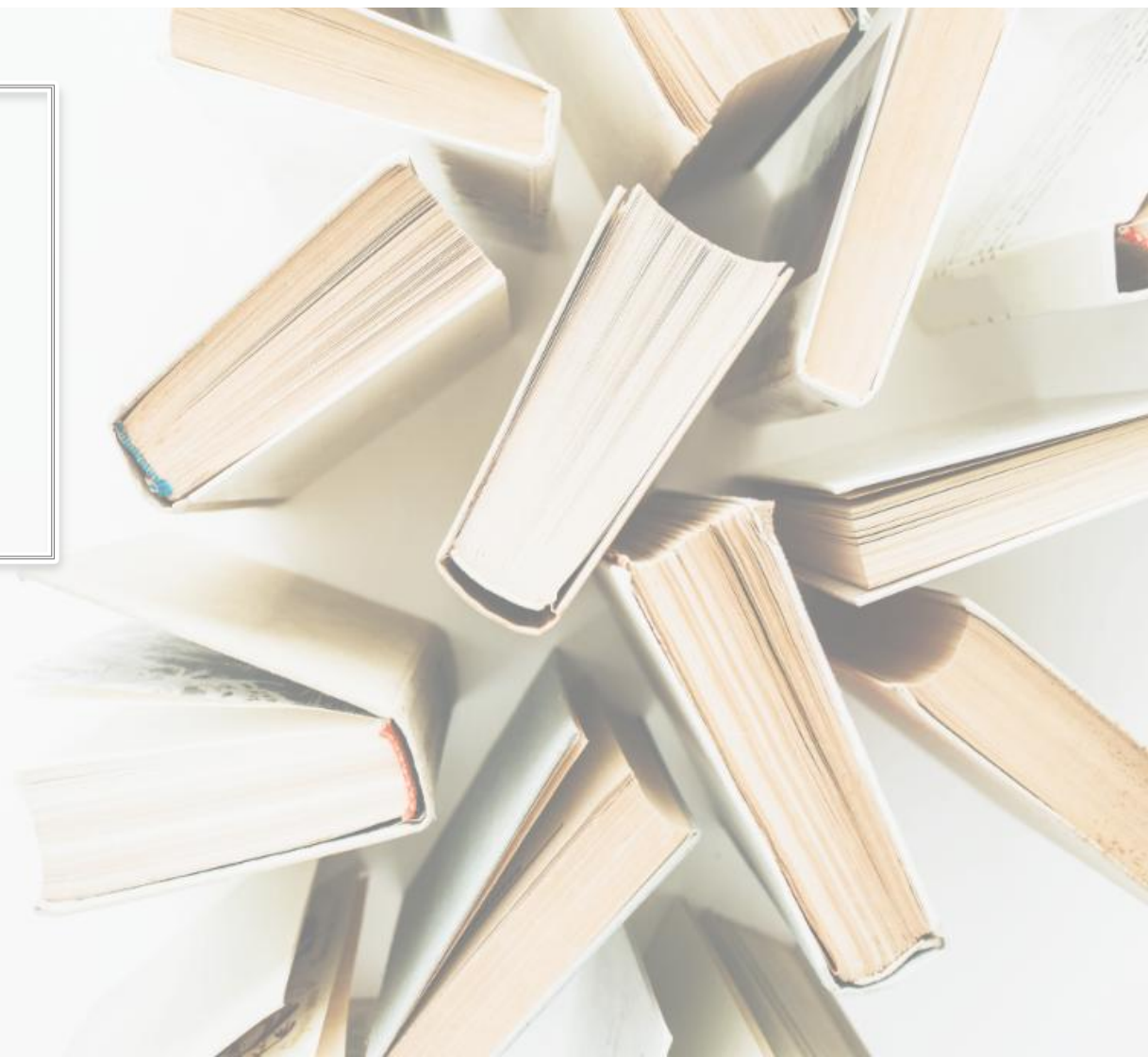


如何使用 EndNote書目管理軟體



高雄醫學大學圖書館

@ayr1866v



什麼是EndNote?

