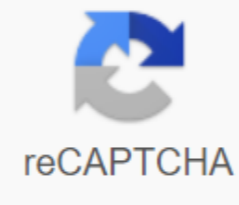




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Cellular pathology book pdf

The results of pathology play a key role in decision-making about treatment, and many patients want to know more about the results of their tests. Ask your cancer treatment team to explain your results in a way that you can understand. Focus on how the results affect your treatment options and help predict your prognosis. Some pathologists will help you understand your pathology reports. But others believe that your oncologist, surgeon, primary care physician, or other doctors better explain the results because they know more about your overall medical situation. In addition, doctors who already know you well are often best able to discuss the complex personal issues raised by the results of the pathology. You can ask for copies of your pathology reports and you may find it useful to save a folder or notepad with your pathology, radiology and other test results. If you see more doctors in the same hospital where your cancer was diagnosed, new doctors will have access to the initial pathology report and other medical records. If you see consultant physicians (for example, for a second opinion) who practice in other institutions, you usually need to send copies of pathology reports and other medical records prior to your appointment. In most cases you can just sign a release form to have copies sent, but it's a good idea to keep the original copy for yourself to share with the new doctor in case the report is not available. You always want to return the original for those times you may need again. Some cancer centers have a policy requiring that a patient's cancer microscope be examined by pathologists in their own facility. Some pathology labs will give copies of microscope slides to you if you are going to visit another cancer center for a second opinion or consultation. Other labs send slides directly to the pathology department of counseling oncology centers. Again, you'll probably have to sign forms to do so. If you or your doctors have any concerns about your pathology diagnosis, you may have your microscope slides reviewed by a consultation pathologist for a second opinion. Your oncologist or surgeon or pathologist who first looked at your biopsy or cytology sample can often offer a consultant with special qualifications in the study of samples like yours. Or you can send your slides to the pathology department of a medical school or oncology center, to which you are sure. The report on the pathology of surgical samples is often quite long and complex. It is often divided into a series of subtitles. Identification Information General Identification Information includes patient's name, number documentation issued by the hospital, the date when the biopsy or surgery was performed, and the unique number of samples (which are assigned in the laboratory). Clinical Information Next Part of the Report is often frequent patient information provided by the doctor who removed the tissue sample. This may include a medical history and special requests made to the pathologist. For example, if a sample of lymph nodes is removed from a patient who is known to have cancer in another organ, the doctor will mark the type of initial cancer. This information is often useful in the pathologist's guide to selecting special tests that may be needed to find out whether any cancer is that lymph node metastasized (spread) from the original cancer or a new cancer that started in the lymph node. The gross description of the next part of the report is called a rough description. In medicine, gross means seeing without a microscope. This is what the pathologist sees simply by looking at, measuring and feeling the sample tissue. For a small biopsy, this description is several sentences, listing its size, color and sequence. This section also records the number of fabric-containing cassettes submitted for processing. Larger biopsies or tissues, such as a mastectomy of breast cancer, will have much longer descriptions including the size of the entire piece of tissue, the size of the cancer, how close the cancer is to the nearest surgical edge (edge) of the sample, how many lymph nodes have been found in the armpit area, and the appearance of neococcus tissue. Summary exactly where the fabric was taken from is also included. For cytology samples, the gross description is very short and usually marks the number of slides or strokes made by a doctor. If a sample of body fluid, its color and volume are marked. Microscopic description Is a description of what pathologists see when they look into a microscope. The appearance of cancer cells as they are arranged together, and the extent to which the cancer invades nearby tissues in the sample are usually included in the microscopic description. The results of any other studies (histochemical spots, flow cytometry, etc.) can be noted in a microscopic description or in a separate section. Diagnosis The most important part of the pathology report is the final diagnosis. This is the bottom line of the testing process, although this section may be at the bottom or top of the page. The doctor relies on this final diagnosis to help decide on the best treatment options. If diagnosed with cancer, this section will note the exact type of cancer and will usually include a cancer class. Comment After the final diagnosis, the pathologist may want to add more information to the doctors caring for the patient. The comments section is often used to clarify concerns or recommendations for further testing. Summary Some reports of cancer pathology contain a summary of the findings most relevant to treatment decision-making. Pathology report is a diagnosis document by studying cells and tissues under a microscope. The report may also contain information about the size, shape and appearance of the sample as it looks with the naked eye. This information is known as a rough description. A pathologist is a doctor who conducts this examination and writes a report on pathology. Pathology reports play an important role in diagnosing and staging cancer (describing the degree of cancer in the body, especially whether it has spread), which helps to determine treatment options. In most cases, the doctor must do a biopsy or surgery to remove cells or tissues for examination under a microscope. Some common biopsies can be done as follows: the needle is used to remove tissues or fluids. An endoscope (a thin, illuminated tube) is used to look at the area inside the body and remove cells or tissues. Surgery is used to remove part of the tumor or the entire tumor. If the entire tumor is removed, usually some normal tissue around the tumor is also removed. The tissue removed during the biopsy is sent to the pathological laboratory, where it is cut into thin sections for viewing under a microscope. It is known as histological (tissue) examination and is usually the best way to tell if cancer is present. The pathologist can also study cytological (cell) material. The cytological material is present in urine, cerebrospinal fluid (fluid around the brain and spinal cord), sputum (mucus from the lungs), abdominal cavity (abdominal cavity) fluid, pleural (breast cavity) fluid, cervix/vaginal smears, as well as in fluid removed during biopsy. The tissue removed during a biopsy or surgery must be cut into thin sections, placed on slides and painted with dyes before it can be examined under a microscope. Two methods are used to make the fabric firm enough to cut into thin sections: frozen sections and paraffin-embedded (permanent) sections. All tissue samples are prepared as permanent sections, but sometimes frozen sections are also prepared. Permanent sections are prepared by placing the fabric in a retainer (usually formalin) to preserve the fabric, handling it through additional solutions and then placing it in the wax paraffin. Once the wax is hardened, the fabric is cut into very thin slices that are placed on the slides and stained. The process usually takes several days. The permanent section provides the best quality for examination by a pathologist and gives more accurate results than the frozen section (1). Frozen sections are prepared by freezing and slicing the tissue sample. They can be made in about 15-20 minutes while the patient is in the operating room (1). Frozen sections are made when an immediate response is required; for example, to determine whether cancerous in order to guide the surgeon during the operation. Pathologist sends pathology report to doctor within 10 days after biopsy or surgery Pathology reports are written in technical medical language. Patients can ask their doctors to provide them with a copy of the pathology report and explain the report to them. Patients may also wish to keep a copy of their pathology report in their own records (1). The pathology report may include the following information (1): Patient information: Name, Date of birth, biopsy date Gross description: Color, weight, and tissue size as seen by the naked eye Microscopic description: How the sample looks under the microscope and how it is compared to normal cells Diagnosis: Type of tumor / cancer and class (how abnormal cells look under the microscope and how quickly the tumor can grow and spread) Tumor size: Measured in centimeters of the tumor field: There are three possible tumors: There are three possible tumors: There are three possible tumors: There are three possible tumor samples: that cancer cells are on the edge of the material removed Negative, not involved, clear, or free fields means that the cancer cells are not on the outer edge of the Close fields are neither negative nor positive Other information : Usually notes on samples that have been sent to other tests or the signature of the second opinion of the Pathologist and the name and address of the laboratory After identifying the tissue as cancerous a pathologist can perform additional tests to get more information about tumors that cannot be identified by looking at tissues with common spots such as hematoxyline and eosine (also known as H'E), under a microscope (2). The pathology report will include the results of these tests. For example, a pathology report may include information from immunohistochemical spots (IHC). The IHC uses antibodies to identify specific antigens on the surface of cancer cells. IHC can often be used for: Identify where cancer began to distinguish between different types of cancer such as carcinoma, melanoma, and lymphoma Help diagnose and classify leukemia and lymphoma (3) Pathology report may also include results of cytometry flow. Flow cytometry is a method of measuring cell properties in a sample, including the number of cells, the percentage of living cells, cell size and shape, and the presence of tumor markers on the cell surface. Tumor markers are substances produced by tumor cells or other cells in the body in response to cancer or certain non-cancerous conditions.) Flow cytometry can be used in the diagnosis, classification and management of cancers such as acute leukemia, chronic lymphoproliferative disorders and non-Hodgkin's lymphoma (2). Finally, a report on pathology may include the results of molecular diagnostic and cytogenetic studies. Such studies investigate the presence or absence of malignant cells, as well as genetic or molecular abnormalities in samples. uses tissue culture and specialized methods to provide genetic information about cells, cells, genetic changes. Some genetic changes are markers or indicators of a particular cancer. For example, the Philadelphia chromosome is associated with chronic myeloid leukemia (HML). Some changes may provide information about the prognosis that helps the doctor make treatment recommendations (3). Some tests that can be performed on a tissue sample include: Fluorescence at the site of hybridization (FISH): Determines the position of specific genes. It can be used to detect chromosomal abnormalities and to map genes. Polymerase Chain Reaction (PCR): A method of creating many copies of specific DNA sequences related to the diagnosis. Real-time PCR or quantitative PCR: a method of measuring the number of copies of a particular DNA sequence. Reverse transcriptase polymerase chain reaction (RT-PCR): a method of creating many copies of a certain RNA sequence. Hybridization of the southern blot: detects specific fragments of the bottom. Hybridization of western blot: identifies and analyzes proteins or peptides. Although most cancers can be easily diagnosed, sometimes patients or their doctors may want to get a second opinion on the results of pathology (1). Patients interested in getting a second opinion should talk to their doctor. They will need to get slides and/or paraffin block from a pathologist who examined the sample to or from the hospital where a biopsy or surgery was done. Many institutions give a second opinion on the samples of pathology. NCI-designated oncology centers or academic institutions are reasonable places to consider. Patients should contact the facility in advance

