



Mini Review

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POSTCOVID-19 WAR Era, Interaction Between COVID-19 Mutants Causing Certain Hematologic Disorders that can Increase Accelerating Aspect of Morbidity and Mortality Rates



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Abstract

More than a billion people have been infected with COVID-19 mutants and counting, and more than 7 million died and counting. Multiple studies in the last years [1-9], have shed light on the effects of Medicaid/ Medicare expansion on access to modern health care tools. More than 10000 Lancet, Nature, and Scientific Reports have been retracted in the last 4-5 years (Nature News December 2023). Besides, there is strong evidence that advanced tools have been associated with an improved quality of Medicare/ Medicaid, since 2000. Though recently presented statistical data indicates that an excessive mortality rate between different patients became a fact, in the last 4-5 years. Whether different COVID-19 mutants could either (re-de) activate and/or accelerate death triangle machinery, are complex (re)action mechanisms, which the ultimate mechanism of action is not completely elucidated yet. This paper focused on certain relevant aspects that are debatable to get more insight into what? Why? How? Which potential mechanisms play a role in phenomenal, accelerated morbidity and mortality rates between different patients, in the last 4-5 years.

Keywords: Postcovid-19 era; Cancer; Cardiovascular diseases; Human; Medicare; Medicaid; morbidity and mortality rates; Analysis

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More than a billion people have been infected with COVID-19 mutants and counting, more than 7 million died and counting, and more than 65 million are suffering from long covid indications and counting, however. Recently presented data implicating that cancer and cardiovascular treatments failed to prevent excessive morbidity and mortality rates, in these post-COVID-19 periods. On the other hand, accelerated excessive mortality rates between chronic cancer and cardiovascular affected patients (CCCAPs) who mostly survived all kinds of routine treatments (3 up to 20 years), disastrously decreased even into months a remarkable paradoxical developing aspect, phenomenally [1,2].

What is (un)known up to 2024?

Four years ago, a systemic review published by Moss HA et al. 2020 described a systematic search for different aspects relevant to Health and disease studies using the PubMed/MEDLINE,

EMBASE, Scopus, and Cochrane databases. Three independent observers used an abstraction

form to code outcomes and Performa quality and risk of bias assessment using predefined criteria over Medicare / Medicaid failure in the 21st Century. Multiple studies in the last years [1-9], have shed light on the effects of Medicaid/ Medicare expansion on access to modern health care tools. More than 10000 Lancet, Nature, and Scientific Reports have been retracted in the last 4-5 years (Nature News December 2023). Besides, there is strong evidence that advanced tools have been associated with an improved quality of Medicare/ Medicaid, since 2000. Moreover, a significant increase in patient perception of affordability has been observed, remarkably, in the last decade [4-6].

Simultaneously, Many KA. et al 2024 postulated that in their study they observed that people living with cancer are at 2 times greater risk of dying from COVID-19 infections, compared with the

general US population, however. These kinds of study results may be used by physicians and public health officials in the creation of survivorship programs that mitigate the risk of COVID-19 mortality between CCCAPs, as well [5]. Understanding different mechanisms of either unilateral or -bidirectional interactions between different angles of the death triangle is a lifesaving novel idea that I invented in 2018. There are different blood cells and lymphatic cells that could play a role in accelerated death caused by the CCCAPs i.e. increased Thrombophilia, Thrombosis, Thromboembolic, and Platelet hyperactivity especially triple A-dysfunctions of human blood platelets in CCCAPs were already known facts; but whether different COVID-19 mutants could either (re-de)activate and/or accelerate death triangle machinery, are complex (re)action mechanisms, which the ultimate proof-of-principles are not presented completely yet.

Furthermore, the Speed of different pathological processes between either Acute- or Chronic CCAPs can initiate susceptibility to getting an earlier infection also remaining unknown aspects, as well. In 2024, obviously, the place of increased morbidity and mortality rates was also important to study as a potential cause-effect resulting in accelerated mortality rates between CCCAPs. Remarkably most CCCAPs who died from cancer were living in four main states/ cities namely California, Florida, Texas, and New York with more than 140000-194000 annually [7], indicating that something is wrong in these states that should be elucidated ASAP.

Such 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 the CCCAPs in the last 4-5 years, have being abused as a cultural medium as in-vivo Laboratory rabbits, using different COVID-19 mutants kinetic and dynamics on human-natural microbiota (transmission test and humanizing aspects), to unravel how either additively, or synergistically can affect human hemato-oncologic processes, randomly, in-vivo. Moreover, how novel coronavirus variants interact with novel COVID-19 mutants, was also not entirely investigated, and their interaction with humans and between animals has been not completely elucidated yet. There are (un) known reasons to mention, while in the last 4-5 years, suddenly CCCAPs died in an accelerated manner (www.ourworldindata.com and www.hartstichting.nl) The sincere question remains that "which aspect of underlying morbidity-mortality mechanism(s) is(are) not elucidated completely? And why not?

There are different hypotheses, speculations, and model systems that predict Why? How? What? Which action mechanism might play a significant role in inducing accelerated activation of death receptors, causing excessive morbidity and mortality rates, however [1,2]. Though there is no direct evidence-based cause-effect study to assess a proof-of-principle mechanism or more in detail, highlight the abovementioned questions and their relevant

answers to them. On the other hand, of course, some different barriers and restrictions could be mentioned as the main cause of such a delay in offering taxpayers' logical answers, i.e. 1. prevention of Fact-based research and Developments(R&Ds) however, 2. Economic-Based Goals (EBGs) [1,2] versus the Affordable Care Acts (ACA) [2-4], although, the ACA had improved access to Medicare/Medicaid, resulting in better insurance coverage and reduced disparities [5]. Every relevant R&Ds in Medicare & Medicaid of subjects was put under EBGs and continuously tested whether is 1. profitable yes/no? to do certain activities or 2. can cure the subject yes, or no? And if no 3. To manage costs, do something, for example, start removing subjects from routine Medicare/ Medicaid, however.

To remove disparities some essential steps toward long-term survival chance for subjects that were done that in the last 4-5 years, were not only not effective but also caused an accelerated excessive morbidity and mortality rates, between cancer and cardiovascular affected patients, eventually [1-9]. Taken together, all the abovementioned (re)activities and responses to prolong the survival chance of cancer and cardiovascular-affected patients resulted in a paradoxical increase in accelerated excessive morbidity and mortality rates between CCCAPs, however. The exact mechanism(s) is not completely elucidated and because of limited funding of fact-based R&D by EBSs might play a pivotal role in cover ups of discovery sciences to prevent accelerated mortality rates.

Conflict of Interest

No conflict of interest was reported, of any kind.

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