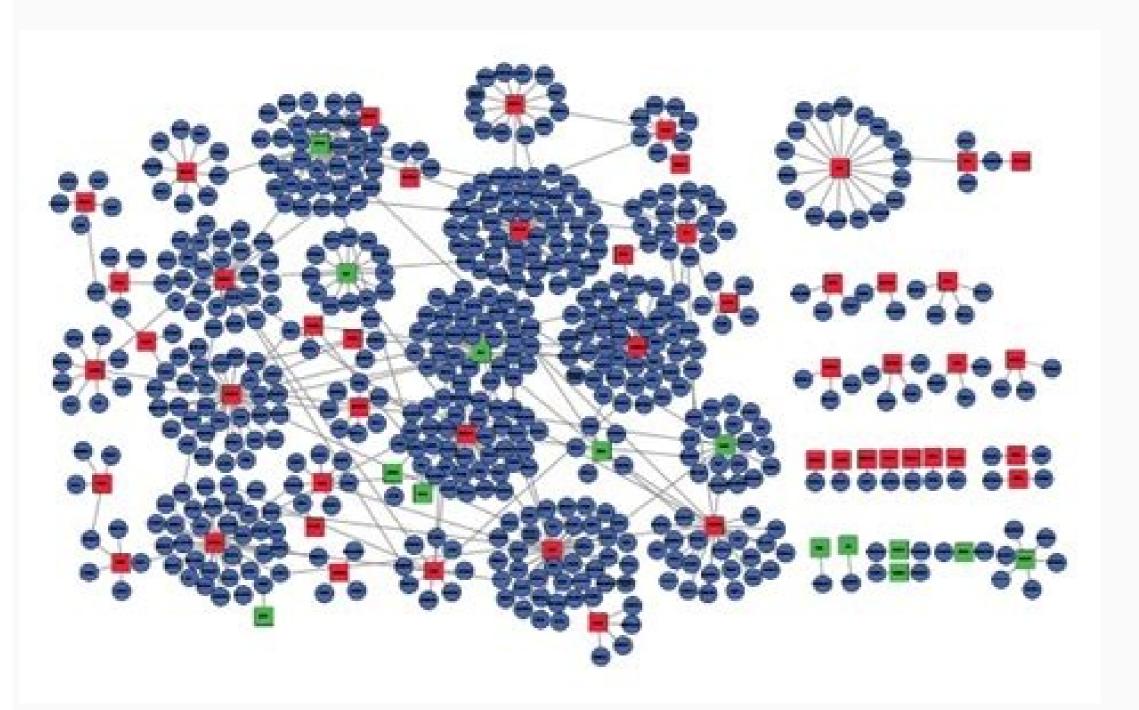
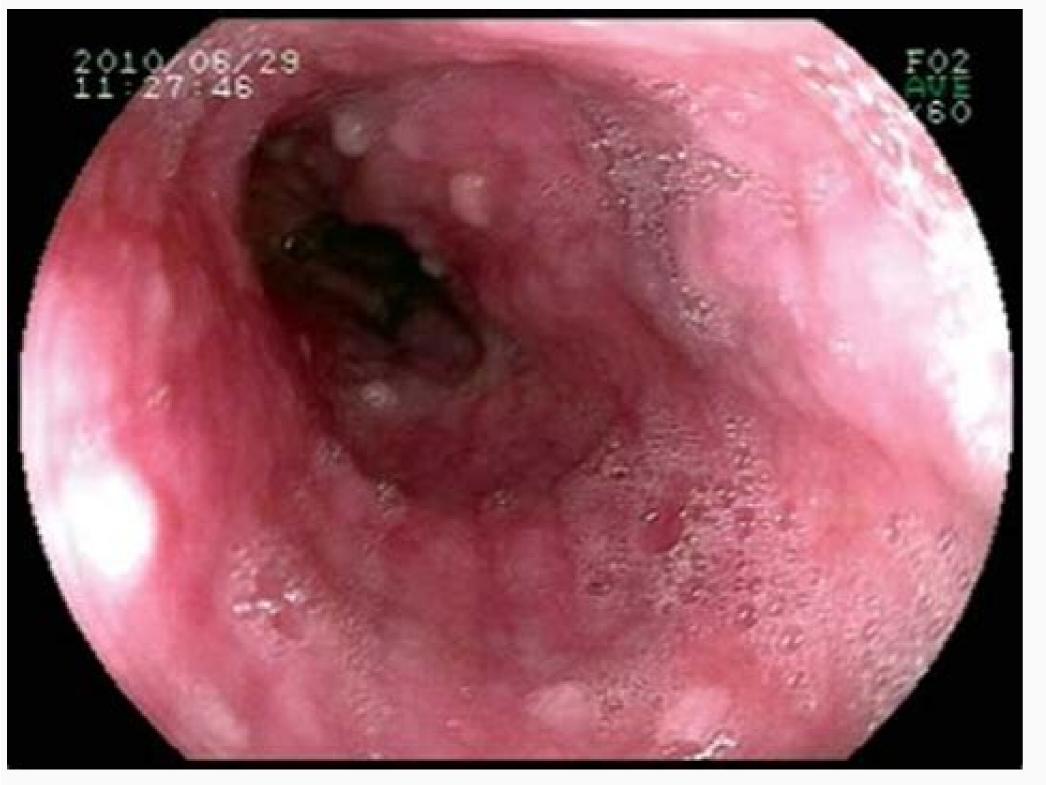
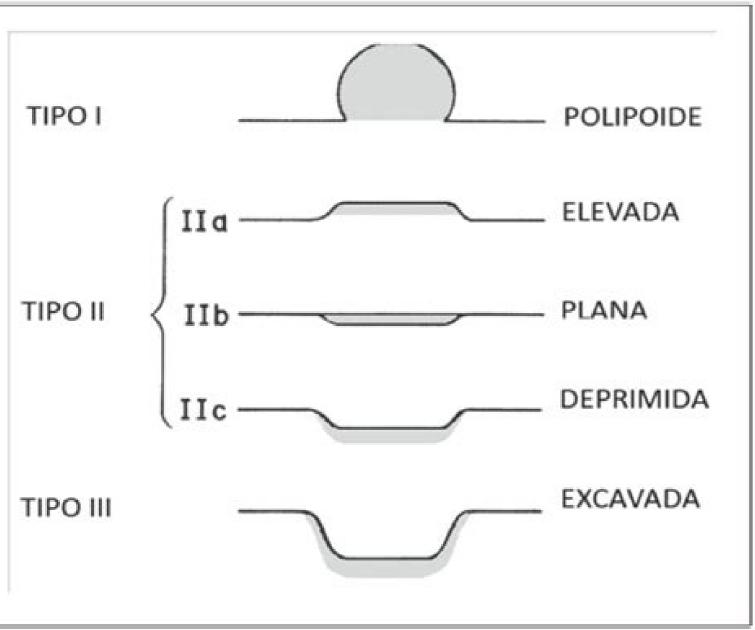
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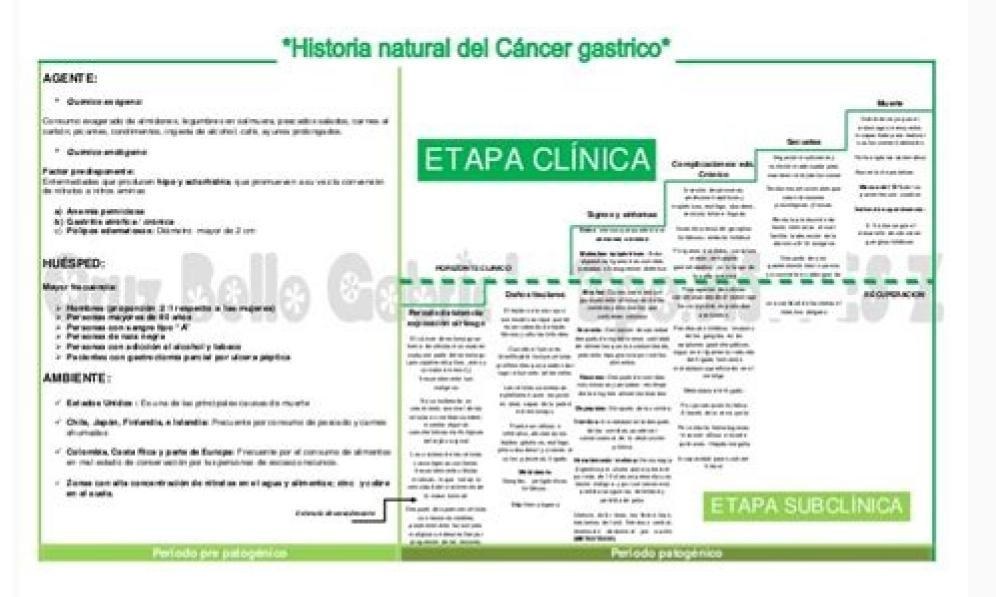
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Attila Csende, Manuel Figueroa The GÃ ©r is one of the most frequent cancers in the world. Recent studies have contributed in the understanding of this disease. The objective of this article reviews some aspects related to the Gestric Cancer, such as epidemiology, diet, historical study, search for precancerous lesions, prevention, helicobacter pylori, styles of Life, metabilic factors and treatment. Catimate this Vancouver Apa Reference Managers APA R Available at: [ACCESSED 30 Dec. 2021]. Csees, A., & Figueroa, M. (2017). Situation of the Gásstric Cástric in the world and in Chile. Surgery magazine, 69 (6). Recovered from: 30 Dec. 2021 Send Mendeley Send to Endnote Web RefWorks Copyright (c) 2018 Attila Csendes, Manuel Figueroa, M. (2017). Situation of the Gásstric Cástric in the world and in Chile. Surgery magazine, 69 (6). Recovered from: 30 Dec. 2021 Send Mendeley Send to Endnote Web RefWorks Copyright (c) 2018 Attila Csendes, Manuel Figueroa, M. (2017). 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Situation of the Gestric Cancer in the World and in Rev. Surgery. 2017;69 (6). Available from: [Accessed 30 Dec. 2021]. Csendes, A., & Figueroa, M. (2017). Situation of gastric cancer in the world and in Chile. Revista de CirugÃÂa, 69 (6). Retrieved from: 30 Dec 2021 Send to Mendeley Send to EndNote Web RefWorks Copyright (c) 2018 Attila Csendes, Manuel Figueroa License URL: Page 3 Penetrating stab wound Penetrating stab wound Beatriz Garrido Benito, Azahara IllÃân Riquelme, Julio Sanchez Corral, Jose Ramon Ots GutiÃâerrez, Israel Oliver GarcÃâa Franklin RÃâos, Liliana Galicia RodrÃâguez, Mayra Cristina Ortiz SÃânchez, Claudia Gardun Âo RodrÃâguez JosÃâ© Felipe Reoyo Pascual, Raquel LeÃÂ3n Miranda, Carlos CartÃÂ3n HernÃÂndez, Evelio Alonso, Rosa M. MartÃÂnez Castro, Javier SàManuel M. de los Ángeles Mayo Ossorio, José Manuel Pacheco GarcÃÂa, Francisco Javier Vilchez LÃÂ3pez, Eva M. Sancho Maraver, Manuel Aguilar Diosdado, José Luis FernÃândez Serrano Complicated retroperitoneal liposarcoma: Website of a case Cristina Galera MartÃÂnez, Esther Doiz Artázcoz, José Luis FernÃÂndez Serrano, Manuel RodrÃÂguez-Piñero Home > Types of cancer > EstÃÂncer EstÃÂncer EstÃÂncer EstÃÂncer Stages IN THIS POSE: get information about how doctors describe the growth or spread of cancer. This is called a stage. Use the menu to see other