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RAR.VISIMIX.TURBULENT.SV.2009.Generate.IPv4.OSI.ASA.VOICES.X.. PREeSTO.V9.1.rar.This invention relates to a  
method for producing a silicone hydrogel contact lens that is characterized by superior oxygen permeability, wettability, and  
biostability. Silicone hydrogel contact lenses are polymer hydrogel lenses with a high water content. Silicon hydrogels usually  
comprise from about 40 to about 80% by weight of silicone hydrogel, which can increase comfort and oxygen permeability of  
the lenses. However, there is a tendency for these lenses to undergo a hydrophilic conversion, i.e. to become more hydrophilic,  
when worn in the eye. The increase in hydrophilicity of the lens surface can compromise desired refractive properties and may  
interfere with the functionality of the surface hydrophobic coatings used to enhance the biocompatibility

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{#s1} ===== Colorectal cancer (CRC) occurs in approximately 130,000 Australians each year and is the second most  
common cause of cancer death \[@R JW003C1\]. Mortality is largely a function of stage at presentation, and improvements in  
CRC survival can be attributed to earlier diagnosis \[@R JW003C2\]. The majority of CRC diagnoses are made by primary  
care physicians (PCPs) through a combination of patient symptoms, rectal examination findings and structural tests, including  
faecal occult blood test (FOBT) and flexible sigmoidoscopy (FS). The latter test detects diminutive polyps via colonoscopy, and  
the recommendation is to target biopsy of precancerous polyps \[@R JW003C3\]. There is concern that many biopsies are of  
unnecessary, non-precancerous lesions \[@R JW003C4\]. Effective screening strategies are resource intensive, limiting the  
number of patients who can be tested. FOBT has not been shown to reduce CRC mortality \[@R JW003C5\]. Population-based  
screening does not reduce CRC incidence; however it does reduce CRC-associated mortality \[@R JW003C6\]. The American  
Cancer Society recommends screening to individuals between 50 and 75 years of age in a 5-year cycle using FOBT or FS.  
Within this population, there is conflicting evidence regarding whether population-based screening reduces CRC mortality, with  
trials of triage of FOBT positives by FS showing no reduction in CRC-associated mortality \[@R JW003C7\]. The current  
Australian screening policy also lacks support, with trial evidence not demonstrating a reduction in CRC-related mortality  
\[@R JW003C8\]. The Australian Government funds the Australian colorectal cancer screening programme; it funds the FOBT  
two and FS once per annum for screening. Screening of the non-institutionalised population is performed via a mailed invitation  
to initiate screening. This is followed by a 2-week period in which a reminder of the invitation is sent. Following the 2 weeks  
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