





Imaging Recommendations for Diagnosis, Staging, and Management of Ovarian and Fallopian Tube Cancers

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Abstract

Ovarian malignancy the third most common gynecological malignancy and is the leading cause of death in women. Non-specific clinical presentation delays the diagnosis, and they often present in the advanced stage of disease. No imaging modality is recommended for screening as there is no significant mortality reduction. Ultrasound (USG) is usually the initial modality in suspected ovarian mass. MRI is recommended for the characterization of indeterminate ovarian or adnexal mass on USG. CT abdomen and pelvis with oral and IV contrast is the recommended imaging modality in staging the disease, predicting the resectability and in selecting the patients who would benefit from neoadjuvant chemotherapy. Early ovarian cancers are staged by post-surgical histology and undergo upfront surgery. Advanced disease benefit by neoadjuvant chemotherapy and less morbidity by interval cytoreduction where image-guided biopsy is performed for histological diagnosis. Follow-up recommendations are based on tumor histology. CT/PET CT is recommended for diagnosing recumence.

Keywords

- screening
- CT
- staging
- resectability
- cytoreduction
- follow-up
- PET CT

Introduction

Ovarian cancer is the second most common gynecological cancer worldwide and third most common in developed countries. About 95% of ovarian malignancies are epithelial origin and the rest arise from other subtypes. The two broad subtypes of epithelial ovarian cancers are type 1 that are lowgrade tumors and type 2 that are aggressive tumors and most

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Advanced Head and Neck Cancer: from Organ Preservation Strategies to extended resections and reconstruction Vittorio Rampinelli, Francesco Missale, Filippo Marchi, Claudio Sampieri, 2025-09-22 Head and neck cancer represents a significant challenge in oncology due to its intricate anatomy diverse etiology and potential for functional impairment Over the years there has been a paradigm shift in the management of advanced head and neck cancer marked by the evolution from traditional treatment approaches towards more nuanced strategies focusing on organ preservation induction chemotherapy immunotherapy extended resections and meticulous reconstruction. The goal of this research topic is multifaceted Knowledge Advancement we seek to consolidate the latest research and insights in the field of advanced head and neck cancer disseminating cutting edge findings and novel approaches By synthesizing diverse perspectives and expertise the special issue aims to contribute to the collective understanding of the disease process combination of treatment modalities and related outcomes Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips From University of Iowa Hospitals & Clinics, Second Edition Laura Cullen, Kirsten Hanrahan, Michele Farrington, Sharon Tucker, Stephanie Edmonds, 2022-07-27 Building on extensive real life experience with EBP this expert team from University of Iowa Hospitals Clinics provides vital guidance to clinicians at the cutting edge of care improvement Kathleen R Stevens EdD MS RN ANEF FAAN Castella Endowed Distinguished Professor School of Nursing and Institute for Integration of Medicine Science CTSA University of Texas Health Science Center San Antonio This new edition is essential for all who want to deliver evidence based care Beautifully organized it is readable practical and user friendly Kathleen C Buckwalter PhD RN FAAN Professor Emerita University of Iowa College of Nursing Distinguished Nurse Scientist in Aging Reynolds Center Oklahoma University Health Sciences Center College of Nursing Evidence Based Practice in Action Second Edition will continue to ensure high quality evidence based care is implemented in healthcare systems across the country and the world It should also be a well worn tool in every implementation scientist's toolkit Heather Schacht Reisinger PhD Professor Department of Internal Medicine Associate Director for Engagement Integration and Implementation Institute for Clinical and Translational Science University of Iowa Translate knowledge research and clinical expertise into action The biggest barrier to effective evidence based practice EBP is the failure to effectively translate available knowledge research and clinical expertise into action This failure is rarely due to lack of information understanding or experience In fact it usually comes down to a simple lack of tools and absence of a clear plan to integrate EBP into care Problem solved Evidence Based Practice in Action Second Edition is a time tested application oriented EBP resource for any EBP process model and is organized based on The Iowa Model Revised Evidence Based Practice to Promote Excellence in Health Care This book offers a proven detailed plan to help nurses and healthcare professionals promote and achieve EBP implementation adoption sustained use TABLE OF CONTENTS Chapter 1 Identify Triggering Issues Opportunities Chapter 2 State the Question or Purpose Chapter 3 Is This Topic a Priority Chapter

