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ion For T
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False Hope: Bone
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Transplantation for
Breast Cancer

Hardcover – 1 Mar.
2007 by Richard A.
Rettig (Author),
Peter D. Jacobson
(Author), Cynthia
M. Farquhar M.D.
(Author), Wade M.
Aubry M.D.

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below. The
pioneering, Nobel
Prize-winning work
of E. Donnall
Thomas in the
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Transplantation for
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eBook: Richard A.
Rettig, Peter D.

Jacobson, Cynthia
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Breast Cancer ...
False Hope also
analyzes the failure
of the technology
assessments and
randomized clinical
trials that
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today. Sections of
the book consider

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Bone Marrow
Transplantation
For T Cancer

the initial conditions surrounding the emergence of the new breast cancer treatment, the drivers of clinical use, and the struggle for evidence-based medicine.

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Breast Cancer ...

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False Hope. :

Richard A. Rettig,
Peter D. Jacobson,
Cynthia M.

Farquhar M.D.,
Wade M. Aubry
M.D. Oxford

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University Press,
Jan 25, 2007 -...
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cancer center
offers hope we are
also in the process
of introducing bone
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to the uae for
patients struggling
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Michener, false
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the failure of the
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Breast Cancer
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Transplantation for
Breast Cancer

Richard A. Rettig,
Peter D. Jacobson,
Cynthia M.

Farquhar, M.D.,
and Wade M.

Aubry, M.D. In the
late 1980s, a

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promising new
treatment for
breast cancer
emerged: high-
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chemotherapy with
autologous bone
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transplantation or
HDC/ABMT.

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Peter D. Jacobson;
Cynthia ...
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Bone Marrow
False hope : bone
marrow

transplantation for
breast cancer.

[Richard A Rettig;]
-- In the late 1980s,
a promising new
treatment for
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chemotherapy with
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False hope : bone
marrow
transplantation for
breast cancer ...
A bone marrow
transplant is a
procedure that
infuses healthy
blood-forming stem

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cells into your body to replace your damaged or diseased bone marrow. A bone marrow transplant is also called a stem cell transplant. You might need a bone marrow transplant if your bone marrow stops working and does

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transplant - Mayo
Clinic
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Marrow
Transplantation For
Breast Cancer
Ethical Issues In
Autologous Stem

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And now they both need a bone marrow transplant from a donor with similar DNA.

Twenty-three percent of the patients, like the Van Sciver sisters,

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seeking donors are

African American.

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Inglewood parents
hope, pray
daughters receive
bone marrow ...

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Richard A. Rettig
Peter D. Jacobson

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Cynthia M.
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eBook: Rettig,
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26, 2020 Posted By
Agatha Christie

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Shaw's physicians began discussing bone marrow transplant. David Shaw was tested as a donor, but he scored only 5 on a 10-point match scale. A worldwide search found closer

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For T Cancer

matches, and Eric Shaw underwent radiation and chemotherapy to prepare for the transplant. One attempt failed, then another.

In the late 1980s, a promising new treatment for

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Transplantation
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breast cancer
emerged: high-
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autologous bone
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HDC/ABMT. By the
1990s, it had burst
upon the oncology
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disseminated
rapidly before
having been

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Carefully
evaluated. By the
time published
studies showed
that the procedure
was ineffective,
more than 30,000
women had
received the
treatment,
shortening their
lives and adding to
their suffering. This
book tells of the

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rise and demise of
HDC/ABMT for
metastatic and
early stage breast
cancer, and fully
explores the story's
implications, which
go well beyond the
immediate
procedure, and
beyond breast
cancer, to how we
in the United
States evaluate

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other medical
Bone Marrow
procedures,
Transplantation
especially life-
For T Cancer
saving ones. It

details how the
factors that drove
clinical use--patient
demand, physician
enthusiasm, media
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economic
exploitation, and
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dates--converged
to propel the
procedure forward
despite a lack of
proven clinical
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also analyzes the
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before randomized
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procedure and the ramifications of this system on healthcare

today. Sections of the book consider the initial conditions surrounding the emergence of the new breast cancer treatment, the drivers of clinical use, and the

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struggle for
evidence-based
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concluding section
considers the
significance of the
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In the late 1980s, a
promising new
treatment for
breast cancer
emerged: high-

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dose chemotherapy with autologous bone marrow

transplantation or HDC/ABMT. By the 1990s, it had burst upon the oncology scene and disseminated rapidly before having been carefully evaluated. By the

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time published
studies showed
that the procedure
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book tells of the
rise and demise of
HDC/ABMT for

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metastatic and
early stage breast
cancer, and fully
explores the story's
implications, which
go well beyond the
immediate
procedure, and
beyond breast
cancer, to how we
in the United
States evaluate
other medical
procedures,

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especially life-saving ones. It details how the factors that drove clinical use--patient demand, physician enthusiasm, media reporting, litigation, economic exploitation, and legislative and administrative mandates--converged to propel the

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procedure forward
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Sections of the
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new breast cancer
treatment, the
drivers of clinical
use, and the
struggle for
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medicine. A

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concluding section considers the significance of the story for our healthcare system.

