

FOR FURTHER E.G. ENDOMETRIAL HYPERPLASIA
MAY BE
RE

↑ # & — HYPERPLASIA

↑ size & — HYPERTROPHY

ATROPHY

↓ TISSUE MASS
↓ SIZE
↓ # of cells

POOR NUTRITION

DERIVATION
↓ BLOOD SUPPLY
↓ HORMONAL STIMULAN

DISORDERED GROWTH & ONLY EPIT

DYSPLASIA

METAPLASIA

IF U - VIC
IRREV
PERSISTENT

BUT PERSISTENT INJURY
BARNETT ESOPH
AGNOCA

UNCOMMON
COMMON
MAL

NEOPLASIA

ANAPLASIA

↑ d TYPE & STR

IRREV

COMPLETE LACK DIFFERENTIATION IN MAL

WELL OF AN AGGRESSIVE
POORLY

CELLULAR CHANGES

NOTHING

↑ in size on #
REV

N &

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

REV

↑ d TYPE & STR

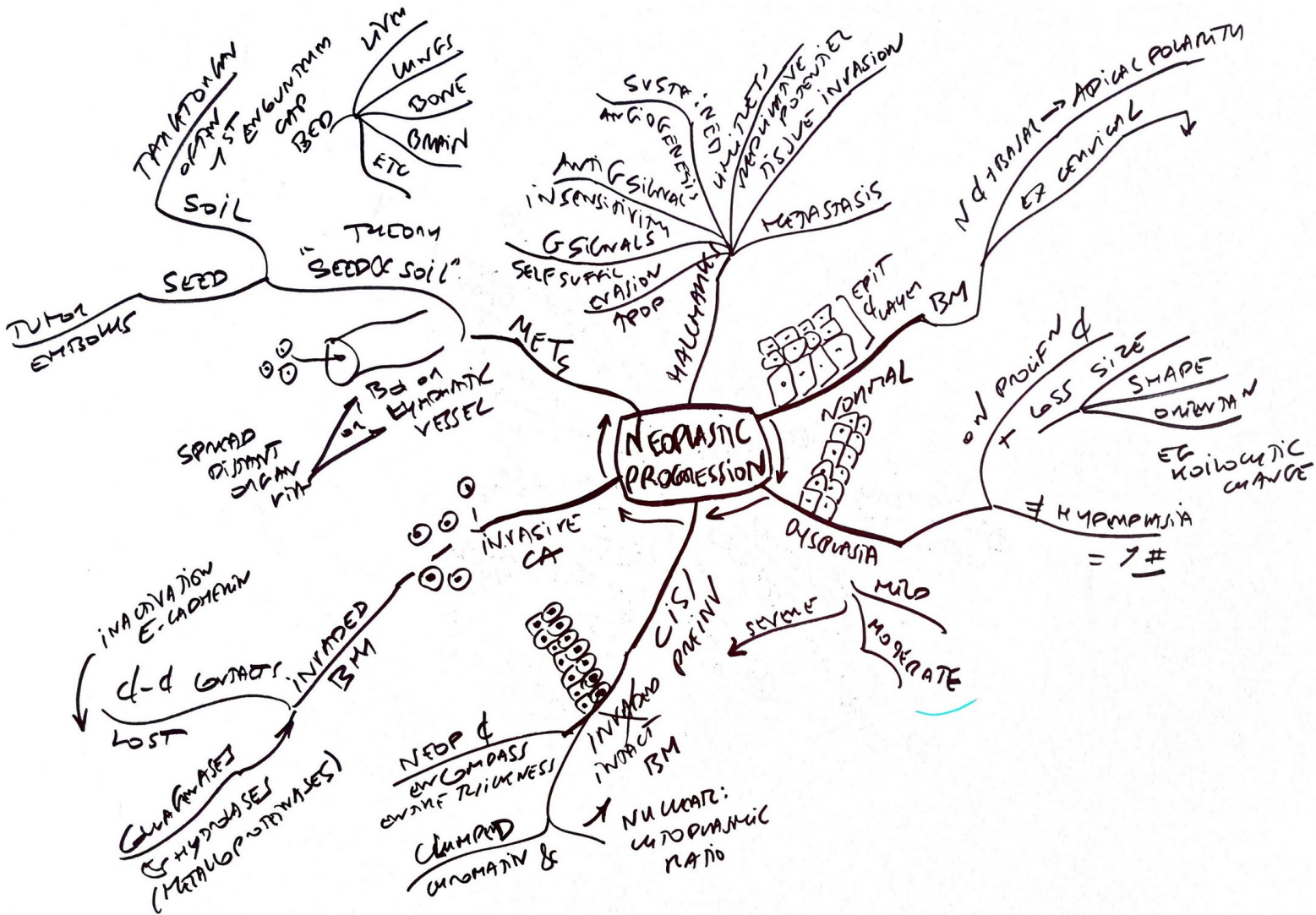
REV

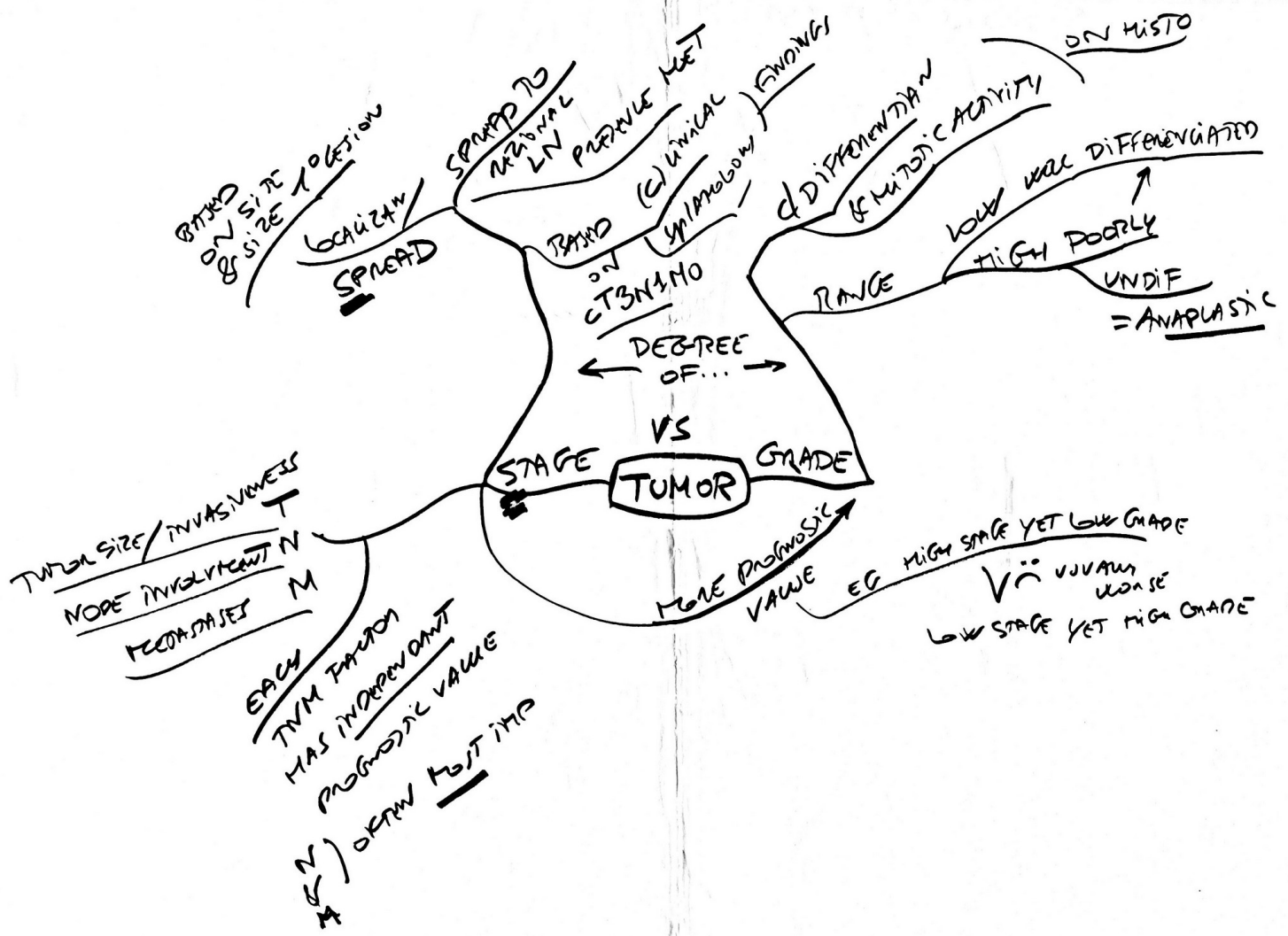
↑ d TYPE & STR

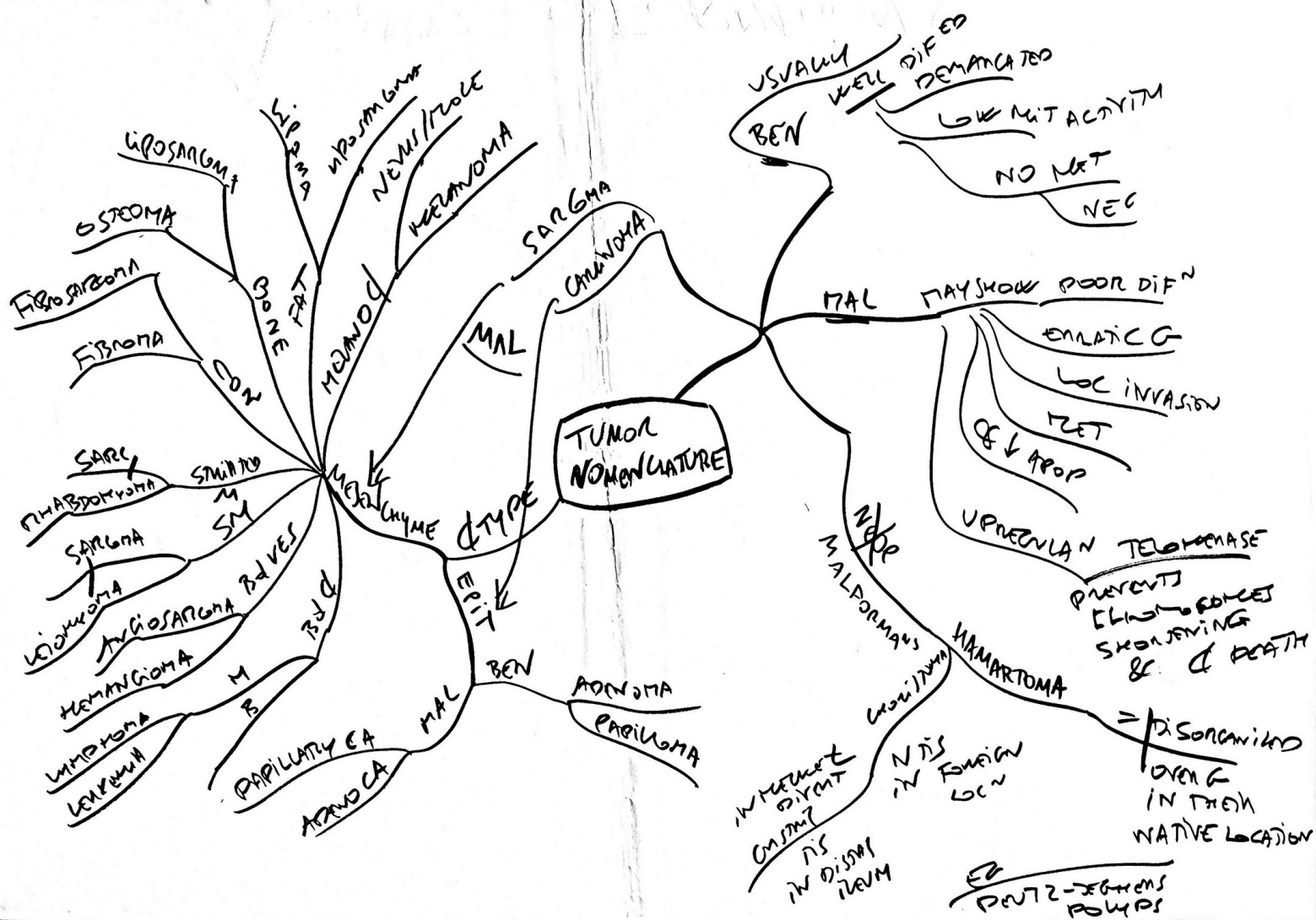