to determine if this service is available, cost, and delivery instructions. NCI, a component of the National Institutes of Health, sponsors clinical trials that are designed to improve the accuracy and specificity of cancer diagnoses. Before any new method can be recommended for general use, doctors are conducting clinical trials to find out whether it is safe and effective. People interested in participating in clinical trials should talk to their doctor. Information about clinical trials is available in the NCI Cancer Information Service (CIS) for 1-800-4-CANCER and on the NCI Clinical Trials page. Morra M, Potts E. Choice. 4th o.p. New York: HarperResource, 2003. Borowitz M, Westra W, Cooley LD, et al. Pathology and Laboratory Medicine. In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG, editors. Clinical oncology. 3rd Ed. London: Churchill Livingstone, 2004. Connolly JL, Schnitt SJ, Wang HH, et al. Principles of Cancer Pathology. In: Bast RC Jr., Kufe DW, Pollock RE, et al., editors. Cancer medicine. 6th o.p. Hamilton, Ontario, Canada: BC Decker Inc., 2003. If you want to play or all of this content, see the reuse of NCI information for copyright and permit guides. In the case of allowed digital playback Credit to the National Cancer Institute as a source and a reference to the original NCI product using the name of the original product; for example, pathology reports were originally published by the National Cancer Institute. The Institute. rudolf virchow cellular pathology book

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