Often when death is the inevitable and impending outcome of a health diagnosis, doctors are reluctant to discuss alternatives to

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treatment, feeding into a culture of denial that can result in expensive, ineffective, and unnecessary over treatment that may or may not extend life but almost always damages the quality of life. Here, a seasoned doctor and researcher looks at

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the ways in which we are accustomed to treating illness at all costs, even at the expense of the quality of a patient's life. He considers our culture of denial, the medical profession's role in over treating patients and end of life care, and the

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patient's options and role in these decisions. The goal is to help patients and families make informed decisions that may help the seriously ill live better with their illnesses. This profoundly empowering book will help people make informed

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decisions about
their lives and
medical care,
especially those
who have a life-
threatening or life-
changing illness
themselves or have
a family member
living with one.
Incorporating
specific questions
for patients to ask
their doctors and

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discuss with their families, the book provides an analysis of various forces that influence our decision-making. The book also examines the professional, psychological, economic, and social pressures that influence

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Physicians treating seriously ill patients, including those that lead doctors to recommend treatments that may be futile. The book concludes with resources that seriously ill patients and their families can call upon to give them

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Support and assist with the logistical, emotional, and spiritual challenges of end-of-life care.

Health professionals have shown a growing interest in the therapeutic value of 'hope' in recent years. However, hope has been

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examined mainly from psychological and biomedical perspectives.

Importantly, *Hope in Health* explores how hope manifests and is sustained in various arenas of health, medicine and healthcare.

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science has always
promised -- and
often delivered -- a
longer, better life.

But as the pace of
science
accelerates, do our
expectations
become
unreasonable,
fueled by an
industry bent on
profits and a media
desperate for big

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news? Hope or
Hype is a taboo-
shattering look at
what drives the
American
obsession with
medical "miracles,"
exposing the
equipment
manufacturers and
pharmaceutical
companies; doctors
and hospitals too
quick to order

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surgery; the politicians; the press; and our own "technoconsumption" mindset. The authors spread blame for the parade of so-called miracle cures that too often are marginally effective at best -- and sometimes downright

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dangerous. They
examine
consumers? eager
embrace of
medical advances,
and present
riveting stories of
the conscientious
doctors and
researchers who
blew the whistle on
ineffective
treatments. Finally,
they provide sane,

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practical
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recommendations
for the adoption of
new developments.

The consequences
of questionable
practices include
costly recalls,
billions in wasted
money, and the
pain and suffering
of innumerable
patients and their
families. In short,

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bows to the limits
of human nature
and gives priority
to meeting basic
needs.

An assessment of
cancer addresses
both the
courageous battles
against the disease
and the
misperceptions and
hubris that have

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present-day
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Transplantation For T Cancer

This book analyzes policy fights about what counts as good evidence of safety and effectiveness when it comes to new health care technologies in the United States and what political decisions mean for

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patients and
doctors. □ Helps
readers to
understand the
political, economic,
and ideological
dimensions of
disputes about
health technology
assessment and
the implications of
various policy
approaches for
patients and the

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health care system
□ Includes
transplantation
discussion of
For T Cancer
disputes related to
hot topics such as
stem cell therapies,
mammography
screening, genomic
tests, breast
cancer drugs, and
Hepatitis C
medications □
Discusses interest
group pressure on

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government from
large
pharmaceutical
companies and
medical device
manufacturers □
Connects to
current political
rhetoric about
speeding up the
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technology

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Bone Marrow

American medicine
Transplantation
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has lost its way. In
Bioidentical
Hormones 101,
author Dr. Jeffrey
Dach uncovers the
ills in today's
health care system
and suggests ways
to get it back on
track. Through a
series of articles
that originally

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appeared on his Internet blog, Dach provides evidence that bioidentical hormones are safer and more effective than synthetic hormones. He describes how to win the information war and take control of your health. Questioning the prevailing

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medical dogma, he
covers a wide
range of topics
related to health
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supplementation
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Avoiding bad drugs
Limitations of
cancer screening
with mammograms

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ultrasound Low-dose naltrexone

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Hormones 101

uses information to
empower America

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to embrace a more holistic approach to health care.

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