pages. Staging is a way of describing where the cancer is located, whether it has spread or into, and whether it has spread or into, and whether it is affecting other parts of the body. Doctors use diagnostic tests to determine the stage of the cancer, so the stage of the cancer, so the stage of the cancer is located, whether it has spread or into, and an all has spread or into, an doctor to decide when it is the best treatment and can help predict a patient's prognostics, that is, the probability of recovery. There are different forms of cultivation according to the different types of cancer. This section covers the determination of the stadium is different for Gastric lymphoma, sarcoma and neurocrine tumoresend (in English). TNM Stadium Determination System A tool that the media use to describe the stadium is the TNM system. Do the media use to describe the stadium is the TNM system. Do the media use to describe the stadium is the TNM system. extended in the walls of the stomach? Ganglio tumor has deminated to the lymph nodes? To be so, where and how many? Metástasis (M): The cancer has spread to other parts of the body? The results are combined to determine the cancer has spread to other parts of the body? The results are combined to determine the cancer has spread to other parts of the body? The results are combined to determine the cancer has spread to other parts of the body? The results are combined to determine the cancer has spread to other parts of the body? 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The results are combined to the body? The results are combined to determine the cancer has a spread to other parts of the body? The results are combined to the body? The results are combined to determine the cancer has a spread to other parts of the body? frequent form of cancer describe, so that the media can jointly plan the best treatments. Here we show you more details about each part of the TNM system for stomach cancer: tumor (t) using the TNM system for stomach cancer: tumor (t) using the TNM system for stomach cancer: tumor (t) using the TNM system for stomach cancer: tumor (t) using the TNM system for stomach cancer: tumor (t) using the tumor size is measured in centimeters (cm). A centimeter is approximately equal to the width of a pen or a normal bra. The stadium is also divided into smaller groups that help describe the tumor even more detail. Specific information is provided on the stadium of tumors: TX: you can not evaluate the primary. T0 (t las zero): There is no evidence of primary tumor in the stomach. TIS: This stadium describes a disease called carcinoma (cancer) in