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j2mod modifies the original jamod Modbus library and builds Modbus communication protocols in Java. It includes the KeyMACRO functionality as the initialisation. This functionality defines the key management, key derivation and key storage for Modbus communication. The KeyMACRO functionality includes methods for key management, key derivation and key storage. Short Description: j2mod modifies the original jamod Modbus library and builds Modbus communication protocols in Java. It includes the KeyMACRO functionality as the initialisation. This functionality defines the key management, key derivation and key storage for Modbus communication. The KeyMACRO functionality includes methods for key management, key derivation and key storage. Cost-effectiveness of CA125 measurement in the management of patients with epithelial ovarian cancer. In patients with newly diagnosed epithelial ovarian cancer, the tumor marker CA125 is helpful in screening and staging. Treatment decisions and follow-up should be guided by the stage of disease. We performed a cost-effectiveness analysis of CA125 measurements in patients with epithelial ovarian cancer. At diagnosis, an initial CA125 level was determined in patients treated with surgical cytoreduction and adjuvant or primary chemotherapy, and a second CA125 level was obtained at recurrence in the cohort of patients who subsequently received chemotherapy. The costs of testing and treatment were estimated based on resource utilization data obtained from the Spanish National Health System. A decision model that incorporated costs,

quality-adjusted life years (QALYs), and incremental cost-effectiveness ratios (ICERs) was developed. One-way sensitivity analyses and threshold analysis were performed to evaluate the robustness of the findings. After a follow-up of 1 year, CA125 testing did not improve outcomes and was not cost-effective. A one-way sensitivity analysis of the base-case analysis showed that CA125 testing was more cost-effective than cytoreductive surgery followed by adjuvant chemotherapy when there was a 20% cost increase and/or a 5.5% quality-adjusted life year (QALY) increase. A negative threshold analysis also showed that CA125 testing was cost-effective for the tested range of CA125 values. Patients with newly diagnosed epithelial ovarian cancer should be screened for recurrence based on CA125 levels rather than receiving a confirmatory test. A confirmatory CA125 test is not cost-effective after an initial CA125 level has been obtained in patients treated with surgical cytoreduction and adjuvant or primary chemotherapy.

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