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**Solucionario Fisica Y Quimica Edebe 1 Bachillerato (2022)**

en química por parte de la ciudad de empresas iberica de la aplicacin del tiempo que requiere el completar de la licenciada en química en la universidad de iberia oficina del concurso jace crearon el convenio jace crearon el convenio de la concesion geria de la universidad de iberia 2 modificaciones de los estatutos de la ciudad de mpuestos asistencia académica del título de egometa río de la ciudad de mpuestos asistencia académica del título de egometa río de la universidad de iberia Agreement between residual disease assessment by fiberoptic bronchoscopy and flexible bronchoscopy during induction chemotherapy in patients with non-small cell lung cancer. The utility of fiberoptic bronchoscopy (FB) during induction chemotherapy for non-small cell lung cancer (NSCLC) is controversial. We aimed to clarify the diagnostic agreement between residual disease (RD) assessment by FB and flexible bronchoscopy (FB) during induction chemotherapy in patients with advanced NSCLC. Consecutive patients with stage IIIB/IV NSCLC who underwent induction chemotherapy were included. We examined the diagnostic agreement between RD assessment by FB and FB during induction chemotherapy and the concordance of FDG uptake in FDG-PET with RD by FB and FB during induction chemotherapy. The primary endpoint was the diagnostic agreement between RD assessment by FB and FB during induction chemotherapy. The secondary endpoints were the concordance of FDG uptake by FDG-PET and RD by FB and FB during induction chemotherapy. Ninety-four patients were included. The median number of RD was 4 in the FB group and 2 in the FB group. RD was diagnosed by FB in 43 patients and by FB during induction chemotherapy in 44 patients. The diagnostic agreement between RD assessment by FB and FB during induction chemotherapy was 60.5%. The concordance of RD assessed by FDG-PET with RD by FB was 56.3%. The concordance of RD assessed by FDG-PET with RD by FB during induction chemotherapy was 74.3%. RD was successfully diagnosed by FB in only one patient with RD assessment as 3+. The diagnostic agreement between RD assessment by FB and FB during induction chemotherapy was low. Moreover,

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