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This useful reference provides solid knowledge of the risks and benefits associated with the cancer screening process, assesses abnormal results and therapeutic outcomes, and facilitates the communication of these issues to patients. Describes screening tests from individual, health care, ethical, legal, and regulatory perspectives! Gathering insights from over 35 international experts in the field, Cancer Screening details the screening procedures available for a wide variety of cancers offers a practical approach to screening implementation for a number of cancer sites discusses the explicit methodology of judging screening tests reports screening recommendations from various organizations analyzes the strengths and hazards of current screening procedures as well as the quality of supporting evidence appraises the utility of screening tests versus other health care strategies presents a basis for judging future screening technologies such as genetic testing and more! Including over 1300 references, tables, and figures, Cancer Screening is an indispensable guide for basic and clinical oncologists, internists and family practitioners, gynecologists, public health physicians, health policy specialists, health economists, health educators, prevention and early detection advocates, epidemiologists, biometricians, statisticians, and medical school and graduate students in these disciplines. The Radiation Exposure Compensation Act (RECA) was set up by Congress in 1990 to compensate people who have been diagnosed with specified cancers and chronic diseases that could have resulted from exposure to nuclear-weapons tests at various U.S. test sites. Eligible claimants include civilian onsite participants, downwinders who lived in areas currently designated by RECA, and uranium workers and ore transporters who meet specified residence or exposure criteria. The Health Resources and Services Administration (HRSA), which oversees the screening, education, and referral services program for RECA populations, asked the National Academies to review its program and assess whether new scientific information could be used to improve its program and determine if additional populations or geographic areas should be covered under RECA. The report recommends Congress should establish a new science-based process using a method called "probability of causation/assigned share" (PC/AS) to determine eligibility for compensation. Because fallout may have been higher for people outside RECA-designated areas, the new PC/AS process should apply to all residents of the continental US, Alaska, Hawaii, and overseas US territories who have been diagnosed with specific RECA-compensable diseases and who may have been exposed, even in utero, to radiation from U.S. nuclear-weapons testing fallout. However, because the risks of radiation-induced disease are generally low at the exposure levels of concern in RECA populations, in most cases it is unlikely that exposure to radioactive fallout was a substantial contributing cause of cancer. Worldwide, cancer is responsible for one in eight deaths--more than AIDS, tuberculosis, and malaria combined. This global burden starkly illustrates the inequality between the developed and the developing world. While the majority of people living in developed countries receive timely treatment, those living in developing countries are not as fortunate and their survival rates are much lower--not only due to delays in diagnosis, but also to a lack of personnel, a paucity of treatment facilities, and the unavailability of many medications. Routine screening--a mainstay in the developed world--could greatly increase the likelihood of identifying individuals with early stage cancers and thus reduce the number of people who present with advanced disease. This book represents a critical addition to the literature of global health studies. Focusing on cervical, breast, and oral cancers, these case studies highlight innovative strategies in cancer screening in a diverse array of developing countries. The authors discuss common issues and share how obstacles--medical, economic, legal, social, and psychological--were addressed or overcome in specific settings. Each chapter offers an empirical discussion of the nature and scope of a screening program, the methodology used, and its findings, along with a candid discussion of challenges and limitations and suggestions for future efforts. This work has been selected by scholars as being culturally important, and is part of the knowledge base of civilization as we know it. This work was reproduced from the original artifact, and remains as true to the original work as possible. Therefore, you will see the original copyright references, library stamps (as most of these works have been housed in our most important libraries around the world), and other notations in the work. This work is in the public domain in the United States of America, and possibly other nations. Within the United States, you may freely copy and distribute this work, as no entity (individual or corporate) has a copyright on the body of the work. As a reproduction of a historical artifact, this work may contain missing or blurred pages, poor pictures, errant marks, etc. Scholars believe, and we concur, that this work is important enough to be preserved, reproduced, and made generally available to the public. We appreciate your support of the preservation process, and thank you for being an important part of keeping this knowledge alive and relevant. The test substance is administered in graduated doses to several groups of males and females. Males should be dosed for a minimum of four weeks; females should be dosed throughout the study (approximately 54 days). Normally, matings "one male to one ... Screening programmes involve the systematic offer of testing for populations or groups of apparently healthy people to identify individuals who may be at future risk of a particular medical condition or disease, with the aim of offering intervention to reduce their risk. For many years, screening was practised without debate, and without evidence, but in the 1960s serious challenges were raised about many of the screening procedures then being practised. Benefits and harms of screening must be measured in high quality trials, and the benefits of screening must be weighed alongside the negative side-effects. Concerns were raised about potential and actual harm arising when people without a health problem received dangerous and unnecessary investigations and treatments as a result of routine screening tests. Controversy raged, and it took some 50 years to achieve widespread recognition that evidence-based and quality assured programme delivery was essential, coupled with provision of balanced informed to enable informed choice for potential participants. Commercially motivated provision of poor quality