

Costruzione ed uso di filtri per la valutazione delle tecnologie sanitarie in PubMed

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Premessa

Il personale delle strutture sanitarie coinvolto nella valutazione multidisciplinare delle tecnologie sanitarie è tenuto a conoscere la letteratura specifica di riferimento. Oltre alla ricerca dei report e delle valutazioni prodotte dalle agenzie di HTA, è possibile individuare tramite PubMed citazioni bibliografiche di articoli con l'ottica della valutazione multidisciplinare delle tecnologie. Ogni persona interessata può ottenere, sfruttando le potenzialità di PubMed, My NCBI ed utilizzando tecniche sofisticate per la creazione di filtri, uno strumento personalizzato particolarmente utile per il reperimento di letteratura scientifica pertinente.



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Valutazione multidisciplinare



Personalizzazione dell'immagine da parte di Cristina Furian



Schema per la valutazione di un mini report HTA AOU UD

- ❖ Nome della tecnologia
- ❖ Definizione ed indicazioni del prodotto (apparecchiatura, dispositivo o farmaco)
- ❖ **Strategia di ricerca**
- ❖ Studi principali utili per la registrazione del prodotto (che comprende: nome trial, data inizio, popolazione, risultati e conclusioni)
- ❖ Contesto di utilizzo
- ❖ Efficacia e sicurezza
- ❖ Costo efficacia
- ❖ Benefici potenziali per i pazienti rispetto al gold standard di riferimento
- ❖ Aspetti etici
- ❖ Comparatori
 - ❖ Benefici potenziali per i pazienti
 - ❖ Confronto con l'attuale prodotto economico, costo della tecnologia
- ❖ Bibliografia, linkografia

*Cosa può accadere se
la strategia di ricerca
bibliografica
non è formulata correttamente?*

La ballata del vecchio marinaio di Samuel Taylor Coleridge (1798)

**Soltanto acqua intorno,
si torceva ogni tavola.
Soltanto acqua intorno,
per la nostra sete neanche un goccio**

...

**Acqua, acqua e solo acqua e nemmeno una goccia
da bere**

...



Cosa fare per far fronte all'abbondanza di informazioni generiche e non sempre affidabili?

- Rivolgersi agli specialisti dell'informazione
- Imparare le tecniche di ricerca bibliografica, almeno per svolgere ricerche semplici

Ruolo del documentalista

- Reperire documentazione valida per dare risposta a quesiti clinici
- Promuovere la medicina e l'assistenza infermieristica (...) basate sulle prove di efficacia
- Coordinare l'attività di formazione del personale dipendente per l'aspetto della ricerca bibliografica della letteratura sanitaria
- Contribuire alla formazione sulla ricerca bibliografica in ambito biomedico



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Analytical Search Strategy Design

Analisi concettuale di un bisogno informativo e la susseguente traduzione di questa analisi in una serie di termini (Lancaster & Warner, 1993:133). Durante l'analisi concettuale il bisogno informativo viene scomposto nelle sue parti, che poi vengono “tradotte” nel vocabolario di un particolare database (Information retrieval today.

LANCASTER FW , Warner AJ. Information retrieval today. - 1993 - Arlington, Va.: Information Resources Press)