- 協助管理書目資料
- Word寫作時產生citations(文內引用) & references(參考文獻)

According to traditional Chinese medicine, the pericardial meridian is associated with the pain or fullness in the chest, palpitations, depression, restlessness, manic or depressive disorders, nausea or vomiting, hiccups, gastric pain, and distension in the upper abdomen (Bai and Baron, 2001). Since the parasympathetic modulation of both heart and gut is largely mediated by the vagus nerve, and since vagal stimulation of the gut can result in increased peristalsis while the vagal stimulation of the heart can result in decreased heart rate (Guyton and Hall, 1996), it is speculated that to some extent the pericardium meridian might be associated with the autonomic nervous modulation of the subject.

Acupuncture or acupressure at the Neiguan (P6) point, the most frequently used acupoint in the pericardium meridian, has been shown to lessen nausea and vomiting (Dundee *et al.*, 1987, 1988, 1989a and b; Ho *et al.*, 1989; De Aloysio and Penacchioni, 1992; Belluomini *et al.*, 1994; Fan *et al.*, 1997; Harmon *et al.*, 2000). Because nausea and vomiting are also related to autonomic nervous activity (Morrow *et al.*, 1992; Morrow *et al.*, 1999), we speculated that the autonomic nervous activity might be changed when acupuncture at the P6 point was performed.

