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| 1. Record Nr. | UNINA990001858020403321 |
| Autore | Cattedra ambulante di agricoltura per la Provincia di Bari |
| Titolo | I nostri campi dimostrativi nell'annata 1921-22 / Cattedra di Agricoltura per la Provincia di Bari |
| Pubbl/distr/stampa | Bari : Società Tipografica Editrice Barese, 1923 |
| Descrizione fisica | 49 p. ; 24 cm |
| Disciplina | 630 |
| Locazione | FAGBC |
| Collocazione | 60 MISC. B 102/9 |
| Lingua di pubblicazione | Italiano |
| Formato | Materiale a stampa |
| Livello bibliografico | Monografia |
| ----- | |
| 2. Record Nr. | UNINA9910300449603321 |
| Titolo | Practical Management of Thyroid Cancer : A Multidisciplinary Approach
// edited by Ujjal K. Mallick, Clive Harmer |
| Pubbl/distr/stampa | Cham : , : Springer International Publishing : , : Imprint : Springer, ,
2018 |
| ISBN | 3-319-91725-0 |
| Edizione | [2nd ed. 2018.] |
| Descrizione fisica | 1 online resource (386 pages) |
| Disciplina | 616.99444 |
| Soggetti | Oncology
Surgery
Endocrinology
Primary care (Medicine)
Pathology
Primary Care Medicine |
| Lingua di pubblicazione | Inglese |
| Formato | Materiale a stampa |
| Livello bibliografico | Monografia |

Nota di bibliografia

Includes bibliographical references and index.

Nota di contenuto

1. Pragmatism, Precision Oncology, International Partnership for Research and Quality-The New Paradigm for Thyroid Cancer -- Section I. Multidisciplinary Approach to Management of Thyroid Cancer -- 2. The UK Evidence-Based Guidelines for the Management of Thyroid Cancer: Key Recommendations -- 3. The 2015 American Thyroid Association Evidence-Based Guidelines for Management of Patients with Thyroid Nodules and Differentiated Thyroid Cancer: Key Recommendations -- 4. Thyroid Cancer: One Doctor-Patient Partnership -The Newcastle Butterfly Model -- Section II. The Diagnosis of Thyroid Cancer -- 5. Molecular Diagnosis of Thyroid Nodules -- 6. Ultrasonography in Diagnosis and Management of Thyroid Cancer – Current International Recommendations -- Section III. Initial Thyroid Surgery -- 7. The 21st Century Endocrine Surgeon -- 8. Management of Cervical Lymph Nodes in Differentiated Thyroid Cancer -- 9. Advances in Thyroid Surgery -- Section IV. Non surgical Management of Differentiated Thyroid Cancer -- 10. Risk Stratification and Current Management of Low Risk Thyroid Cancer -- 11. Management of Low risk Papillary Thyroid Carcinoma and Papillary Cancer and Microcarcinoma-the Japanese experience -- 12. Radioiodine Ablation – Current Status -- 13. Dosimetric Approaches – Current Concepts -- 14. External Radiation in Differentiated Thyroid Cancer in the era of IMRT and modern radiation planning techniques -- Section V. Follow up and Longterm Management of Differentiated Thyroid Cancer -- 15. Thyroglobulin -- 16. Management of Post-Operative Hypocalcemia -- 17. Radioiodine Refractory Thyroid Cancer -- Section VI. Medullary Thyroid Carcinoma -- 18. Medullary Thyroid Cancer :Surgical Management -- 19. Medullary Thyroid Cancer: Diagnosis and Non Surgical Management -- 20. Familial Non-Medullary Thyroid Cancer -- Section VII. Thyroid Cancer in Children -- 21. Pediatric Differentiated Thyroid Carcinoma -- Section VIII. Aggressive ThyroidCancers -- 22. Anaplastic Thyroid Cancer -- 23. Palliative care -- Section IX. Future Developments and Directions for Research in Thyroid Cancer -- 24. Translational Research and Genomics Driven Trials in Thyroid Cancer -- 25. Thyroid Cancer Trials -- 26. The Barriers to Uniform Implementation of Clinical Practice Guidelines (CPG) for Thyroid Cancer -- 27. Survivorship: The Role of the Clinical Psychologist and the Clinical Nurse Specialist in Thyroid Cancer Care.

Sommario/riassunto

The new edition of this book highlights the recent advances and state-of-the art in surgical and non-surgical management of thyroid cancer. Readers will learn about the latest advances and recommendations in the field, from molecular studies and biomarkers to the changing epidemiology, kinase inhibition in drug discovery and new surgical approaches, such as intra-operative neural monitoring and robotics. The management of differentiated thyroid cancer as well as childhood cancer, survivorship and clinical trial design and findings and how these fit into cancer management are discussed in detail. This comprehensive volume provides an overview of the current world literature and outlines the practical aspects of management from world leaders in this field and helps clinicians and patients on practical matters. With a selection of authors from around the world it draws on international experience giving a global perspective to the topic. Following on from the success of the first edition, it uses a multidisciplinary, evidence-based approach centered on the patient, discussing guidelines and how these have improved the quality of care and outcomes. This guide is aimed mainly at thyroidologists of all disciplines, (in training or experts) students, non-specialist clinicians, nursing staff, all the disciplines involved in a multidisciplinary team

such as surgeons – Head & Neck or Endocrine and General Surgeons, Oncologists, Endocrinologists, Nuclear Medicine Physicians, Nuclear Medicine Physicists, Radiologists, Pathologists, Specialist Nurses, Geneticists, Clinical Psychologists, Palliative Care Physicians and, of course, patients. .