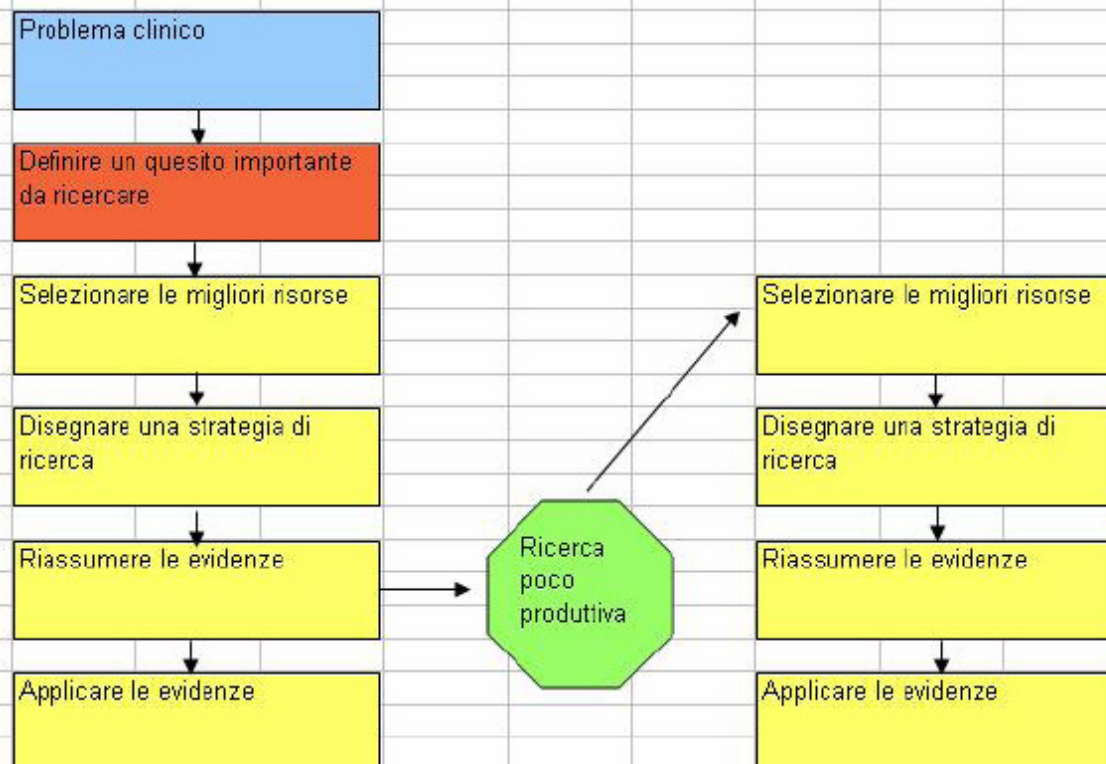
Strategia di ricerca

- Capacità di pianificare i contenuti in risposta al quesito proposto
- È un piano che aiuta a cercare le informazioni di cui si ha bisogno
- È una pianificazione dei contenuti attesi in risposta alla propria ricerca data dal sistema
- Well-built clinical question
- Good clinical question

Strategia di ricerca

Strategia di ricerca generale

(Straus SE, Richardson WS, Glasziou P, Hynes BR. Evidence-Based Medicine: How to practice and teach EBM. 3.ed. 2005)



Copia dello schema tradotto da Claudia Vidale - Documentazione Biomedica - AOUSMM

Tecniche per individuare il bisogno informativo 1

Cinque W

Who
What
Why
When
Where



Tecniche per individuare il bisogno informativo 2

PICO

Traduzione dei concetti in soggetti (MeSH) e individuazione dei termini liberi e dei loro sinonimi (eng)

	Population/ Patient/ <u>Problem</u>	Intervention/ <u>Exposure</u>	Vs <u>Comparison/</u> <u>(Comorbidity</u> <u>/Condition)</u>	Outcome	Study design	Clinical query type	Limits	
	AND	AND	AND	AND	AND	AND	AND	AND
OR								
OR								
OR								

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Tecniche per individuare il bisogno informativo 3

