

Pancreatic cancer and what aspirin, metformin use. Colonoscopy at 45, used to be 50.

Renal cell carcinoma, diagnostics, pathology, ttx plans or even all these together, prevention, could try random drug or anomalie, genetics, **OMT**,

Cancer.gov

seer.cancer.gov

nccn.org (diagnostic and ttx (clinical) guidelines)

canc

SEER surveillance, epidemiology,

complimentary medicine (manipulative therapy pubmed). Pain management, OBERBECK, SLOAN, DEAN wilson went to michigan

9-14

06-02-23 Next friday at 9:00 am

PUB med and google scholar, look at where things are going.

Potential areas of study

- Bio markers

PDL-1 unclear as a predictive and more accuracy is needed

↳ Tumour mutational burden

↳ gene expression profile measure

mutations
megabase
2023

→ immuno-oncology
high burden is good
being produced
- micro array old
- RNA seq - New

<https://www.nature.com/articles/s41585-022-00676-0>

- mi RNA

↳ Roles in treatment + as both tumor suppressors, oncogenes to be inhibited

↳ Targeted therapy

L Bio markers

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<https://www.sciencedirect.com/science/article/pii/S0344033823001395>

included

- upfront cytoreductive nephrectomy before targeted therapy or immunotherapy
 - L significantly better outcomes

<https://www.sciencedirect.com/science/article/pii/S0302283822027130>

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- Different types of RCC
- clear cell - highly metastatic - sunitinib or pazopanib 1st line
 - papillary (1 & 2) > proximal tubule traits
 - L cabozantinib or nivolumab 2nd line
 - high risk
 - chromophore
 - L distal connecting tubules
 - L collecting duct system

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Genetically engineered mice to mimic ccRCC

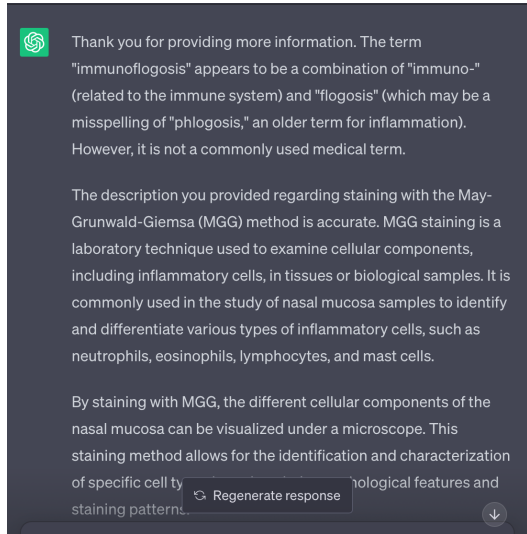
<https://www.nature.com/articles/s41598-023-35106-7>

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immunofluorescence and MUC1 expression

- L stain allowing to detect all cellular components

including lymphocytes & leukocytes



<https://www.mdpi.com/1422-0067/24/5/4814>

What is Renal cell carcinoma?
ccRCC most deadly
locations of cells
Cytopathology **2 days here**
epidemiology
↳ Cancer.gov
↳ seer.cancer.gov

How is it currently diagnosed and treated?
Biomarkers only the most common
Upfront cytoreductive Nephrectomy
NCCN.org **2 days here**
S1 Nephrectomy (partial)
S3/e Nephrectomy + ad
S4 Clinical trial & supportive
unless resectable
All require follow up

What is the in store for future? **2 days here**
Genetically engineered Mimicks
CRISPR

mi RNAs (Has lots of research)
2 days here

↳ how it arrays to each era **last 2 days**

mRNA → Cancer Vaccination
↳ prophylaxis ≡ Hx

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GAST

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Link to website

36 hrs 10 days

4 hrs per day

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