REV

↑ d TYPE & STR

REV



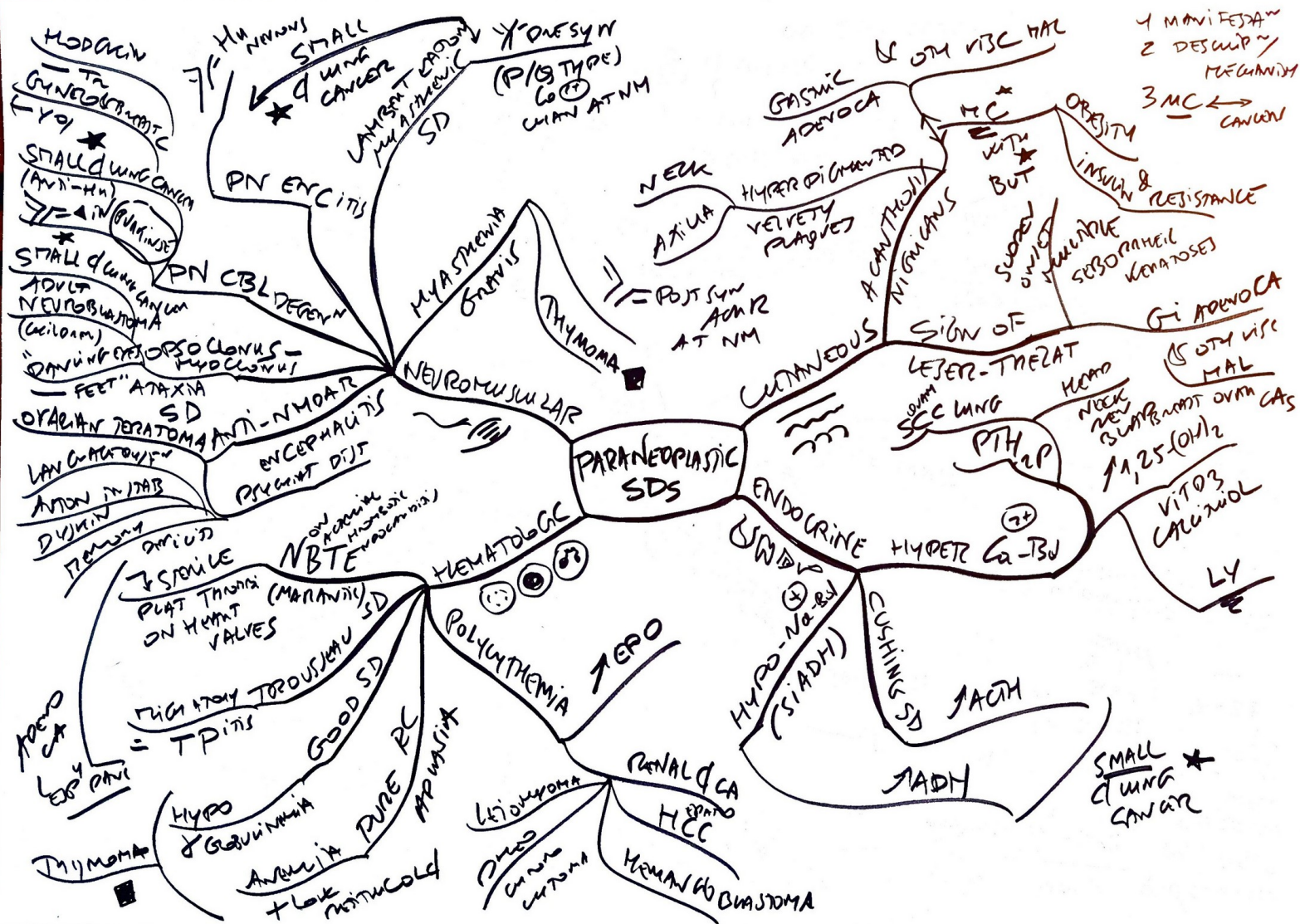


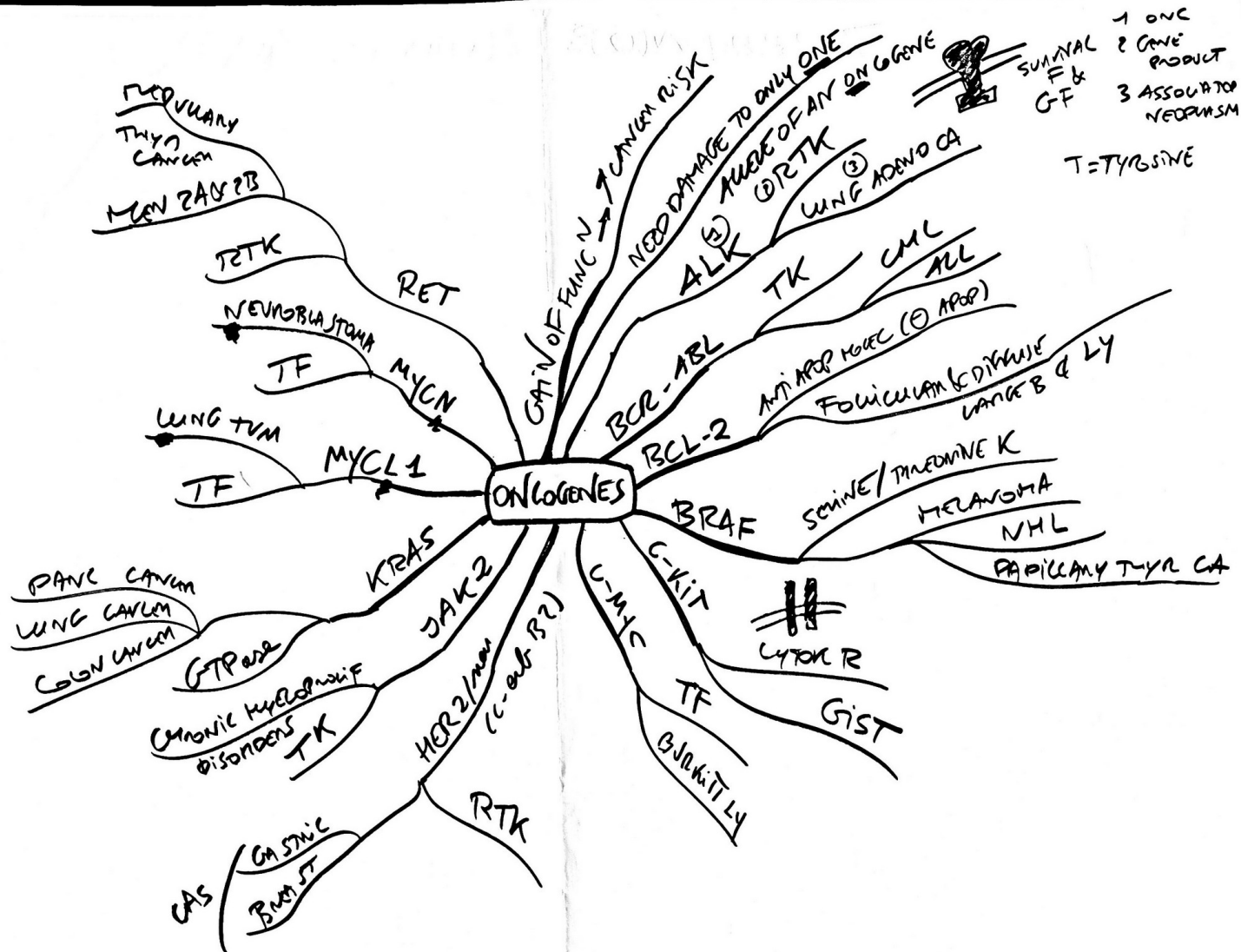


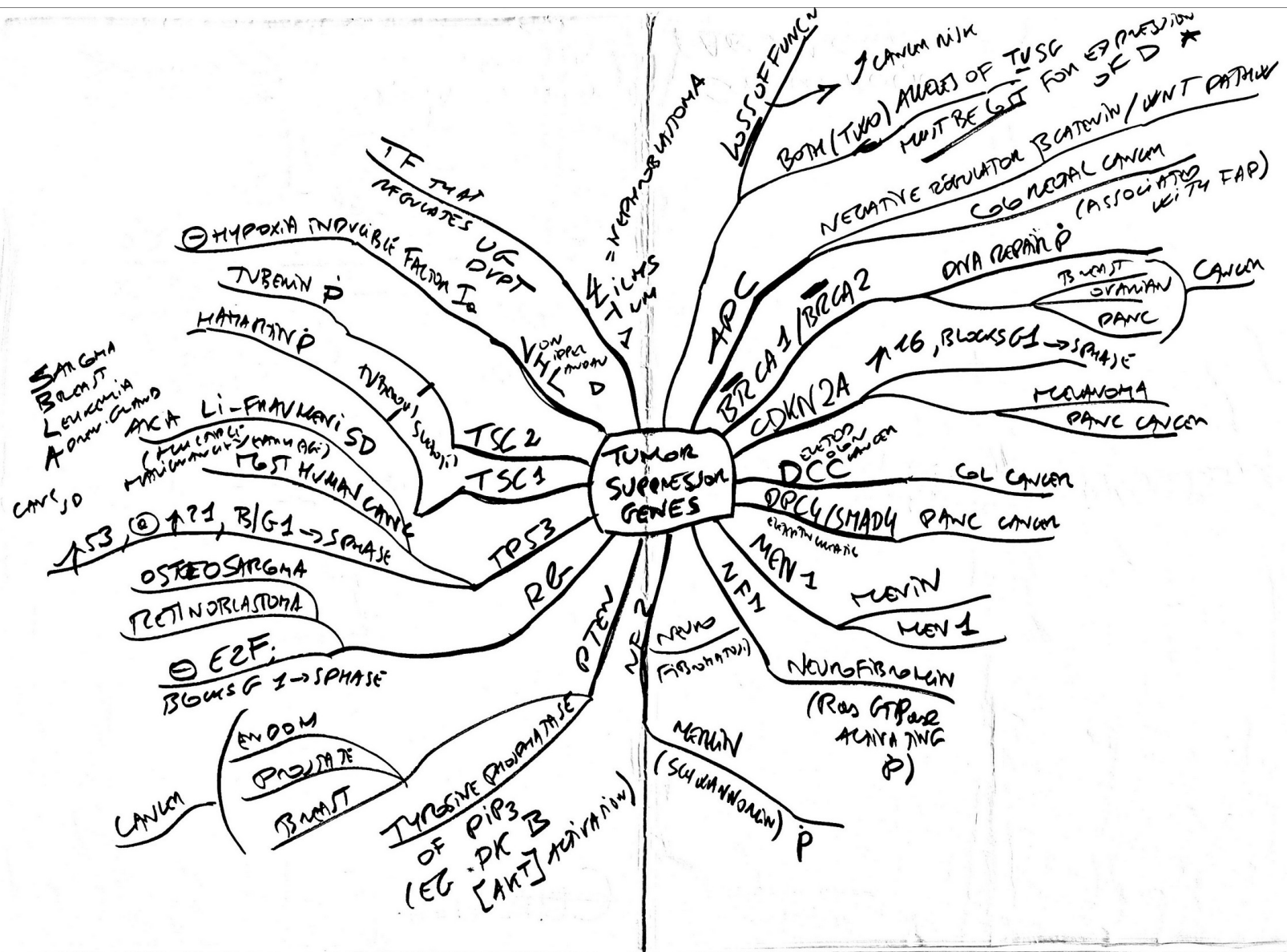
CANCER
epidemiology