Insieme



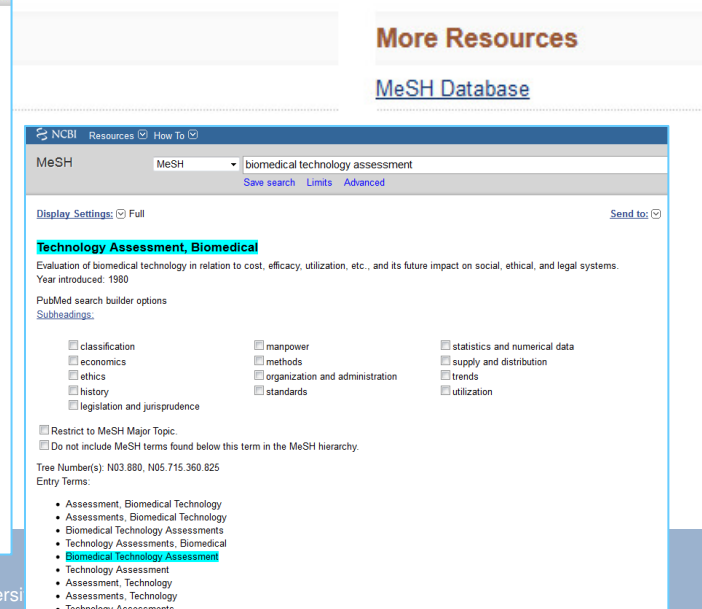
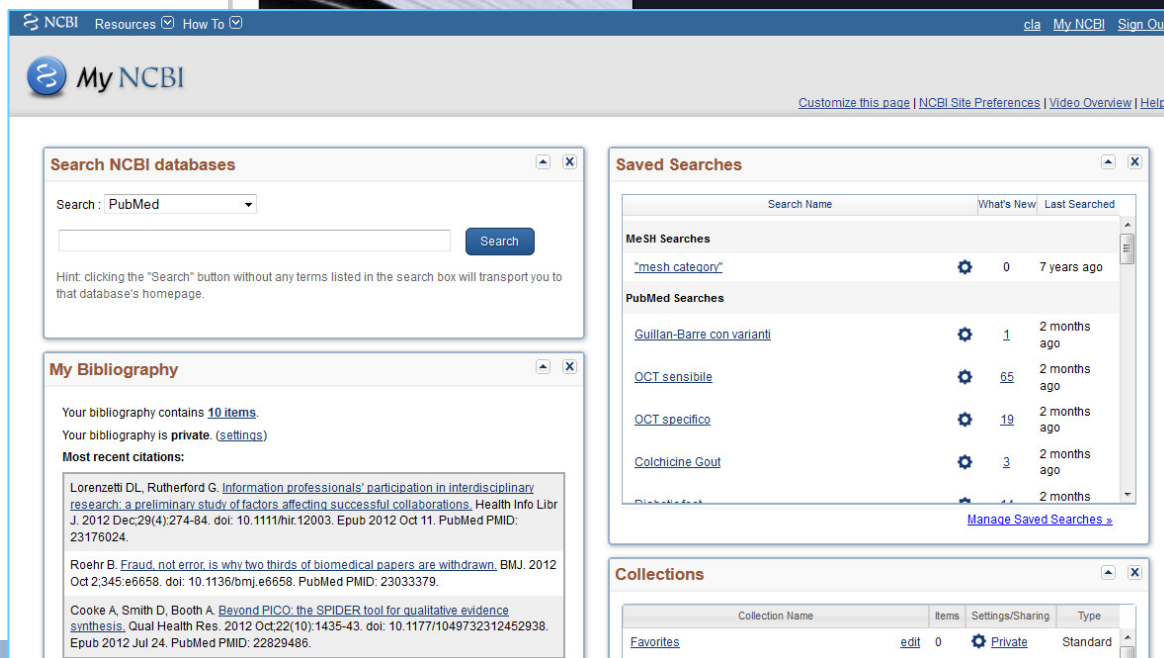
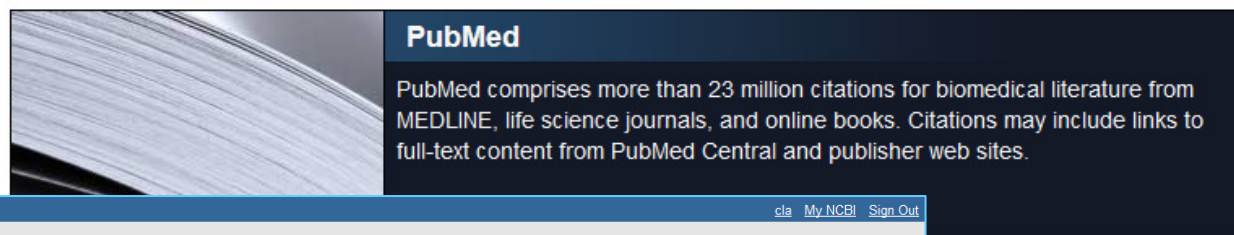
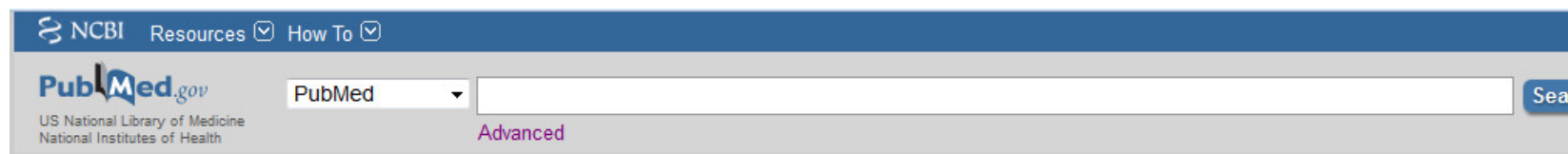


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PubMed è una banca dati molto versatile



PubMed consente

- L'uso di filtri specifici della NLM per la ricerca in ambito HTA
- La creazione di filtri personalizzati





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"vaginal smears"[MeSH Terms] OR ("vaginal"[All Fields] AND "smears"[All Fields])

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The thousand-dollar Pap smear.