situ. The cancer is found alone in the surface cells of the internal stomach coating, called epithelium, and no other layer of the submucose, which are the internal layers of the stomach wall. T1A: The tumor has grown in the own lamina or the muscular lamina, that is, the muscular layer of the stomach. T3: The tumor has grown through all the muscular layers to the connective tissue outside the stomach. It has not grown in the external layer of the abdomen, called peritoneal membrane or serosa, which is the external layer of the stomach. It has not grown in the peritoneal membrane or serosa, or in the organs that surround the stomach. T4A: The tumor has grown up in the serosa. T4B: The tumor has grown up in the determination of the TNM stadium corresponds to the abbreviation for lymph node. These orders, bean-shaped, help to combat infections. The lymph nodes within the abdomen are called regional lymph nodes. The lymph nodes located in other parts of the body are called distant lymph nodes contain cancer cells. NX: Regional lymph nodes do not evaluate. N0 (n plus zero): The cancer was disseminated from 3 to 6 regional lymph nodes. N1: The cancer was disseminated from 7 or more regional lymph nodes. N2: The cancer was disseminated from 7 or more regional lymph nodes. N2: The cancer was disseminated from 7 or more regional lymph nodes. N2: The cancer was disseminated from 7 or more regional lymph nodes. N3: Cancer was disseminated from 7 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. 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N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was disseminated from 8 or more regional lymph nodes. N3: Cancer was dissemin to 15 regional lymph nodes. N3B: Cancer spread to 16 or more regional lymph nodes. Metástasis (M) The â € œmâ € of the TNM system describes whether the cancer has spread to other parts of the body. M1: Cancer has spread to another or parts of the body. Grouping the stadiums of cancer The media assigned the cancer is found only on the surface of the epithelium. Cancer has not grown in any other layer of the stomach. This stadium is considered an early cancer (TIS, N0, M0). Stadium ia: Cancer has grown in the inner layer of the stomach wall. He has not been deminated to the lymph nodes or other organs (T1, N0, M0). Stadium ia: Cancer has grown in internal layers of the stomach wall. It has spread to 1 or 2 lymph nodes, but not to other parts (T1, N1, M0). Cancer has grown in external muscle layers from the stomach wall. He has not been deminated to the lymph nodes or other organs (T2, N0, M0). Stadium IIA: Stomach wall. It has