cancer, and particularly advanced lung cancer, thus represents dramatic technical and social change, rising financial costs of intervention, and emerging uncertainties. It has evolved from a stigmatised scene of limited community mobilisation to the personification of the success of cancer therapeutics. The intersection of technology, value, suffering, and hope may be examined, and social science can start to understand what a technical success story looks and feels like from a person-centered perspective. Targeted therapies are those that take use of current advances in molecular understanding by inhibiting cellular receptor targets or intracellular signalling cascades, among other strategies. Immunotherapies, on the other hand, attempt to stimulate or mobilise the immune response. The genomic profiling of tumours is a hallmark of precision oncology, and some tumours require treatment in addition to precision. The main oncological "precision" medicines, however, mark a significant change from their cytotoxic progenitors, which normally employ a "scatter-gun" strategy to halt the spread of rapidly dividing cells. In the social context of cancer, precision oncology is portrayed as a promising therapeutic development, particularly for tumour streams that are therapeutically "stuck" because to a lack of choices. Such therapeutic advancements not only hold great potential but also have an impact on how people encounter, live with, and experience cancer, how they see their futures, how they manage treatment regimens, and how they deal with side effects. This paper uses qualitative interviews with 20 patients with advanced non-small cell lung cancer who were receiving immunotherapy and/or targeted therapy in a tertiary cancer centre in an Australian city to start tracing these cascade effects. The cancer-precision nexus is examined in this paper as simultaneously transformational and normative, giving a temporally prolonged collection of unique entanglements. New and precarious social and technical interactions as well as new therapeutic dependencies go hand in hand with the increase in hope and possibility, including futures that have been recast or reclaimed. A complicated re-ordering alongside (chronic) promises to prevail occurs in a disrupted temporal order of "anticipated" terminality and the relief of potential; this patient and person-hood is rooted in the persisting moralities of cancer survivorship, and the emotive and cultural obligations therein.