1. Bettigole C.
N Engl J Med. 2013 Oct 17;369(16):1486-7. doi: 10.1056/NEJMp1307295. No abstract available.
PMID: 24131176 [PubMed - indexed for MEDLINE] **Free Article**
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Vaginal microbiome in women from Greenland assessed by microscopy and quantitative PCR.

2. Datcu R, Gesink D, Mulvad G, Montgomery-Andersen R, Rink E, Koch A, Ahrens P, Jensen JS.
BMC Infect Dis. 2013 Oct 16;13(1):480. [Epub ahead of print]
PMID: 24131550 [PubMed - as supplied by publisher] **Free Article**
[Related citations](#)

Oestrus cycle of the Desert hamster (Phodopus roborovskii, Satunin, 1903).

3. Scheibler E, Wollnik F.
Lab Anim. 2013 Oct;47(4):301-11. doi: 10.1177/0023677213492509. Epub 2013 Jun 10.
PMID: 23760567 [PubMed - in process]
[Related citations](#)

The burden and costs of prevention and management of genital disease caused by HPV in women: a population-based registry study in Finland.

4. Salo H, Leino T, Kilpi T, Auranen K, Tiihonen P, Lehtinen M, Vänskä S, Linna M, Nieminen P.
Int J Cancer. 2013 Sep 15;133(6):1459-69. doi: 10.1002/ijc.28145. Epub 2013 Apr 5.
PMID: 23463194 [PubMed - indexed for MEDLINE]
[Related citations](#)

Human papillomavirus and cervical cancer.

5. Crosbie EJ, Einstein MH, Franceschi S, Kitchener HC.
Lancet. 2013 Sep 7;382(9895):889-99. doi: 10.1016/S0140-6736(13)60022-7. Epub 2013 Apr 23.
PMID: 23618600 [PubMed - indexed for MEDLINE]
[Related citations](#)

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Results by year



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Vaginal vault smears after hysterectomy for reasons other than malignancy: a s [BJOG. 2006]

Benign glandular cells in posthysterectomy vaginal smears. [Acta Cytol. 1998]

Benign glandular and squamous metaplastic-like cells seen in vagina [Eur J Gynaecol Oncol. 2000]

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Prevalence of the trichomonas vaginalis infection in a tertiary care hospital [J Clin Diagn Res. 2013]

Cytological Evaluation and REBA HPV-ID HPV Testing of Newly Develop [Korean J Pathol. 2013]

Socioeconomic disparity in cervical cancer screening among Kore [BMC Public Health. 2013]



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[Systematic Reviews](#)
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Text availability
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Publication dates
[5 years](#)
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Species
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Display Settings: ☒ Abstract, 200 per page, Sorted by Pub Date **Send to:** ☒

Results: 1 to 200 of 20525 << First < Prev Page 1 of 103 Next > Last >>

☒ [N Engl J Med](#), 2013 Oct 17;369(16):1486-7. doi: 10.1056/NEJMp1307295.
1. **The thousand-dollar Pap smear.**
[Bettigole C.](#)
[CompleteCare Health Network, Bridgeton, NJ, USA.](#)
PMID: 24131176 [PubMed - indexed for MEDLINE] **Free full text**
[Related citations](#)

MeSH Terms

☒ [BMC Infect Dis](#), 2013 Oct 16;13(1):480. [Epub ahead of print]
2. **Vaginal microbiome in women from Greenland assessed by microscopy and quantitative PCR.**
[Datcu R](#), [Gesink D](#), [Mulvad G](#), [Montgomery-Andersen R](#), [Rink E](#), [Koch A](#), [Ahrens P](#), [Jensen JS](#).

