Cell city introduction

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Cell city introduction worksheet answer. Cell city introduction worksheet.

A cell phone tower is typically a steel pole or a reticular structure that rises hundreds of feet in the air. Imagined here is a tower with three different cell phone providers driving on the same structure. If you look at the base of a tower, you can see the equipment of the supplier. The box hosts radio transmitters and receivers that allow the tower to communicate with the phones. Radios connect with antennas on the tower through a set of thick cables. If you look closely, you will see that the tower and all the cables and equipment at the base of the tower are strongly grounded. A sure sign that more suppliers share a tower is a five-way lock on the gate. Anyone of five can unlock this gate to enter. Like all consumer electronics, cell phones come with their part of problems. Then, we'll take a look at some of them. Many of the credit card offers appearing on the site are from credit card companies from which ThePointsGuy.com receives a refund. This compensation can affect how and where the products appear on this site (including, for example, the order in which they appear). This site does not include all credit card companies or any credit card offers available. For more information, please consult our advertising information page. Editorial note: The opinions expressed here are by the author, not those of any bank, credit card issuer, airlines or hotel chain, and have not been reviewed, approved or otherwise approved by any of these entities. ON EXPOSITION You will find some basic information about this disease and body parts that may affect. This is the first page of Cancer. Guide to small cell lung cancer network. Use the menu to see other pages. Think of that menu as a roadmap for all this guide. Lung cancer affects more than 200,000 Americans every year. About 10% to 15% of people with lung cancer have a type called cell lung cancer. Although cigarette smoke is the main cause of lung cancer, anyone can develop the disease. Lung cancer is treatable, no matter size, location, if cancer has spread, and how much it has spread. Because it is associated with smoking, people with lung cancer may worry that they will not receive much support or help from people around them. The truth is that most smokers do not develop lung cancer, and not all people diagnosed with smoking lung cancer. Lung cancer is a disease that can affect anyone. In fact, most people who today get sick with lung cancer have stopped smoking years before or never smoked. Information on lungs The lungs absorb oxygen from the air thatThe lungs bring oxygen to the bloodstream, where it travels in other parts of the body. Because cells in the body use oxygen, they release carbon dioxide. The bloodstream brings carbon dioxide back to the lungs and leaves the body when a person exhales. The lungs contain many different types of cells. Most lung cells are epithelial cells. Epithelial cells put the airways and make the mucus, whichand protects the lung. The lung also contains nerve cells, cells that produce hormones, blood cells and structural or support cells. Information on small cell lung cancer There are 2 main classifications of lung cancer: small cell lung cancer (SCLC) and non-small lung cancer (NSCLC). There are several treatments for every type of lung cancer. This guide provides information about SCLC. Learn more about NSCLC in a different guide. This site also offers a separate guide on neuroendocrine lung cancers. SCLC begins when healthy cells in lung change and grow out of control, forming a mass called a tumor, a injury, or a nodule. SCLC starts in nerve cells or cells that produce lung hormones. The term "small cell" refers to the size and shape of tumor cells as seen under a microscope. When a cancerous pulmonary tumor grows, it can dissolve cancer cells. These cells can be transported away into the blood or float away into the fluid, called lymph, which surrounds the lung tissue. The lymph flows through the tubes called lymphatic vessels that drain into lymph nodes. Lymph nodes are small bean-shaped organs that help fight the infection. They are found in the lungs, the center of the chest, and elsewhere in the body. The natural flow of lymph from the lungs is towards the center of the chest, which explains why SCLC often spreads there earlier. When a tumor cell moves into a lymph node or in a distant part of the body through the bloodstream, it is called metastases. SCLC often spreads rapidly and many people are diagnosed after SCLC has already spread to other parts of the body. Looking for more than an introduction? If you want more than one introduction, explore these related elements. Please note that these links will take you to other sections on Cancer. Net: The next section in this guide is Statistics. Helps explain the number of people who are diagnosed with SCLC and general survival rates. Use the menu to choose a different section to read in this guide. Cancer. Net: Doctor-Approved Patient Information from ASCO® What is lung cancer not sick Jyoti Patel, MD; Medical Oncologist; Member, American Society of Clinical Oncology: Non-small cell cancer is the most common type of lung cancer. This year will affect some 170,000 Americans. Essentially it is a cancer that is formed in the lung, and we call it a non-small cell phone, because this is what seems under the microscope. The reason why we pierce all non-small cell lung tumors together is stadiation and prognosis is very similar and treatment is very similar. So people with early stage disease suffer surgical or radiation, patients with more distant disease may often havesystemic, or immunotherapy, targeted therapy as their initial treatment. types of non-Small cell lung cancer dr. patel: we divide non-small cell lung cancer into different types based on how cells resemble and where the cell of origin is. So, we will commonly talk about adenocarcinoma. they come fromof the respiratory tree from the alveoli that make our own, that is, where our oxygen and our blood are interchanged. Squamoky cell tumors are the second most common and those come from the linings of the respiratory tree. And then a less common variant is large cell and neuroendocrine non-small cell. These are our three main histologic types. Staging of Non-Small Cell Pulmonary cancer Dr. Patel: The first thing you need to know that any stage is, it is very curable. Think about what stage I have, because this assigns the appropriate treatment. If I am a candidate for chemotherapy, or immunotherapy, or targeted therapy, you want to understand