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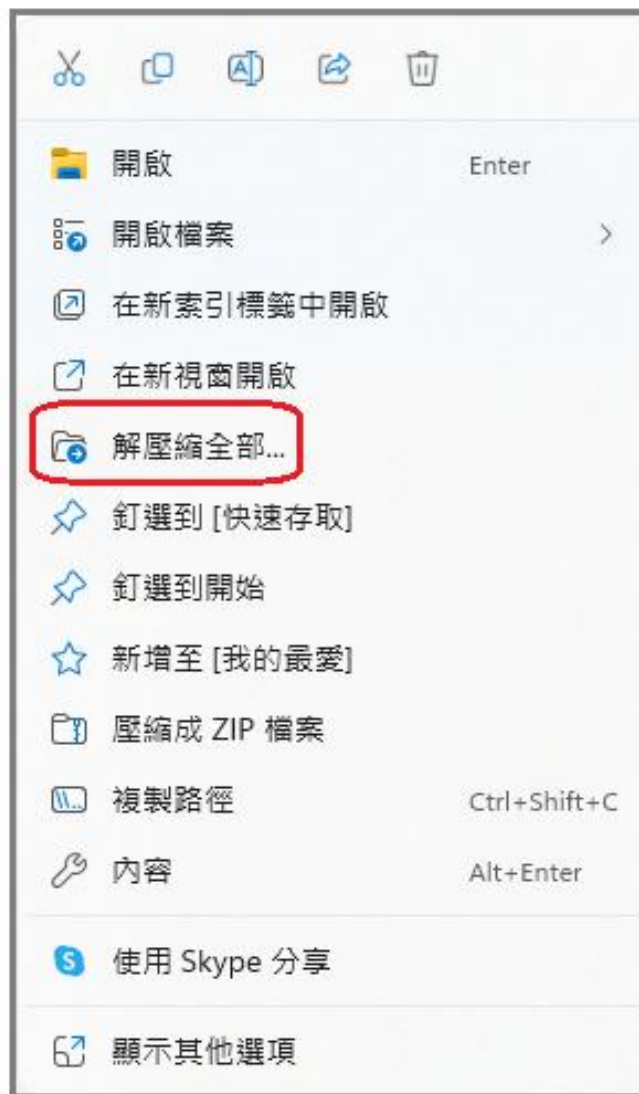
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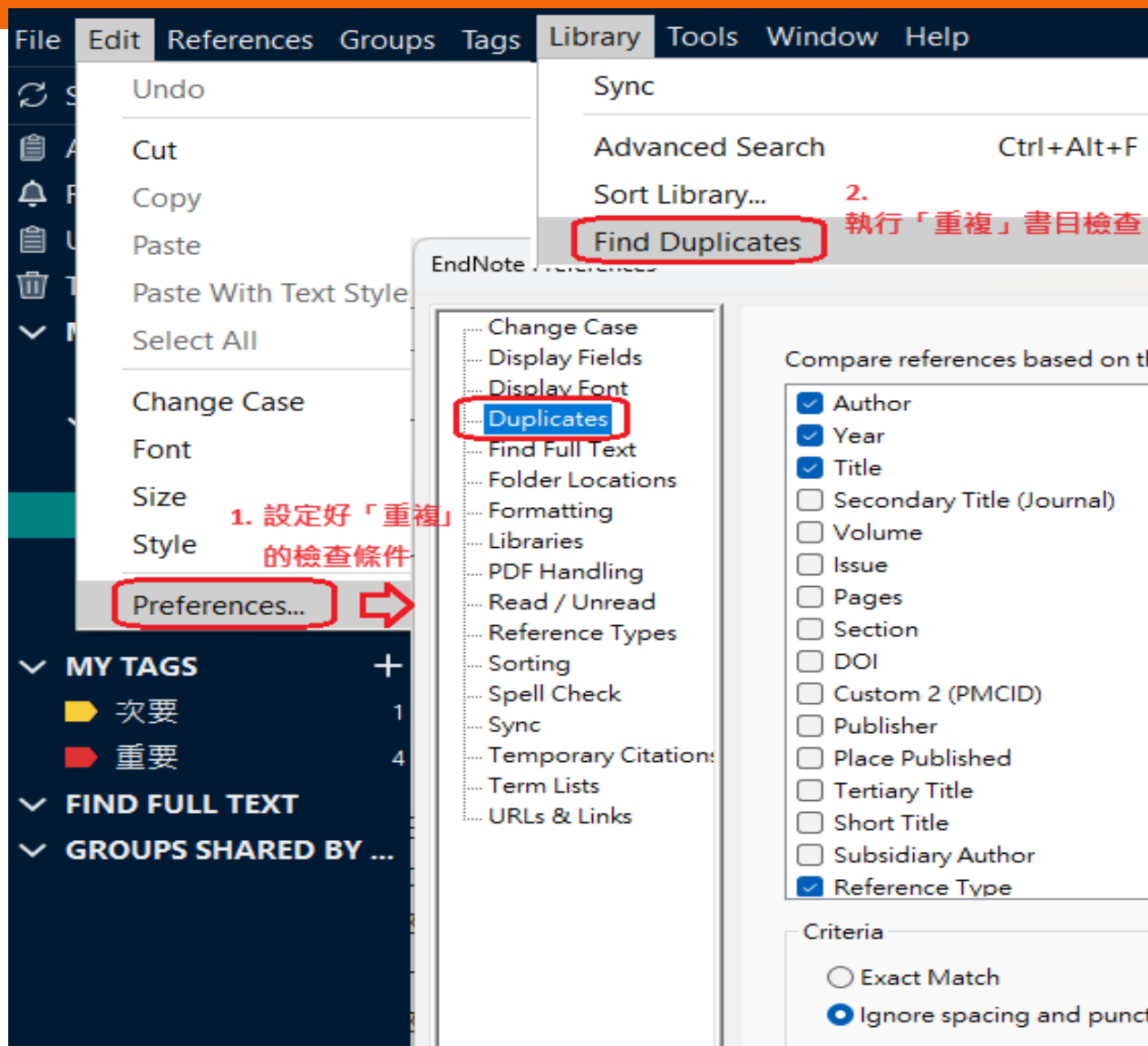
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DOI	10.2196/56692
Original Publication	
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Bladder, penile, renal pelvis and testis cancers: A population based analysis of incidence and survival 1977-2013

Tempo, J., Logan, C., O'Callaghan, M., Kahokehr, A., Kichenadasse, G., D'Onise, K. & Foreman, D.

Cancer Epidemiology
2020

DOI: 10.1016/j.canep.2020.101692

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Pang, KH; Alnajjar, HM and Muneer, A
Aug 2025 | CLINICAL GENITOURINARY CANCER 23 (4)

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1	詹金淦; 陳...	腸病毒重症兒中西醫聯合治療一病例...	2002	中醫藥雜誌
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Key Takeaway

China faces significant challenges in managing stroke, with increasing incidence and mortality rates, despite some improvements in public health initiatives.