spread to between 3 and 6 lymph nodes, but not elsewhere (T1, N2, M0). The It has grown in the external muscle layers of the station of the estimate. It has spread to 1 or 2 lymph nodes, but not to other parts (T2, N1, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estima. It has not grown in the peritoneal membrane or serosa nor a lymph nod has been disseminated, nor surrounding angager (T3, N0, M0). IIB stadium: The estimated cancer is called IIB stage in any of these situations: the cancer has grown in the internal layers of the wall of the estimated. It has spread to between 7 and 15 lymph nodes, but not elsewhere (T1, N3A, M0). The CÃ; ncer has invaded the external muscle layers of the station's wall. It has spread to between 3 and 6 lymph nodes, but not to other parts (T2, N2, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate, but has not grown in the peritoneal membrane or serosa. It has spread at 1 or 2 lymph nodes, but not to other parts (T3, N1, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estima. It has not grown in the peritoneal membrane or serosa nor a lymph nod has been disseminated, nor surrounding nourish (T4A, N0, M0). Stage IIIa: The estate cancer is called stage IIIa in any of these situations: the cancer has grown in the external muscle layers of the station's wall. It has been disseminated between 7 and 15 lymph nodes, but not to other orders (T2, N3A, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate, but not to other orders (T3, N2, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate and has grown in the membrane or serosa and it has spread to 1 or 2 lymph nodes, but not to other orders (T4A, N1, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate and has grown in the nearby organs or structures. No lymph nod has not been disseminated to a lymph node or distant parts of the body (T4B, N0, M0). Stage IIIB: The estate cancer is called stage IIIB in any of these situations: CÃ; ncer has grown in the inner layer of the wall of the estimate or in the external muscle layers of The Wall of the Stimpose. It has spread at 16 or linky ganglia, but not to distant parts of the body (T1 or T2, N3B, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate, but has not grown in the peritoneal membrane or serosa. It has spread to between 7 and 15 lymph nodes, but has not invaded any surrounding rhinestone (T3, N3A, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate and has grown in the peritoneal membrane or serosa. It has been spread to between 7 and 15 lymph nodes, but not elsewhere (T4A, N3A, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estimate