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Volume 1, J. Cancer
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Research Papers Cancer
This comprehensive text provides a detailed overview of the molecular mechanisms underpinning the development of cancer and its treatment. Written by an international panel of researchers, specialists and practitioners in the field, the text discusses all aspects of cancer biology from the causes, development and diagnosis through to the treatment of cancer. Written by an international panel of researchers, specialists and practitioners in the field Covers both traditional areas of study and areas of controversy and emerging importance, highlighting future directions for research Features up-to-date coverage of recent studies and discoveries, as well as a solid grounding in the key concepts in the field Each chapter includes key points, chapter summaries, text boxes, and topical references for added comprehension and review Supported by a dedicated website at www.blackwellpublishing.com/pelengaris An excellent text for upper-level courses in the biology of cancer, for medical students and qualified practitioners preparing for higher exams, and for researchers and teachers in the field

One quarter of UK deaths are from cancer, and the large majority of these tumours initially present to primary care. The aim of the book is to inform primary care clinicians about the way cancer presents to primary care, and how they can select patients for investigation. It includes chapters on screening, systemic symptoms (which may be present with a number of cancers), and the terms used in cancer epidemiology. A final section of 'case-studies' offers an important opportunity for teaching or self-assessment. Co-edited by an academic GP and a primary care methodologist, thus ensuring it is perfectly tailored to primary care Multi-contributor in nature, ensuring that the most up-to-date information on each cancer is accurately provided Includes latest research findings Discusses reorganisation of cancer diagnostics Explores changes in cancer screening Clarifies everyday diagnostic difficulties, lessening the chance of GPs missing a malignancy Improves appropriateness of patient care Improves risk management skills Gives 'spin free' facts in an accessible, easy writing style Avoids unnecessary jargon Gives guidance on the NICE guidelines Covers all of the major cancers Case studies included which can be used for CME/reevaluation

Research Papers Cancer
Research Paper. Protein Profiling of Isolated Leukocytes, Myofibroblasts, Epithelial, Basal, and Endothelial Cells from Normal, Hyperplastic, Cancerous, and Inflammatory Human Prostate Tissues. Zahraa I. Khamis, Kenneth A. Iczkowski, Ziad J. Sahab, Qing-Xiang Amy Sang. Journal of Cancer 2010, 1: 70-79.

Cancer cell biology research in general, and anti-cancer drug development specifically, still relies on standard cell culture techniques that place the cells in an unnatural environment. As a consequence, growing tumor cells in plastic dishes places a selective pressure that substantially alters their original molecular and phenotypic properties.The emerging field of regenerative medicine has developed bioengineered tissue platforms that can better mimic the structure and cellular heterogeneity of in vivo tissue, and are suitable for tumor bioengineering research. Microengineering technologies have resulted in advanced methods for creating and culturing 3-D human tissue. By encapsulating the respective cell type or combining several cell types to form tissues, these model organs can be viable for longer periods of time and are cultured to develop functional properties similar to native tissues. This approach recapitulates the dynamic role of cell–cell, cell–ECM, and mechanical interactions inside the tumor. Further incorporation of cells representative of the tumor stroma, such as endothelial cells (EC) and tumor fibroblasts, can mimic the in vivo tumor microenvironment. Collectively, bioengineered tumors create an important resource for the in vitro study of tumor growth in 3D including tumor biomechanics and the effects of anti-cancer drugs on 3D tumor tissue. These technologies have the potential to overcome current limitations to genetic and histological tumor classification and development of personalized therapies.

This collection includes the original cancer research papers by Dr. Otto Warburg and his colleagues in their original text. It includes additional articles NOT found in “The Metabolism of Tumours.” The collection includes these articles: —The Prime Cause and Prevention of Cancer —On the Origin of Cancer Cells —The Metabolism of Tumours in the Body —On the Respiratory Impairment of Cancer Cells —The Chemical Constitution of Respiration Ferment —The Oxygen Transferring Ferment of Respiration —The Metabolism of Carcinoma Cells —The Carbohydrate Metabolism of Tumours —Observation on the Carbohydrate Metabolism of Tumours —Enzymic Studies on Ascitic Tumours and Their Host’s Blood Plasmas If a lowered oxygen pressure during cell growth may cause cancer, or, more generally, if any inhibition of respiration during growth may cause cancer, then a next problem is to show why reduced respiration induces cancer. Since we already know that with a lowering of respiration fermentation results, we can re- express our question: Why does cancer result if oxygen-respiration is replaced by fermentation? The early history of life on our planet indicates that life existed on earth before the earth’s atmosphere contained free oxygen gas. The living cells must therefore have been fermenting cells then, and, as fossils show, they were undifferentiated single cells. Only when free oxygen appeared in the atmosphere - some billion years ago - did the higher development of life set in, to produce the plant and animal kingdoms from the fermenting, undifferentiated single cells. What the philosophers of life have called “Evolution créatrice” has been and is therefore the work of oxygen. The reverse process, the dedifferentiation of life, takes place today in greatest amount before our eyes in cancer development, which is another expression for dedifferentiation. To be sure, cancer development takes place even in the presence of free oxygen gas in the atmosphere, but this oxygen may not penetrate in sufficient quantity into the growing body cells, or the respiratory apo-enzymes of the growing body cells may not be saturated with the active groups. In any case, during the cancer development the oxygen-respiration always fails, fermentation appears, and the highly differentiated cells are transformed to fermenting anaerobes, which have lost all their body functions and retain only the now useless property of growth. Thus, when respiration disappears, life does not disappear, but the meaning of life disappears, and what remains are growing machines that destroy the body in which they grow.