4 Form a Team Chapter 5 Assemble Appraise and Synthesize Body of Evidence Chapter 6 Is There Sufficient Evidence Chapter 7 Design and Pilot the Practice Change Chapter 8 Evaluation Chapter 9 Implementation Chapter 10 Is Change Appropriate for Adoption in Practice Chapter 11 Integrate and Sustain the Practice Change Chapter 12 Disseminate Results Appendix A The Iowa Model Revised Evidence Based Practice to Promote Excellence in Health Care Appendix B Iowa Implementation for Sustainability Framework Appendix C Select Evidence Based Practice Models Appendix D Glossary

New Strategies to Advance Pre/Diabetes Care: Integrative Approach by PPPM Mahmood S. Mozaffari, 2013-03-13 This book is intended to provide up to date and emerging information in the field of diabetes mellitus with a focus on preventive predictive and personalized medicine **Dysphagia - E-Book** Michael E. Groher, Michael A. Crary, 2020-07-15 Master the evaluation and treatment of swallowing disorders Dysphagia Clinical Management in Adults and Children 3rd Edition provides the information you need to diagnose and manage dysphagia in patients of all ages Emphasizing evidence based practice this complete resource covers topics from esophageal disorders to respiratory and iatrogenic disorders This edition adds a new Aging and Dysphagia chapter and is updated with the latest research and advances in dysphagia management Written by speech language pathology educators Michael E Groher and Michael A Crary this guide helps you develop clinical reasoning skills and learn today s best practices in dysphagia management Learning features include chapter outlines learning objectives and bullet point summaries in each chapter helping you focus on and master key content Emphasis on evidence based practice prepares you to make and then properly support your diagnostic and treatment decisions Case histories promote critical thinking in realistic clinical situations Critical thinking questions help you assess your knowledge and reinforce understanding of the material Video clips on the Evolve companion website depict a range of swallowing disorders NEW Aging and Dysphagia chapter examines the increasing evidence that older persons living at home may be at risk for dysphagia without any overt underlying disease UPDATED Treatment for Adults chapter is thoroughly revised NEW Clinical Pearls highlight key information that you need to know to prepare for the clinical setting UPDATED content and references throughout reflect the latest research in the field Hagberg and Benumof's Airway Management, E-Book Carin A. Hagberg, 2022-08-02 Considered the go to reference in airway management not only in anesthesia practice but also in emergency medicine and intensive care settings Hagberg and Benumof's Airway Management ensures that practitioners worldwide are familiar and proficient with the most recent developments in equipment and scientific knowledge in this fast changing area Covering all aspects of this fundamental practice the new 5th Edition facilitates the safe performance of airway management for all airway practitioners regardless of specialty using a concise how to approach carefully chosen illustrations and case examples and analysis throughout The only volume of its kind completely dedicated to airway management this edition features Well illustrated and tightly focused coverage with anatomical drawings charts algorithms photos and imaging studies for quick reference many new to this edition Key Points in every chapter as well as up to date