and has grown in the nearby organs or structures. It may have been disseminated or not to between 1 and 6 lymph nodes, but not to distant parts of the body (T4B, N1 or N2, M0). Stage IIIC: The estate cancer is called Stage IIIC in any of these situations: the cancer has grown through all muscle layers to the connective tissue outside the is Momo and may have grown in the peritoneal membrane or serosa. It has spread to 16 or linky lymph nodes, but not to distant parts of the body (T3 or T4A, N3B, M0). The cancer has grown through all the muscle layers to the connective tissue outside the estima and cultivate in nearby organs or structures. It has spread to 7 or more lymph nodes, but not to other parts of the body (T4b, N3a or N3b, M0). Stage IV: Stage IV: Stage IV: Stage IV: stomach cancer is described as a cancer of any size that has spread to distant parts of the body, in addition to the area surrounding the stomach (any T, any N and M1). Recurrent cancer: Recurrent cancer is the one that reappears after treatment. It can be a local recurrence; that is, it returns in the place where it appeared. Or it can be a distant metastasis; that is, returned elsewhere in the body. If the cancer returns, another series of tests will be done to get information about the extent of the recurrence. These tests and scans are often similar to those performed at the time of the original diagnosis. Used with the permission of the American College of Surgeons, Chicago, Illinois. The original and main source of this information is AJCC Cancer Staging Manual, eighth edition (2017), published by Springer International Publishing. German Stadium Determination System The stomach cancer is much more common in Japan and in other parts of Asia and South America than in the United States. Japan has a different method for determining the stage of stomach cancer, which is based on the location of the lymph nodes and not their location. Surgery for stomach cancer can be described using the Japanese system. The type of surgery is identified according to what lymph nodes are removed in addition to the stomach. Learn more about stomach cancer surgery in the Treatment Types section. D0: not removedLinfAfA; D1: The lymph nodes were removed as close to the estimate. D2: Linfual lymph nodes of a wide meal were removed. The information about the cancer stadium will help as a habit of recommending a specific treatment plan. The next section of this guide is types of treatment. Use the menu to choose a different section to read in this guide. Find a message from cancer cancer

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