In the late 1980s, the National Cancer Institute initiated an investigation of cancer risks in populations near 52 commercial nuclear power plants and 10 Department of Energy nuclear facilities (including research and nuclear weapons production facilities and one reprocessing plant) in the United States. The results of the NCI investigation were used a primary resource for communicating with the public about the cancer risks near the nuclear facilities. However, this study is now over 20 years old. The U.S. Nuclear Regulatory Commission requested that the National Academy of Sciences provide an updated assessment of cancer risks in populations near USNRC-licensed nuclear facilities that utilize or process uranium for the production of electricity. Analysis of Cancer Risks in Populations near Nuclear Facilities: Phase 1 focuses on identifying scientifically sound approaches for carrying out an assessment of cancer risks associated with living near a nuclear facility, judgments about the strengths and weaknesses of various statistical power, ability to assess potential confounding factors, possible biases, and required effort. The results from this Phase 1 study will be used to inform the design of cancer risk assessment, which will be carried out in Phase 2. This report is beneficial for the general public, communities near nuclear facilities, stakeholders, healthcare providers, policy makers, state and local officials, community leaders, and the media.

Research Papers Cancer
Thoracic Malignancies: Thoracic Malignancies is the first title in Radiation Medicine Rounds. These tumors take more lives than any others and they are among the most preventable of tumors. Thus it is crucial for the practitioner to be up-to-date on the latest insights regarding their management. Thoracic Malignancies addresses the multi-disciplinary nature of the care of these tumors. There is representation from radiation oncology, medical oncology, and surgery ensuring a well-rounded summarization of current practice. Included are chapters on lung cancer, esophageal cancer, and thymomas providing coverage of the vast majority of thoracic tumors. The multi-disciplinary nature of the articles provides readers with an up-to-date summary and a well-rounded review regarding these tumors and their care. Expert authors provide reviews and assessments of the most recent data and its implications for current clinical practice, along with insights into emerging new trends of importance for the near future. About the Series Radiation Medicine Rounds is an invited review publication providing a thorough analysis of new scientific, technologic, and clinical advances in all areas of radiation medicine. There is an emphasis throughout on multidisciplinary approaches to the specialty, as well as on quality and outcomes analysis. Published three times a year Radiation Medicine Rounds provides authoritative, thorough assessments of a wide range of hot topicsO and emerging new data for the entire specialty of radiation medicine. Features of Radiation Medicine Rounds include: Editorial board of nationally recognized experts across the spectrum of radiation medicine In-depth, up-to-date expert reviews and analysis of major new developments in all areas of Radiation Medicine Issues edited by an authority in specific subject area Focuses on major topics in Radiation Medicine with in-depth articles covering advances in radiation science radiation medicine technology, radiation medicine practice, and assessment of recent quality and outcomes studies Emphasizes multidisciplinary approaches to research and practice

This book explores in depth the relation between physical activity and cancer control, including primary prevention, coping with treatments, recovery after treatments, long-term survivorship, secondary prevention, and survival. The first part of the book presents the most recent research on the impact of physical activity in preventing a range of cancers. In the second part, the association between physical activity and cancer survivorship is addressed. The effects of physical activity on supportive care endpoints (e.g., quality of life, fatigue, physical functioning) and disease endpoints (e.g., biomarkers, recurrence, survival) are carefully analyzed. In addition, the determinants of physical activity in cancer survivors are discussed, and behavior change strategies for increasing physical activity in cancer survivors are appraised. The final part of the book is devoted to special topics, including the relation of physical activity to pediatric cancer survivorship and to palliative cancer care.

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