International Journal of Advances in Engineering and Management (IJAEM)
Volume 2, Issue 10, pp: 482-490 www.ijaem.net ISSN: 2395-5252

# Pro in Gyno Clinic

Divyashree M
*Department of Entrepreneurship Studies, Madurai Kamaraj University.*

Date of Submission: 20-11-2020 Date of Acceptance: 10-12-2020

**ABSTRACT:** Nineteen patients with recurrent and two patients with locally advanced gynecologic malignancies received intra operative radiation therapy (IORT) with electrons at the Mayo Clinic. Fourteen of the patients also received external beam irradiation. Actuarial local control with or without central control at 5 years was 71%, and actuarial control within the IORT field (central control) was 80%. The distant metastases rate at 5 years was 47%. Actuarial 2- and 5-year overall survival was 58 and 33%, respectively, and disease-free survival was 47 and 40%, respectively. Patients with microscopic disease had significantly higher 5-year disease-free and overall survival (70 and 67%, respectively). In summary, IORT in combination with maximum debunking surgery with or without external beam therapy in patients with par aortic or pelvic sidewall recurrences of gynecologic malignancies appeared to improve long-term local control and survival. The addition of hyperthermia or hypoxic sensitizers may be a consideration to further improve local control in patients with gross residual disease. The high incidence of distant metastasis warrants the search for effective systemic chemotherapy. IORT-related toxicity was acceptable.

**KEY WORDS:** patient, disease, therapy.

## I. INTRODUCTION:

The proportion of women who agreed to participate was higher in the media recruitment group than in the clinic registry group [51% (535/1041) compared to 26% (405/1542), P < 0.001]. The no-show rate among participants solicited from the media strategy was significantly less than that from the clinic registry. There were no significant differences in the median age, number of months since the last Papanicolaou smear, incidence of abnormal Papanicolaou smear, education, or income of the subjects based on the recruitment strategy

**REVIEW OF LITERATURE**

| YEAR | TITLE AND YEAR PUBLISHED | AUTHORS NAME | FINDING |
|---|---|---|---|
| 2001 | Hematogenous Dissemination in Corpus Cancer,2001Musculoskeletal Pain in Schoolchildren | Andrea Mariani M | However, deep myometrial invasion was the only independent predictor of HD. Only 5% of patients with ≤50% myometrial invasion had HD compared with 23% with >50% myometrial invasion. Considering separately recurrence in the lung and in the liver and recurrence in other sites, the only |

| | | | |
|---|---|---|---|
| | | | independent predictors of lung recurrence were stage IV disease and myometrial invasion, whereas independent predictors of HD to the liver/other sites were age and histological grade. Considering only the 60 patients with a known site of HD, 67% with lung recurrence were >65 years old compared with 17% with HD to the liver/other sites. Furthermore, grade 1–2 disease was observed in 65% of patients with lung recurrence compared with 27% with HD to the liver/other sites. |
| 2002 | Recruitment Strategies for Cervical Cancer Prevention Study,2002 | R. Brewster, A. Ziogas | Eligible volunteers were randomized to one of two study arms, usual-care program or single-visit program. All study subjects completed demographic and medical questionnaires delivered by bilingual staff. Women who declined to participate in this study were asked to provide reasons for this preference. Statistical analyses included the use of chi-square, logistic regression, and Student's t test. |
| 2003 | Lung Cancer Screening with CT: Mayo Clinic Experience, 2003. | Stephen J | CT alone depicted 36 cases; sputum cytological examination alone, two. There were two |

