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Free Project Management Software. with full-featured reports & graphs, efficient workflows, flexible task. Free Project Management Software. CorelCAD 2020.0 v20.0.0.1074 Crack FREE Download CorelCAD 2020.0 v20.0.0.1074 crack Free Download. CorelCAD 2020 Crack Free Download. CorelCAD 2020.0 v20.0.0.1074 Crack Free Download. CorelCAD 2020.0 v20.0.0.1074 Crack Free Download. High-dose chemotherapy in women with germ cell tumors and unfavorable prognosis treated in a single institution. To assess outcomes and define prognostic factors in patients with germ cell tumors who were treated with intensive post-remission high-dose chemotherapy (HDC) followed by hematopoietic stem cell transplantation (HSCT). Between 1985 and 2006, a total of 87

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patients with germ cell tumors received second-line chemotherapy following a 6-month first-line HDC-containing regimen. Of these, 78 (90%) were evaluated for response and survival. End points were overall survival (OS), event-free survival (EFS), toxicity and factors predictive of response and survival. Median follow-up was 29.8 months (range, 0.4-188.1). Complete response (CR) was achieved in 21 patients (27%), 10 (17%) of whom later relapsed. Eleven patients relapsed (14%). Forty-one patients (53%) died, 15 (21%) within 12 months. After 1 year, OS and EFS were 81 and 64%, respectively. Univariate analysis identified only testicular primary tumor (p = 0.001), no viable tumor (p = 0.005) at second-line HDC and a nonfertilizing sperm dose of > 1 million (p = 0.05) to be significant factors predicting for poor outcome. The EFS of patients treated with melphalan only versus those treated with melphalan and cyclophosphamide was 20.9 and 56%, respectively (p = 0.01). Age and interval between the diagnosis of germ cell tumors and HDC were not prognostic factors. HDC-containing regimen followed by HSCT in germ cell tumors with relapsed or chemoresistant disease is feasible and seems to improve outcome after first-line HDC. Our analysis highlights the prognostic value of testicular primary tumor, demonstration of CR with second-line

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