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If, in the conduct of these studies, human subjects were exposed to risks not required by their medical needs, the author affirms that the study was approved by an appropriate committee, or, if no such committee was available and informed consent was needed, it was obtained in accordance with the principles set forth in "The Institutional Guide to DHEW Policy on Protection of Human Subjects".

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THYROID CARCINOMA: CLINICAL PRESENTATION AND EFFECT OF THERAPY ON MORBIDITY.

Robert L. Young, FACP, Ernest Mazzaferri, FACP,
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Records of 715 patients registered with the Armed Forces Tumor Registry were reviewed. All tissue was routinely reviewed at the AFIP. 70% of the patients presented with solitary thyroid nodules approximately equally divided into less than 2 cm, 2-3 cm and greater than 3 cm. 26% had palpable cervical nodes at presentation. 70% of the scans were cold. 81% of the tumors were papillary or mixed papillary follicular (P-F). All further comments refer only to P-F. Prognosis was not influenced by the duration of disease, extent of intrathyroid involvement, extent of lymphatic involvement or extent of lymphatic surgery. Recurrence rate was highest in those receiving thyroid surgery only (32%) less in those given thyroid hormone post operation (11%) and least in those receiving 131-I therapy followed by thyroid hormone therapy (2.7%) ($p < .001$) for all three). 78% of the patients treated with 131-I received less than 200 mci. Recurrence rate was 8% with subtotal to total thyroidectomy. 15% with lesser thyroid surgery. Complication rate (nerve damage or hypoparathyroidism) was 24% with total thyroidectomy, 7.8% with subtotal and 1.6% with lesser surgery. Considering all factors the best form of therapy in P-F is subtotal thyroidectomy, followed by moderate dose of 131-I and thyroid hormone therapy.

EXAMPLE

ANDROGEN THERAPY IN PATIENTS WITH AND WITHOUT KIDNEYS UNDERGOING HEMODIALYSIS
Walter Fried, (Member), Olga M. Jonasson, M.D.,
Gordon R. Lang, M.D., and Franklin D.
Schwartz, F.A.C.P., Abraham Lincoln School
of Medicine, Chicago, Illinois.

Androgens increase renal but not extra-renal erythropoietin (Ep) production in mic

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