Additional topics discussed in the document are:

- Public health initiatives for stroke prevention
- Risk factor management in stroke patients
- Healthcare resource allocation for stroke care

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Cancer Epidemiology 65 (2020) 101692



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Bladder, penile, renal pelvis and testis cancers: A population based analysis of incidence and survival 1977-2013

Jake Tempo^{a,*}, Callum Logan^b, Michael O'Callaghan^{b,c,d}, Arman Kahokehr^b, Ganessan Kichenadasse^{c,e}, Katina D'Onise^f, Darren Foreman^{b,g,h}

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^b Urology Unit, Flinders Medical Centre, Bedford Park, SA, Australia

^c Flinders Centre for Innovation in Cancer, Flinders University, Adelaide, Australia

^d Discipline of Medicine, Freemason's Centre for Men's Health, University of Adelaide, Adelaide, Australia

^e Medical Oncology, Flinders Medical Centre, Australia

^f SA Health, Department of Epidemiology, Australia

^g University of Adelaide, Discipline of Surgery, Australia

^h Flinders University, Discipline of Surgery, Australia

ARTICLE INFO

Keywords:

Bladder cancer
Testis cancer
Penile cancer
Renal pelvis cancer
Epidemiology

ABSTRACT

Background: : Cancers comprise a significant proportion of urologic workload. The epidemiology of prostate and renal cancers is well described. We report the incidence, survival and predictors of survival for non-prostate, non-renal urologic cancers between 1977 and 2013.

Methods: : All patients in the South Australian Cancer Registry diagnosed with bladder, testis, penis, renal pelvis, ureteric and other male genital organ cancers between 1977 and 2013 were included. Demographic data included age, sex, year of diagnosis, grade, and metropolitan/rural status. Changes in incidence, survival and

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Key Takeaway

Bladder cancer survival has decreased over the study period despite improvements in detection, surveillance, and treatment options.

Additional topics discussed in the document are:

- Epidemiology of urologic cancers
- Impact of socioeconomic factors on cancer outcomes
- Trends in testicular cancer incidence and survival

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^a University of Adelaide, Discipline of Surgery, Australia^b Flinders University, Discipline of Surgery, Australia

ARTICLE INFO

Keywords:

Bladder cancer
Testis cancer
Penile cancer
Renal pelvis cancer
Epidemiology
Survival

ABSTRACT

Background: Cancers of the prostate and renal cancers is well described in non-renal urologic cancers.

Methods: All patients in the urologic and other male genital tract included age, sex, year of diagnosis, and predictors of survival are reported.

Results: Between 1977 and 2012, the age-standardized incidence of bladder cancer (HR 1.01 p = 0.23) and penile cancers has increased (HR 1.02 p = 0.23) and 91.1 % respectively; and the incidence of testis cancer (HR 1.02 p = 0.23) and 91.1 % respectively; and the incidence of bladder cancer (HR 1.01 p = 0.23) and 91.1 % respectively.

Conclusion: The incidence of testis cancer (HR 1.02 p = 0.23) and 91.1 % respectively; and the incidence of bladder cancer (HR 1.01 p = 0.23) and 91.1 % respectively.

1. Introduction

Urologic cancers include malignancies which affect the prostate, kidney, bladder, testis, penis, ureter, renal pelvis, and those coded as 'other and unspecified urinary organs' which include urethra, para-urethral glands, overlapping lesions of urinary organs and unspecified urinary organs (OUO). Urologic cancers are common, accounting for over 440,000 diagnoses in Australia between 1982 and 2011 [1].

Of the urologic cancers, cancers of the prostate and kidney have been described extensively in the Australian setting including incidence

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Despite the incidence of bladder cancer decreasing in Australia in the past 30 years, bladder cancer mortality has increased and bladder cancer remains a significant cause of cancer deaths [4]. A 2017 study examining global trends of bladder cancer utilizing the CISPlus database and other registry datasets found that both incidence and mortality rates were decreasing by about 2% annually over the past 15 years [5].