| | | | |
|---|---|---|---|
| | | | interval cancers. Cell types were as follows: squalors cell tumor, seven; adenocarcinoma or bronchioloalveolar carcinoma, 24; large cell tumor, two; non–small cell tumor, three; small cell tumor, four. The mean size of the non–small cell cancers detected at CT was 15.0 mm. The stages were as follows: IA, 22; IB, three; IIA, four; IIB, one; IIIA, five; IV, one; limited small cell tumor, four. Twenty-one (60%) of the 35 non–small cell cancers detected at CT were stage IA at diagnosis. Six hundred ninety-six additional findings of clinical importance were identified. |
| 2009 | Overview of Advanced Computer Vision Systems for Skin Lesions Characterization settings ,2 | Charalampos N. Doukas, C. N. Doukas, | Then, we describe how to extract these features through digital image processing methods, i.e., segmentation, border detection, and color and texture processing, and we present the most prominent techniques for skin lesion classification. The paper reports the statistics and the results of the most important implementations that exist in the literature, while it compares the performance of several classifiers on the specific skin lesion diagnostic |

| | | | |
|---|---|---|---|
| | | | problem and discusses the corresponding findings. |
| 2012 | Research Careers for American Indian/Alaska Native Nurses,2006 | Karthikeyan Ganesan v | To offset this variability and to standardize the diagnostic procedures, efforts are being made to develop automated techniques for diagnosis and grading of breast cancer images. A few papers have documented the general trend of computer-aided diagnosis of breast cancer, making a broad study of the several techniques involved. But, there is no definitive documentation focusing on the mathematical techniques used in breast cancer detection. This review aims at providing an overview about recent advances and developments in the field of Computer-Aided Diagnosis (CAD) of breast cancer using mammograms, specifically focusing on the mathematical aspects of the same, aiming to act as a mathematical primer for intermediates and experts in the field... |
| 2014 | Quantitative measurement of clinic-genomic association for colorectal cancer using literature mining and Google-distance algorithm,2014 | Ling Zheng | Colorectal cancer is the one of malignant tumors whose molecular mechanism is relatively clear, making it a more |

| | | | |
|---|---|---|---|
| | | | appropriate object of study. This paper proposed a quantitative measurement of clinic-genomic associations for colorectal cancer based on Google Distance, using MEDLINE database as the corpus. Our method is engineered with several technologies, including mapping clinic and genomic data to MeSH terms, modifying Normalized Google Distance using year average. Data from Electronic Medical Records (EMR), Online Mendel an Inheritance in Man (OMIM), and Genetic Association Database (GAD) were used in this study. A total of 3795 clinic-genomic associations of colorectal cancer between 67 clinical concepts and 236 genes were obtained, of which 584 associations were identified for their gene is contained in the colorectal cancer pathway using KEGG pathway analysis |
| 2014 | Time series forecasting in an outpatient cancer clinic using common-day clustering | Claudio, David | However, many outpatient care facilities do not engage in demand forecasting and those that do often use rudimentary methods without exploring the best |

| | | | |
|---|---|---|---|
| | | | technique to forecast their patient demand. This research study examines the application of time series forecasting techniques to daily patient volume levels at an outpatient cancer treatment clinic. The work focuses on the optimal methods for accurate day-ahead forecasting in this healthcare setting with particular attention given to the differing forecast performance characteristics between traditional calendar sequencing and common-day clustering of the time series data. Through the construction of various forecasting models across multiple patient treatment duration categories, it is found that modifying a time series to a common-day clustered sequence can provide a statistically significant improvement in the accuracy of a forecast. |
| 2018 | The utility of patient reported data in a gynecologic oncology clinic | Barnes | Measuring QoL is essential to the field of gynecologic oncology but there seems to be limited standardized data regarding collecting QoL assessments throughout a patient's cancer |