and non-evidence based screening tests is increasing and screening remains a highly contested topic that has relevance in all health systems including for the general public and media. This book serves as a practical and comprehensive guide to all aspects of screening. Following the international success of the first edition, this second edition brings extensive updates and new case study material. The first section deals with concepts, methods, and evidence, charts the story of screening back to 1861, and covers all aspects of a screening programme and how to research the full consequences. The second section is a practical guide to sound policy-making and to high quality delivery of best value screening. The controversies, paradoxes, uncertainties, and ethical dilemmas of screening are explained, and each chapter is packed with examples, real-life case histories, helpful summary points, and self-test questions. Reference is made to the NHS, a leader in screening, but the primary focus is on universal principles, making the book highly relevant across the globe. In conjunction with top survey researchers around the world and with Nielsen Media Research serving as the corporate sponsor, the Encyclopedia of Survey Research Methods presents state-of-the-art information and methodological examples from the field of survey research. Although there are other "how-to" guides and references texts on survey research, none is as comprehensive as this Encyclopedia, and none presents the material in such a focused and approachable manner. With more than 600 entries, this resource uses a Total Survey Error perspective that considers all aspects of possible survey error from a cost-benefit standpoint. Screening Partnership Program: TSA's Cost and Performance Independent Study Handbook for Clinical Trials of Imaging and Image-Guided Interventions is the first single-source, multi-disciplinary reference, based on the didactic sessions presented at the annual 'Clinical Trials Methodology Workshop' for radiologists, radiation oncologists and imaging scientists (sponsored by the Radiological Society of North America (RSNA)). It focuses on educating radiologists, radiation oncologists and those involved in imaging research with how to design and conduct clinical trials to evaluate imaging technology and imaging biomarkers. The internationally renowned contributors take a broad approach, starting with principles of technology assessment, and then move into specific topics covering the clinical trials of therapy and clinical research in imaging guided interventions including radiotherapy. They discuss the use of imaging as a predictor of therapeutic response, screening trial design, and the practicalities of how to run an efficient clinical trial and good working practices. Later chapters provide a comprehensive array of quantitative methods including: an introduction to statistical considerations in study design, biostatistical analysis methods and their role in clinical imaging research, methods for quantitative imaging biomarker studies, and an introduction to cost effectiveness analysis. Handbook for Clinical Trials of Imaging and Image-Guided Interventions will educate and prepare radiologists at all levels and in all capacities in planning and conducting clinical imaging trials. The basic principles of early disease detection, practical considerations, including the application of screening procedures in a number of different disease conditions, and, finally, present techniques and possible developments in methodology. Screening for the chronic non-communicable diseases prevalent in the more advanced countries forms the main subject of the report, but the problems facing countries at other stages of development and with different standards and types of medical care are also discussed, and because of this communicable disease detection is also dealt with to some extent. Cancer is the leading cause of death in the Asian American (AA) population; yet cancer screening rates in the AA population are lower compared to other major racial groups. To have a better understanding of AA women's health decisions, especially in choosing to screen for cancer, a qualitative exploratory study was conducted. Participants were asked to complete a brief health survey and a one-time in-depth interview regarding their perceptions of health, cancer, and cancer screening. A total of 26 AA women completed the study. Results of constant comparison analysis showed that (a) accurate knowledge about a health behavior is important to make an informed decision about cancer screening, (b) social contacts may be instrumental in raising awareness about health and cancer issues, and (c) having healthcare coverage provided the access to screen for cancer and paved the way for participants to have a relationship with their healthcare provider and receive reminders to screen for cancer. Through exploration of AA women's health and cancer screening perceptions, findings from this study will add to the scant research available on the AA population and may be used to better tailor cancer screening interventions for AA women. Moving images are used as diagnostic tools and locational devices every day in hospitals, clinics and laboratories. But how and when did such issues come to be established and accepted sources of knowledge about the body in medical culture? How are the specialized techniques and codes of these imaging techniques determined, and whose bodies are studied, diagnosed and treated with the help of optical recording devices? "Screening the Body" traces the unusual history of scientific film during the late 19th and early 20th centuries, presenting material that is at once disturbing and engrossing. Lisa Cartwright looks at films like "The Elephant Electrocutation". She brings to light eccentric figures in the history of the science film such as William P. Spratling who used Biograph equipment and crews to film epileptic seizures, and Thomas Edison's lab assistants who performed x-ray experiments on their own bodies. Drawing on feminist film theory, cultural studies, the history of film, and the writings of Foucault, Lisa Cartwright illustrates how this scientific cinema was a part of a broader tendency in society toward the technological surveillance, management, and physical transformation of the individual body and the social body. She frequently points out the similarities of scientific film to works of avant-garde cinema, revealing historical ties among the science film, popular media culture and elite modernist art and film practices. Ultimately, Cartwright unveils an area of film culture that has rarely been discussed, but which will leave readers scouring video libraries in search of the films she describes. Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are

handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

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