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Bouncebacks Emergency Medicine books examines the bounceback visit putting the reader in the footsteps of the clinician as the patient deteriorates The story pauses at important decision points as possible management strategies are reviewed in a literature based fashion followed by a revelation of the path chosen by the actual provider As the patient's course progresses we reach additional decision points and address further clinical questions In addition to our chapter authors many with expertise in critical care emergency medicine we have an all star lineup of expert whisperers first an EM critical care section editor below and second EMCRIT org s double boarded critical care guru Scott Weingart Their comments are inserted in grey boxes and are intended to give tips and tricks borne of experience and to provide context to the literature as if they are standing over our shoulder and advising during a resuscitation Additionally there are three chapters where we address the medical legal aspects of care Enter Greg Henry MD past president of The American College of Emergency Physicians ACEP and one of the most experienced physician medical legal experts in the country He opines on the approach that both the defense and plaintiff would likely pursue and by extension how we can make patients safer through our evaluation and documentation before there is an adverse outcome Whereas these chapters contain the actual documentation from the ED chart a very few chapters have slight modifications to the final aspects of the return visit at decision point 3 to allow for exploration of different critical care scenarios There is still plenty of commentary on the documentation missed red flags and what could have been done to improve care at the initial visit Our goal is to make each chapter challenging dynamic and realistic to move us from standard of care to excellence in care Book Review It s back it s Bouncebacks One of the mostly widely read and highly regarded education series in all of Emergency Medicine Clinicians fear the medical malpractice landscape but Mike Weinstock and the team give you all the tools you need to protect yourselves Documentation people documentation Now with a critical care version Read this book sleep better at night as simple as that Love love this series Mel Herbert MD MBBS BMedSci FACEP FAAEMProfessor of Emergency Medicine at the Keck School of Medicine LAC USC Medical Center Owner and Editor of EM RAP The SAGES Manual of Strategic Decision Making Carol E.H. Scott-Conner, José E. Torres, Nate Thepjatri, 2008-06-19 Minimal access whenever feasible in the performance of most general surgical procedures is now well established However many areas still need clari cation They range from indications and contraindications to the optimal route of access as well as to choices to be made among the various procedures possible for any single surgical problem This M ual is unique in that unlike most manuals it is not so much a how to but more a when to the how to having been covered to a signi cant extent in the two previous SAGES manuals This work takes a series of common clinical scenarios and offers various detailed often contrasting approaches commonly but not exclusively minimal access discussing indications limitations and potential complications In this age of evidence based surgical practice the reader will nd it refreshing to have abundant data and references to support or reject a particular approach or technique With a cadre of surgeon authors skilled in open as well as minimal access surgery including exible endoscopy the student and practitioner of surgery is exposed to not only varying approaches to many common surgical conditions but also comes to appreciate how exibility and integration of various approaches can improve the outcome for the patient The forty six chapters can each constitute a stand alone discussion **Neuropalliative Care**,2023-01-03 Neuropalliative Care Part Two Volume 191 covers a type of care that is given when there is no cure for the neurological disorder and the patient is in distress It provides a scholarly background of neuropalliative care from historic underpinnings to its practice in various geographical regions along with best practices for specific neurological disorders It covers the work of multi or interdisciplinary teams whose care is intended to make the patient as comfortable as possible and includes partners and families in treatment plans Summarizes research in neuropalliative care Identifies current practices in different geographic regions Provides best practices for specific neurological disorders and patient populations Includes advanced care planning

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Table of Contents Tube Recommendations Advanced Strategies

- 1. Understanding the eBook Tube Recommendations Advanced Strategies
 - The Rise of Digital Reading Tube Recommendations Advanced Strategies
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Tube Recommendations Advanced Strategies
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Tube Recommendations Advanced Strategies
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Tube Recommendations Advanced Strategies
 - Personalized Recommendations
 - Tube Recommendations Advanced Strategies User Reviews and Ratings
 - Tube Recommendations Advanced Strategies and Bestseller Lists
- 5. Accessing Tube Recommendations Advanced Strategies Free and Paid eBooks

- Tube Recommendations Advanced Strategies Public Domain eBooks
- Tube Recommendations Advanced Strategies eBook Subscription Services
- Tube Recommendations Advanced Strategies Budget-Friendly Options
- 6. Navigating Tube Recommendations Advanced Strategies eBook Formats
 - o ePub, PDF, MOBI, and More
 - Tube Recommendations Advanced Strategies Compatibility with Devices
 - Tube Recommendations Advanced Strategies Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Tube Recommendations Advanced Strategies
 - Highlighting and Note-Taking Tube Recommendations Advanced Strategies
 - Interactive Elements Tube Recommendations Advanced Strategies
- 8. Staying Engaged with Tube Recommendations Advanced Strategies
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Tube Recommendations Advanced Strategies
- 9. Balancing eBooks and Physical Books Tube Recommendations Advanced Strategies
 - Benefits of a Digital Library
 - \circ Creating a Diverse Reading Collection Tube Recommendations Advanced Strategies
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Tube Recommendations Advanced Strategies
 - Setting Reading Goals Tube Recommendations Advanced Strategies
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Tube Recommendations Advanced Strategies
 - Fact-Checking eBook Content of Tube Recommendations Advanced Strategies
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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