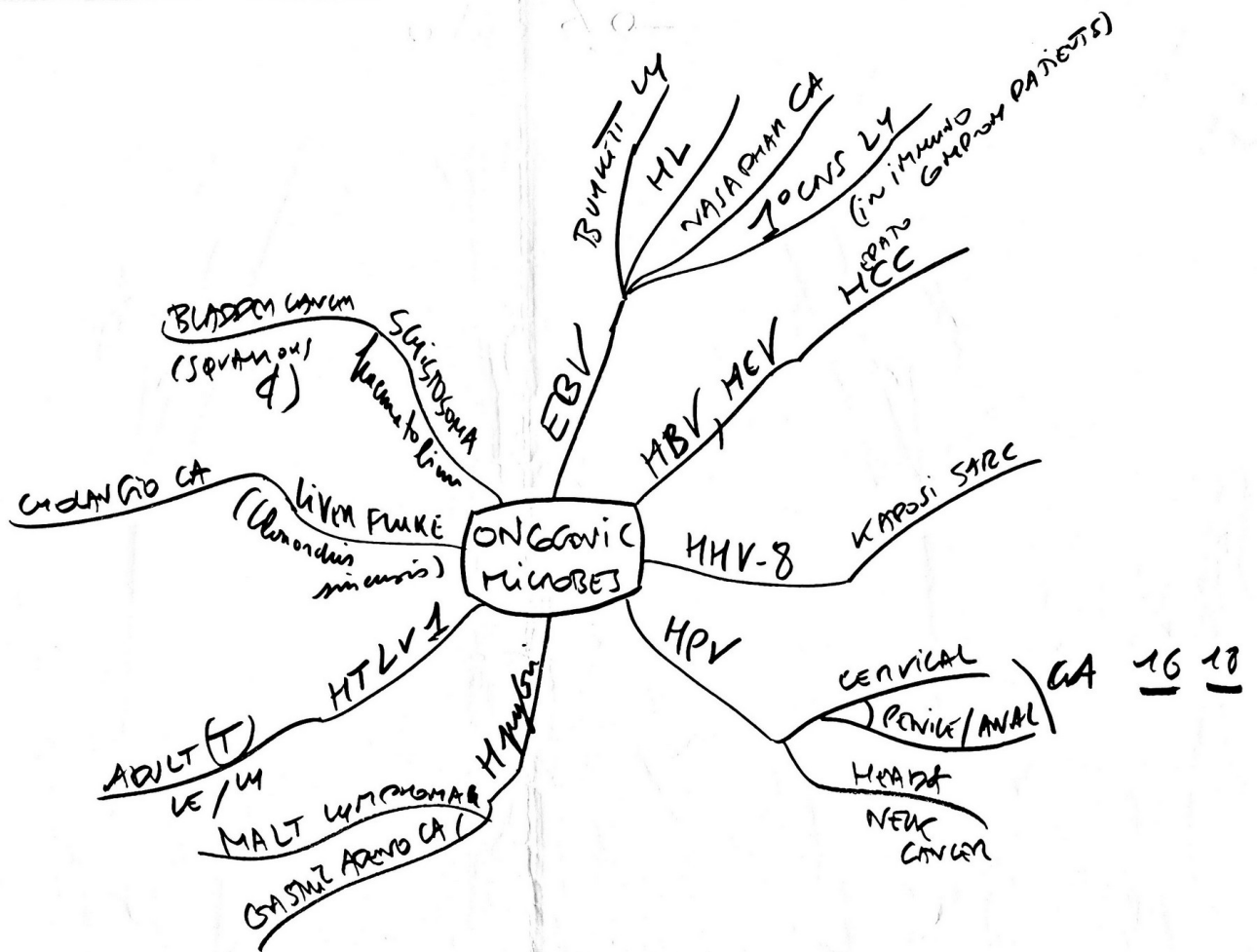
SKIN CANCER (BASAL > SQUAMOUS >> MELANOMA) MC CANCER *

	♂	♀	CHILDREN (0-14)	NOTES
INCIDENCE	① PROSTATE ② LUNG ③ GL/NEC	① BREAST ② LUNG ③ GL/NEC	① LEUKEMIA ② BRAIN & CNS ③ NEUROBLASTOMA	
MORTALITY	① LUNG ↑ ② PROSTATE ③ GL/NEC	① LUNG ↑ ② BREAST ↑ ③ GL/NEC	//	CANCER = 2nd leading cause + US ♥ 1st









CARCINOGENS