Abstract
BACKGROUND: Bacterial vaginosis (BV) is a common condition, although its aetiology remains unexplained. The aim of this study was to analyse the composition of vaginal microbiota in women from Greenland to provide a quantitative description and improve the understanding of BV.
METHODS: Self-collected vaginal smears and swabs were obtained from 177 women. The vaginal smears were graded for BV according to Nugent's criteria. The vaginal swab samples were analysed by 19 quantitative PCRs (qPCRs) for selected vaginal bacteria and by PCR for four sexually transmitted infections (STIs).
RESULTS: STIs were common: Mycoplasma genitalium 12%, Chlamydia trachomatis 7%, Neisseria gonorrhoeae 1%, and Trichomonas vaginalis 0.5%. BV was found in 45% of women, but was not associated with individual STIs. Seven of the 19 vaginal bacteria (Atopobium vaginae, Prevotella spp., Gardnerella vaginalis, BVAB2, Eggerthella-like bacterium, Leptotrichia amnionii, and Megasphaera type 1) had areas under the receiver operating characteristic (ROC) curve > 85%, suggesting they are good predictors of BV according to Nugent. Prevotella spp. had the highest odds ratio for BV (OR 437: 95% CI 82--2779) in univariate analysis

Filter your results:
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[CER cost analysis \(1232\)](#)
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[Comparative Effectiveness Research as Subject \(7\)](#)
[Cost benefit and effectiveness \(417\)](#)
[hasstructuredabstract \(4438\)](#)
[Retraction \(1584\)](#)
[Observational Studies \(1532\)](#)
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- ▾ Note
- ▾ Posta indesiderata [11]
- ▾ Problemi di sincronizzazione

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A: Vidale Claudia

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PubMed Results

Items 1 - 4 of 4

1. Lancet. 2013 Oct 12;382(9900):1278-1285. doi: 10.1016/S0140-6736(13)61724-9.

Health Technology Assessment in the UK.

[Raftery J, Powell J.](#)
University of Southampton, Wessex Institute, Southampton, UK. Electronic address: j.p.raftery@soton.ac.uk.



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- Comparative Effectiveness Research (CER)
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- Public Health Services and Systems Research
- Quality
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Featured Resources

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- HSR Queries**
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<http://www.nlm.nih.gov/hsrinfo/index.html>

CER Federal Coordinating Council for Comparative Effectiveness Research definition

Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in "real world" settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and subgroups.

Defined interventions compared may include medications, procedures, medical and assistive devices and technologies, diagnostic testing, behavioral change, and delivery system strategies.

This research necessitates the development, expansion, and use of a variety of data sources and methods to assess comparative effectiveness and actively disseminate the results.

The definition above is not meant to exclude randomized trials; however, these trials would need comparator arms other than placebo and be representative of populations seen in "real world" practice. [Federal Coordinating Council for Comparativeness Research. Report to the President and the Congress, June 30, 2009 \[Internet\]. Washington, DC: The Council; 2009 \[cited 2009 Oct. 14\] p. 16.](#)

<http://www.nlm.nih.gov/nichsr/cer/cerqueries.html#description>



CER Comparative Effectiveness Research

Search PubMed for Journal Citations

PubMed searches using the categories below will find citations that correspond to clinical comparisons of treatments or that report on treatment outcomes. Results of PubMed searches using strategies from this page have been developed for retrieval of specific study categories or data sources (clinical studies, observational studies, and systematic reviews and simulations).

After running one of these searches, you will be able to further refine your results using PubMed's [Limits](#) feature. You may also combine any of these search results using the PubMed [History](#) feature.

Search tips: Select one category or topic and enter a word or phrase, such as the name of a medical condition or intervention.

Example: atrial fibrillation OR defibrillators

Search

Research Category	Selected Topics
<input checked="" type="radio"/> Randomized controlled trials	<input type="radio"/> Health Disparities
<input type="radio"/> Observational Studies (cohort, administrative data, registries, and electronic health records)	<input type="radio"/> Costs and Cost Analysis
<input type="radio"/> Systematic Reviews, Simulations, Models	<input type="radio"/> Comparative Effectiveness Research as Subject
<input type="radio"/> All (all of the above; with health disparities, costs and cost analysis, CER as subject)	



1



2

Search HSRProj for Health Services Research Projects in Progress

[↑ Top](#)

Results of HSRProj searches from this page include Program Evaluation in addition to effectiveness studies.

Search

Search ClinicalTrials.gov for Studies

[↑ Top](#)

Results of ClinicalTrials.gov searches from this page include phase III and IV interventional studies (clinical trials) of drugs and biologics with an Active Comparator, all clinical trials of other interventions with an Active Comparator, and observational studies that list at least one Intervention.

