1 Carlos @hotmail.com @aol.com @yahoo.com @gmail.com.txt 'LINK'

A: Here is a handy and easy to follow tutorial. Quick Links Men who had surgery for rectal and prostate cancer around age 60 were more than twice as likely to have cognitive impairments four years later than men who were matched for age and health and received standard treatment. Men with cancer of the prostate who had surgery had the greatest increase in cognitive impairments. The findings suggest that men who had surgery to treat prostate cancer should be monitored for cognitive changes. Surgery for the rectal cancer didn't appear to affect cognitive function. Results of this study have been published in JAMA Oncology. A commentary is also published with the findings. It's known that patients with cancer often experience impairments in cognitive functions such as memory, thinking, and reasoning. It's also known that certain forms of cancer treatment can affect cognition. In this study of men with rectal and prostate cancer who had the option of receiving either standard treatments or surgery, researchers focused on whether these patients had cognitive impairments following treatment. The researchers focused on cognitive impairments that could occur with treatment for these types of cancer, such as changes in intellectual abilities, memory, and reasoning abilities. Possible explanation for increased risk Researchers theorized that a possible explanation for the increased risk of cognitive impairments was that older adults with cancer who had surgery were more likely to have heart problems as well as poorer overall health, both of which can affect memory. To account for this, the researchers used healthy aging models to account for age. They compared how well the patients did on memory tests with how well people who were matched for age and health did on the same tests. At four years after their cancer diagnosis, researchers observed that older men with rectal cancer who had surgery were much more likely to have impairments in reasoning (2.8 times more likely) and memory (1.5 times more likely) than those who received the standard treatment. It's important to note that neither of the groups had any impairment in reasoning prior to treatment. The second group, those with prostate cancer, had similar impairments in reasoning and memory but less impairment in the way of reasoning. These findings suggest that surgery for rectal cancer, in addition to known negative effects such as physical changes, can pose a significant risk to cognitive function. The

1 Carlos @hotmail.com @aol.com @yahoo.com @gmail.com.txt

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