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To open an image in Photoshop, you can either choose File > Open or select the File Type option and use the Open button on the left of the Open dialog box. The dialog box includes a preview area as well as buttons for opening the image in a different program or sharing it. For more on opening an image in Photoshop, check out the previous section, "Picking the Right Photo Editor." You can also see ways to open a new image in Chapter 8, "Starting with an Existing Image," and ways to save your work in Chapter 9, "Saving and Exporting Your Work." Image Organization and Navigating in Photoshop You can use Photoshop's tools and techniques to modify and organize your photos to make them easier to work with and to display well on the Web. The following sections help you get started with image organization, including the following: Enhancing the image quality of the data by optimizing it Reducing image size Aligning photographs into groups for editing or printing Adding important metadata to your images to help people locate your photos online Establishing how your photos should be displayed Eliminating Unwanted Objects Imagine an image with a wide range of color from the sky to an old building. By creating two copies of the image and adjusting one of them, you can eliminate the extraneous elements you don't want, such as the old building. You can use the Healing Brush tool and Object > Intersect to help you reduce the number of unwanted objects in your image. For more on the Healing Brush, see Chapter 5. For more on Object>Intersect, see Chapter 6. You can also use the Clone Stamp tool in combination with the Healing Brush and delete unwanted objects with the Eraser tool. For more on the Healing Brush and the Eraser tool, see Chapter 5 and Chapter 6, respectively. When combining images (see the upcoming sections "Composing and Arranging Grouped Images") you want to carefully select the images you want to add to the new image. Adjusting the Image's Saturation Think about an image that has a large range of color. To make the color in a photo pop, you can adjust the colors with the Fill and Lighting sliders, as shown in Figure 1-7. **Figure 1-7:** To make image colors pop, use the Fill and Lighting sliders. Choose Image > Adjustment Panel.

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Q: Too many edits and undeletions Possible Duplicate: Too many “suggested edit” approvals What's up with all the edits and undeletions? Usually there's one or two a day, but this morning there were three in less than an hour. Looks like some corsair triple stampede in action. A: I'm the one who approved your first two and reverted the third, yes I did and I'm quite ashamed of it. I guess I can't change it now, as there's already a review going on to which you can object. Please accept my apology... Q:

How to prove this inequality with \cos and \sin ? How to prove the following inequality?

$\cos(n+1)\pi \leq \frac{\pi}{2} \leq \cos(n\pi) - \frac{1}{n} \leq \cos(n\pi) \leq \cos(n+1)\pi$ A: Since $\frac{1}{n} - \frac{1}{n} = 0$. We have $\cos(n+1)\pi \leq \cos(n\pi) \leq \cos(\pi - n\pi) = \cos(-n\pi) = \cos(n\pi)$, where we used that $\cos(\theta + 2k\pi) = \cos\theta$ for any $k \in \mathbb{Z}$. By we also have $\cos(n+1)\pi = \cos((n+1)\pi - (n+1)\pi) = \cos(n\pi) \cos(\pi - 1) + \sin(n\pi) \sin(\pi - 1)$ and $\frac{\pi}{2} = \frac{\pi}{2} \cos(\pi - 1) + \frac{\sin(\pi - 1)}{2}$ so it is

What's New In?

Efficacy of a first-generation PCSK9 inhibitor in patients with heterozygous familial hypercholesterolemia and statin intolerance or non-response: 12-month results from the FOURIER trial. PCSK9 (proprotein convertase subtilisin/kexin type 9) inhibitors reduce low-density lipoprotein (LDL)-cholesterol (C). We assessed the effect of evolocumab on lipids in patients with heterozygous familial hypercholesterolemia (HeFH) and statin intolerance, or non-response, and whether the response was affected by the PCSK9 mutational subtype. In the FOURIER (FOrcery Of protein-cysKine Inhibition Evaluation in Renal disease) trial, adults with HeFH (n = 1433) were randomized to 12 months of double-blind, placebo-controlled, repeat treatment with evolocumab 420 mg Q4W or 420 mg Q2W. Preplanned subgroup analyses of the HeFH cohort for change in mean lipid levels were performed in pts stratified by PCSK9 mutational subtype [rs1410996 (E167D), rs7566605 (I384V), both combined], and type of response to statin-based therapy [any statin treatment response (ATS)]. Evolocumab was associated with significant, dose-dependent reductions in LDL-C, apolipoprotein B, and non-high-density lipoprotein C (non-HDL-C). Patients treated with 420 mg Q4W had significantly lower LDL-C (-49.1%) and apolipoprotein B (-24.5%) than placebo in all patients [Evo420 (EvoQ4W) vs. placebo] (P ≤ 0.0021 for both). Compared with placebo, evolocumab reduced LDL-C by 42.6% and apolipoprotein B by 30.5% in the E167D-allele group and 61.7% and 59.3% in the I384V-allele group (P

