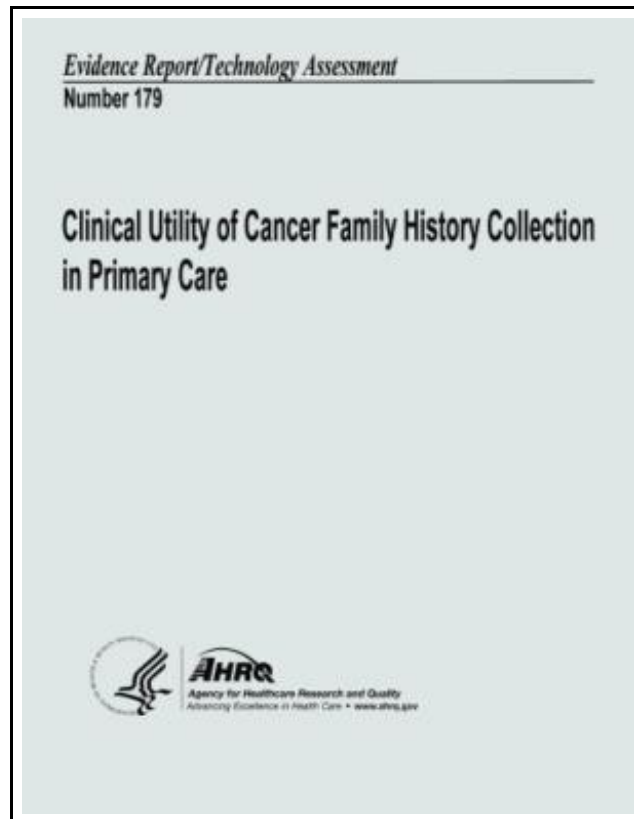


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Reviews

Extensive manual! Its such a great read. It really is loaded with knowledge and wisdom You wont really feel monotony at at any time of your time (that's what catalogs are for regarding if you ask me).




(Myrl Hintz)

CLINICAL UTILITY OF CANCER FAMILY HISTORY COLLECTION IN PRIMARY CARE: EVIDENCE REPORTTECHNOLOGY ASSESSMENT NUMBER 179



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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 204 pages. Dimensions: 11.0in. x 8.5in. x 0.5in. Family history reflects the combined influences of genetics, environmental exposures, and behaviors within families, and is a risk factor for some clinically important chronic diseases such as cardiovascular disease, diabetes mellitus, stroke, and several cancers. Family history reflects genomic, social and environmental risk which is shared between relatives. This compressed information may provide predictive information independent of other known risk factors. Individual risk stratification systems based on family history may carry valuable predictive information for individual patients, but they need to be validated for application in routine practice. The usefulness of family history-based risk stratification systems in disease prevention depends on (a) accurate reporting and capture of family history information, (b) valid methods of risk classification, (c) effective preventive interventions to manage disease risk, and (d) evidence that the use of family history information provides incremental net benefit over and above non-family history-based alternative approaches. With the exception of accuracy of reporting, this systematic review is designed to inform all of these issues. This report, which builds on a previous evidence report on the topic of tools for collecting and interpreting family history information, addresses the clinical utility of routinely using family history information in risk assessment and prevention for breast, ovarian, colorectal, and prostate cancers in primary care. The specific research questions are: 1. Which risk stratification algorithms or guidelines delineate risk accurately, and in a clinically meaningful way 2. For which behaviors and clinical preventive services (interventions) is there evidence of benefits in terms of actual reduction in disease risk, and what harms, if any, have been identified 3. For those interventions identified as being based on reasonable evidence, what is the evidence that providing information on risk status...

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