that it would be the best in your particular situation, and that often comes from pathological tests. And staging often includes some radiological tests, such as CT scans, brain magnetic resonance, or PET scans, and that gives us anatomy and the sort of size of the disease. The next part of staging, to find out more about your particular type of lung cancer, is to understand both histological diagnosis, so that it is adenocarcinoma, squamous cell, or large cell neuroendocrine tumor, because this relevance on further biomark tests and has relevance in what kind of chemotherapy would be given if it is appropriate for your stage of disease. The next piece, and the piece that is so important to us now, is to understand if there is a genetic code that we can target in some tumors. So, especially if there is a non-squam tumor we recommend to test genetically if there are particular proteins or mutations, genetic mutations that we can aim at more effective therapies. Treatment options from Stage Dr. Patel: Treatment of non-small cell lung cancer mainly depends on the phase of the disease. So if you have the initial phase, which we consider phase I and II, local therapy is often the best initial treatment. So phase I means the tumor is confined to the lung. Phase II means that lymph nodes within the lung are involved. For those patients, a first referral to surgery is usually the best initial step. Stage III disease is often locally defined, and this means that cancer has generally spread to lymph nodes in the middle of your breast, sometimes we call these mediastinal lymph nodes. These lymph nodes are close to the wind, and other essential blood vessels, and the heart, and often make resection with clear margin — so space around the tumor—really impossible. And so what we're going to do is do some kind of systemic therapy, which is usually chemotherapy. And then we give the local treatment, and this is both radiation or surgery. It is a complex treatment plan, and is usually done with a team of doctors, such as oncologist radiation, surgeons and polmonologists. Patients who have the diseaseStage IV have cancer that spreads to another organ, commonly which is bone, or brain, liver, or adrenal glands, or is a tumor that went to the lining of thelung called pleura, or multiple sites in both lungs. These patients are generally treated with systemic therapy. Systemic therapy treatment types Dr. Patel: Most patients still get chemotherapy, chemotherapy is much more tolerable than it has ever been. And it could be that the treatment is once every three weeks, or every other week for some individuals. Targeted therapy is often a pill that is given as a tablet every day at home and that is the therapy that targets a particular protein that is malfunctioning and causing cancer to grow. Immunotherapy has obtained a significant steam in the last year or two, and it is because we realized that in some people who have a high biomarker called PD-L1, that initial immunotherapy can be the first most appropriate treatment. Immunotherapy is generally an infusion given each time, once every 3 weeks or sometimes every 2 weeks, and this means it is given by the vein and is an antibody, a protein that blocks, this protein that is regulated, and blocking it allows the immune system to function again to treat cancer. Advances in treating lung cancer not small cell phone Dr. Patel: In non-small lung cancer, we have made significant steps, actually in 2 categories, you are understanding how we can use immunotherapy to treat patients and to improve the result. So some studies have shown that combining immunotherapy with chemotherapy seems very exciting and improves time until cancer grows again. Other studies have shown that the frontal treatment of patients with immunotherapy itself can improve the result. We are learning now that there may be a priming effect either with chemotherapy or radiation to make immunotherapy more effective. So there is more evidence that they are continuing to understand the best sequence of events. This is a new territory for us, so the learning curve is fast. When people ask me about survival expectations at 2 and 3 years, this is something we are just learning about, because now we are finally seeing patients living beyond what our expectations were before. The other great piece of cancer therapy and what should not be obscured by the great leaps we have made in immunotherapy, is in fact that we have, have a good understanding of many of the mutations that guide cancer, and this genomic profiling that is usually made on cancer cells, sometimes it is done in the blood, helps us to address particular mutations that we can affect. We know that targeted therapy, targeting cancer with particular therapy is, it is very effective. It often means that we see less side effects because we are just treating cancer cells, and we know that we can see resultswith shrinkage and some, in some populations in 70 or 80 percent of patients who have these particular mutations. the challenge is that these targeted therapies often work for a time. some studies show several years of duration, but that cancer often becomes intelligent andfind a way to cleverly overcome even targeted therapy, and so now many research efforts are looking at, what do we do in the second, third and fourth line in patients who have had these oral therapies that have proven so effective. Where to find more information Dr. Patel: If you are diagnosed with non-small cell cancer, someone you care about is diagnosed with cancer, I would suggest you go to Cancer.Net, there is a lot of information about specific cancers, strategies to stay healthy and live with cancer, as well as care. [Closing and Credits] Cancer.Net: Medico-Approved Patient Information from ASCO® ASCO Patient Education Programs are supported by Conquer Cancer® The ASCO Foundation CONQUER.org Special Thanks: Dr. Mary Wilkinson, Dr. Raymund Cuevo, and the staff of Medical Oncology & Hematology Associates of Northern Virginia Medical Oncology Consultants Hematology, Newark Delaware Carolyn B. Hendricks, MD, Center for Breast Health Dana-Farber Cancer Institute Rockefeller Research Laboratories, Memorial Sloan Kettering Cancer Center Palo Alto Medical Foundation, Sutter Health The Adele R. Decof Cancer Center at Miriam Hospital. Miriam Hospital is a teaching hospital of the Warren Alpert Medical School of Brown University Hospitals Case Medical Center Seidman Cancer Center University of Michigan Comprehensive Cancer Center The views expressed in this video do not necessarily reflect the views of ASCO or the Conquer Cancer Foundation. 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