Testicular cancer is the most common cancer in men aged 15–44 and with cisplatin based chemotherapy introduced in the 1970's

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本文回顾了关于死产对家庭影响的心理、社会和经济研究的现状。我们认为，尽管我们对死产的体验方面的知识正在增加，但在看到婴儿对心理健康的影响方面仍有许多未被揭示的内容。此外，特定社会群体的经历值得进一步研究，尤其是关于同性伴侣和代孕者、来自黑人和少数民族群体的母亲和父亲，以及来自低社会经济群体的人们。需要特别关注死产对家庭的经济影响，无论是从关注家庭的角度，还是从他们所生活的更广泛社会的角度。

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1. Introduction

1. 選取引用的文句

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Of the urologic cancers, cancers of the prostate and kidney have been described extensively in the Australian setting including incidence

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E-mail address: jake_tempo@hotmail.co.uk (J. Tempo).

<https://doi.org/10.1016/j.canep.2020.101692>

Received 26 March 2019; Received in revised form 21 February 2020; Accepted 23 February 2020
Available online 06 March 2020

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J. Tempo, et al.

Table 1

Demographic factors for bladder, OUO*, penis, renal pelvis and ureter and testis cancer, Sou

	Bladder	OUO	Penis
n	6465	57	177
Age group at Diagnosis (%)			
< 50	208 (3.2)	5 (8.8)	24 (13.6)
50-75	3222 (49.8)	31 (54.4)	91 (51.4)
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↵

References⁺

↵

- Tempo, J., et al., *Bladder, penile, renal pelvis and testis cancers: A population based analysis of incidence and survival 1977-2013*. Cancer Epidemiology, 2020. **65**.⁺

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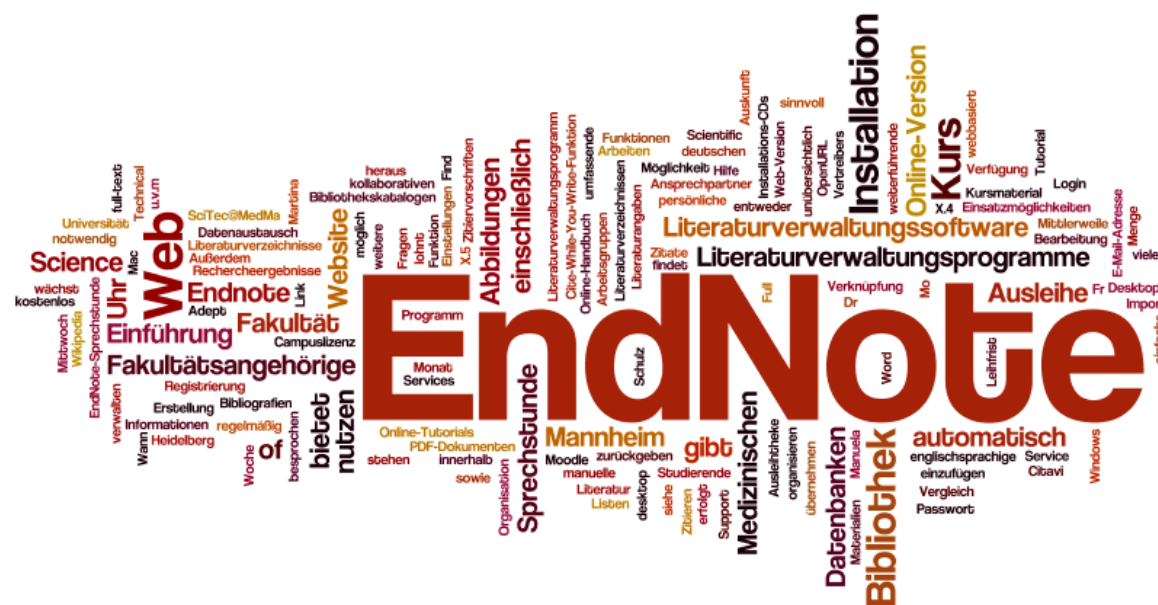
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線上教材

■ 線上教材

- 圖資處EndNote專屬網站
- 使用手冊
- 線上影音教學
- 電子資源小幫手
- 常見問題





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