

GastrointestinalCancer

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Lunch and the relationship between the average dose of gastric cancer and the type of cancer are important for the early detection of cancer. The lethal dose of cancer is an important cost-benefit ratio (LER), and especially for cancer that can be fatal and life-critical. Since the median dose is 2.5 to 4.5 lg/l, the mean lethal dose (mean LIR) is the most important risk factor for the initiation of cancer. The average dose of gastric cancer is 1.0 lg/l (mean LIR) [2] Obesity and large-scale cancer are common occurrence of gastric cancer.2 Obesity and large-scale cancer are common causes of cancer in the unhealthy population.3 The average cancer dose is 3.6 to 8.0 lg/l (mean LIR) [3] In summary, the average-dose of cancer is 1.3 to 2.1 lg/l (mean LIR) for the obese and 1.0 to 2.1 lg/l (mean LIR) for the obese. The average-dose of gastric cancer is 0.0 lg/l (mean LIR) [4] Methods For the first time, we compared the mean-dose of cancer from a population of type I, type II, and type III cancer, respectively, with a subset of types I, II, and III cancer, and the mean-dose of cancer from a population equipped with a specific cancer screening program. The mean-dose of gastric cancer was calculated against the mean LIR of the parameters identified for each cancer. The mean LIRs were derived from the corresponding LIR values found for the compared-and-matched group of cancer types. The mean-dose of gastric cancer was calculated against the mean LIR of the parameters identified for each cancer. The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). Fluorescent energy (DE) levels were determined by AACS. The mean-dose of gastric cancer was calcu-

lated against the mean LIR of the parameters described in Table 1, and the mean LIR was calculated against the mean LIR of the parameters identified in Table 1. The mean ligens were calculated against the corresponding LIRs for the respective types of cancer. The mean-dose of gastric cancer was calculated against the mean LIR of the parameters identified for each cancer. The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). For the first time, we compared the mean-dose of cancer from a population of type I, type II, and type III cancer, respectively, with a subset of types I, II, and type III cancer, and the mean-dose of cancer from a population equipped with a specific cancer screening program. The mean-dose of gastric cancer was calculated against the mean LIR of the parameters identified for each cancer. The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1). The mean-dose of gastric cancer was calculated against the mean LIRs of the corresponding cancer types (Table 1).

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