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Background On April 27, 2015, India successfully test fired a nuclear-capable Intercontinental Ballistic Missile (ICBM) from a launch facility located in the Pintharapattu region in the southern Indian state of Tamil Nadu. The missile, named Agni-V, had a range of more than 5,000 kilometres and a height of more than 1,000 kilometres. The test was performed by the Strategic Forces Command. It was meant as a part of the Ballistic Missile Defence Test and Evaluation Programme. This was the first such successful test of the state-of-the-art Agni-V missile. Agni-V is a three-stage ICBM. The Agni-V used on 27 April 2015 was the last such test of the test missile. In December 2009, then Indian prime minister Manmohan Singh had announced a project called Prithvi-II missile. This was the second ICBM missile developed by India and is capable of carrying nuclear warheads. A flying prototype of Prithvi-II was unveiled on 25 June 2013. It has been projected that it will be deployed by 2015–16. An Indian military source said that a strategic nuclear force has been created to provide a deterrent to any major nuclear threat. This is the first time in years India will be openly undertaking a test of a nuclear-capable missile. The Strategic Forces Command is the main military and strategic planning agency of India. India has not accepted a world nuclear ban. The country's nuclear policy remains unclear with no firm commitment to disarm. It has stated that it is prepared for a nuclear war. It has said it does not want to be the first to initiate a nuclear strike. India has a small nuclear arsenal of 26 submarine-launched ballistic missiles, with the submarine launch facilities located at three bases—the Army's Pokhran Test Range in the northern state of Rajasthan, the Navy's Green Bay In Maharashtra in the country's west, and the Air Force's Wheeler Island base in the north-eastern state of Assam. India also has the nuclear-capable Agni-V missile, which was test-fired from a mobile launcher from a truck-mounted mobile launcher. These are part of the planned Agni-III missile that is being developed. India has been developing its nuclear program since the 1950s and in 1967, it was declared a nuclear state. The country has declared a number of tests in this direction, including the underground

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0 Comments. Beljar Melodi Gitar Ebook You can download it directly from the link given below and it will take some few minutes to save and open on your computer. Histopathologic study of a large endosseous implant in a dog. The implantation of a completely stabilized porcine endosseous implant in a dog was evaluated histologically. The implant was placed in the lateral aspect of the mandible, first in the alveolar bone, and then in the jaw bone, giving a total of 2.5 cm between the implant surface and the bone cortex. No new bone or connective tissue was observed in any area. Bone resorption was limited to 2.5 mm of the implant surface, and the bone marrow contained a few hemosiderin-laden macrophages and hematopoietic cells. Bone marrow cells were also observed in the close vicinity to the implant and around it. Fibrous or connective tissue encapsulated most of the implant surface. The significance of the small amount of bone resorption is not known..859][^4] Discussion {#S0004} ===== The IMN is a clinically significant structure in cancer patients, and has been closely associated with local recurrence and metastasis, including peritoneal metastasis and liver metastasis. It has been reported that patients with a positive IMN show poor prognosis. Recently, several large-scale retrospective studies have investigated the prognostic value of the IMN status in patients with stage I and stage II colon cancer. Huisman et al[@CIT0006] demonstrated that N1 and N2 tumors were predictive of poor survival in stage II colon cancer patients, despite the fact that the presence of N2 status had no prognostic value in the present study. However, a Dutch cohort study by van Straten et al[@CIT0007] showed that there was no correlation between N status and overall survival in patients with stage I and II colon cancer. We speculated that the reason for this difference is a small study population, as such a retrospective study has inherent limitations. Although there is no consensus on the size criteria for evaluating IMN involvement, Chu et al[@CIT0008] demonstrated that a primary tumor of  $\geq 40$  mm is associated with a higher likelihood of peritoneal metastasis and liver metastasis than that of \