

# NIH Consensus Development Conference: Ovarian Cancer: Screening, treatment, and follow up - April 5-7, 1994: Program and abstracts.

## National Institutes of Health - BREAST CANCER GENETICS: Implications for Clinical Practice



Description: -

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Financial services industry.

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Ovarian Cancer--Congresses

Ovarian neoplasmsNIH Consensus Development Conference:

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### Effect of Surgeon Specialty on Processes of Care and Outcomes for Ovarian Cancer Patients

The range and the median percentage of immunostaining, percentage values regarded as overexpression cutoff value and the numbers of specimens displaying positive staining are shown in. Approximately 7072 CI, 3610 to 584,750 women with average risk need to be screened to prevent 1 case of ovarian cancer by undergoing oophorectomy.

### Cyclin D1 predicts the prognosis of advanced serous ovarian cancer

Trials reported significantly increased cataracts; hot flashes; , vaginal discharge, bleeding, and other gynecologic problems; , brittle nails; and mood changes, among other symptoms.

### Cyclin D1 predicts the prognosis of advanced serous ovarian cancer

It is not known how these differences influence patient decisionmaking. Significant p-values are indicated in boldface type.

### NIH Consensus Development Conference: Ovarian Cancer: Screening, treatment, and follow up (edition)

Lerman C, Schwartz MD, Miller SM, Daly M, Sands C, Rimer BK.

### Cyclin D1 predicts the prognosis of advanced serous ovarian cancer

The clinical and pathological characteristics of the patient cohort are shown in.

### **Development of ovarian cancer surgery quality indicators using a modified Delphi approach**

Raising awareness of these issues, addressing limitations in the availability and distribution of more specialized surgeons, and removing barriers to access to specialized care , may have as great an impact on the burden of this disease as many of our best chemotherapy regimens.

### **NIH Consensus Development Conference: Ovarian Cancer: Screening, treatment, and follow up (edition)**

Long-term satisfaction and psychological and social function following bilateral prophylactic mastectomy. Surgical procedures were identified using International Classification of Diseases, 9th revision, Clinical Modification ICD-9-CM codes, AMA Current Procedural Terminology CPT codes, and SEER-identified site-directed surgery codes.

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