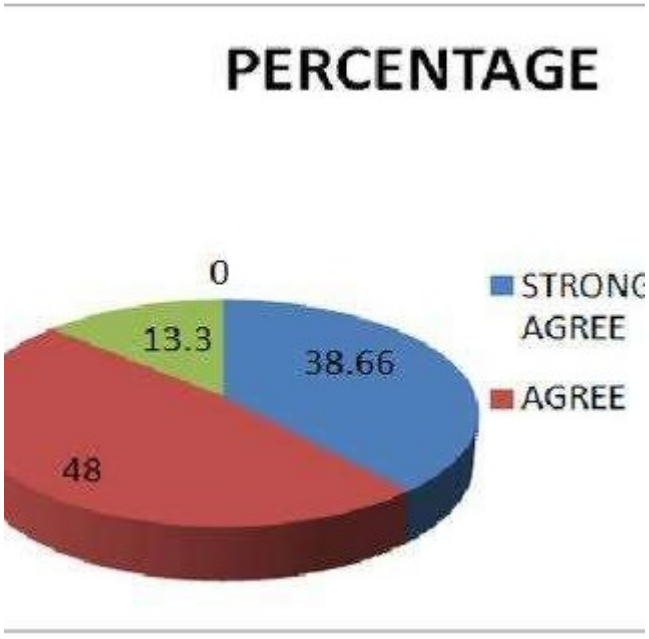
| | | | |
|---|---|---|---|
| | | | treatment especially in non-clinical trial patients. The aim of this study is to explore patient characteristics that may be associated with poor quality of life (QoL) in women with gynecologic cancers at two University of Arizona Cancer Center (UACC) sites. |

**RESEARCH GAP**

The feedback of gyno clinic was done in various methods but not particularly in Madurai, Tamilnadu, India hence we have catered to it.

## II. DATA ANALYSIS AND CONCLUSION

We use excel sheet to analysis data and we use simple random sampling to pick data.
Convergent and discriminate was proved.




**HIGHEST QUESTION**

**Question 1:**

Did you have any issues arranging appointments -3.89

**Question 2:**

How would you rate the professionalism of our staff -3.37

**LOWEST QUESTION**

**Question 10:**

Did the radiology centre provide the scan reports on the same day -2.7?

## REFERENCES

**[1].** Andrea Mariani M," **Hematogenous Dissemination in Corpus Cancer", Springer , 2001.**

[2]. R. Brewster, A. Ziogas.," Recruitment Strategies for Cervical Cancer Prevention Study, ELSIVIER," 2002.

[3]. Stephen **"**Lung Cancer Screening with CT: Mayo Clinic Experience", Radiology,2003.

[4]. Charalampos N. Doukas, C. N. Doukas,"Overview of Advanced Computer Vision Systems for Skin Lesions Characterization**, IEEE** Transactions on Information Technology in Biomedicine (Volume: 13, Issue: 5, Sept. 2009)

**[5].** Karthikeyan Ganesan v,"Computer-Aided Breast Cancer Detection Using Mammograms: A Review**",IEEE,2012.**

[6]. Ling Zheng**, "**Quantitative measurement of clinic-genomic association for colorectal cancer using literature mining and Google-distance algorithm**",** 45th Hawaii International Conference on System Sciences, 2015.

[7]. Claudio, David **"**Time series forecasting in an outpatient cancer clinic using common-day clustering", IIE Transactions on Healthcare Systems Engineering Volume 4, 2014 - Issue 1.

[8]. Burnes, "**The utility of patient reported data in a gynecologic oncology clinic**", Springer, 2018.

**APPENDIX**

**ABOUT TRAINER AND TRAINING**:

| **ITEMS** | **STRONGLY DISAGREE** | **DIS AGREE** | **NEUTRAL** | **AGREE** | **STRONGLY AGREE** |
|---|---|---|---|---|---|
| Did you have any issues arranging appointments? | | | | | |
| How would you rate the professionalism of our staff? | | | | | |
| Are you currently covered under a health insurance plan? | | | | | |
| How would you rate the investigative diagnosis process that you underwent? | | | | | |
| How often did you receive conflicting information from different medical care professionals at this hospital? | | | | | |
| What are the differences in the care provided by the hospitals available in your area? | | | | | |
| Were the ambulatory staffs quick to respond to your medical care request? | | | | | |
| Were the staffs sensitive towards your addiction? | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Did the birth home provide good post –natal care? | | | | | |
| Did the radiology centre provide the scan reports on the same day? | | | | | |