Search

Description of this Project

[↑ Top](#)

The Federal Coordinating Council for Comparative Effectiveness Research (FCCER) [definition](#) of Comparative Effectiveness Research focuses on studies in "real world" practice; the study designs used for conducting comparative research in practice settings are evolving and at present there are few studies conducted that have wide applicability beyond the settings in which they are based. The purpose





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Health Services Research (HSR) PubMed Queries

This page provides specialized PubMed searches on healthcare quality and costs.

After running one of these searches, you may further refine your results using PubMed's [Filters](#) feature.

Results of searches on this page are limited to specific health services research areas (see [definitions](#)). For comprehensive searches, use [PubMed](#) directly.

Additional PubMed search filters are available, including a filter for [Systematic Reviews](#).

Search by HSR Study Category

This search finds citations that correspond to a specific health services research study category. The search may be either broad and sensitive or narrow and specific. The search filters are based on the work of [Haynes RB et al](#). See the [filter table](#) for details.

Search

Category


- ☒ Appropriateness
- ☐ Process assessment
- ☐ Outcomes assessment
- ☐ Costs
- ☐ Economics
- ☐ Qualitative research
- ☐ Quality Improvement

Scope

- ☒ Broad, sensitive search
- ☐ Narrow, specific search

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Last reviewed: 19 September 2013
Last updated: 19 September 2013
First published: 04 August 2003
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HSR Health Services Research

PubMed Health Services Research (HSR) Queries

Health Services Research (HSR) Queries using Research Methodology Filters

Category	Optimized For	Broad/ Narrow	PubMed Equivalent
appropriateness	sensitive/broad	100%/97%	inappropriate[tiab] OR records[mh]
	specific/narrow	60%/99.8%	appropriateness[tiab]
process assessment	sensitive/broad	98%/67%	health services administration[mh] OR therapy[sh:noexp] OR adjusted[tiab]
	specific/narrow	52%/93%	practice*[tiab] OR adjusted[tiab]
outcome assessment	sensitive/broad	96%/53%	health services administration[mh] OR epidemiologic studies[mh] OR epidemiology[sh]
	specific/narrow	51%/93%	survival[tiab] OR mortality[mh]
costs	sensitive/broad	96%/93%	cost[tiab] OR costs[tiab] OR costs and cost analysis[mh] OR ec[sh]
	specific/narrow	59%/99%	cost effectiveness*[tiab] OR saves[tiab] OR savings[tiab] OR saved[tiab] OR saver[tiab] OR savers[tiab] OR save[ti] OR saving[ti] OR (save[tw] OR saving[tw]) AND (ec[sh] OR economic OR dollar* OR money OR cost OR costs OR costing OR socioeconomic OR inexpensive OR efficiency OR financ* OR treatment outcome)
economics	sensitive/broad	100%/97%	costs[tiab] OR cost effective[tiab] OR economic[tiab]
	specific/narrow	74%/99%	cost effective[tiab] OR sensitivity analys*[tiab] OR cost effectiveness[tiab]
qualitative studies	sensitive/broad	95%/70%	interview*[tiab] OR psychology[sh:noexp] OR health services administration[mh]
	specific/narrow	61%/99%	qualitative[tiab] OR themes[tiab]
quality improvement studies	sensitive/broad	97.6%/53%	health services administration[mh] OR randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation[mh] OR random*[tiab] OR review[pt] OR compare*[tiab] NOT (animals[mh] NOT humans [mh])
	specific/narrow	94.8%/95.7%	randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR controlled trial [tiab] OR controlled trials [tiab] OR control trial [tiab] OR control trials [tiab] OR journal [tiab] OR medline [tiab] OR randomized trial* [tiab] OR randomised trial* [tiab] OR random trial*[tiab] OR randomization trial* [tiab] NOT (animals[mh] NOT humans [mh])

cost analysis

Sensitive (broad) and specific (narrow) searches and approximate equivalent in the PubMed query language as recommended in [Wilczynski NL et al](#) and [Wong SSL et al](#).



HSR Study Design Definition

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Health Services Research (HSR) PubMed Queries

Study Design Definitions

Appropriateness category: Defined as content pertaining directly to determining whether individuals who are provided with a health care service had the appropriate clinical indications to receive that service. **Methodologic** criteria for this category: Explicit criteria for appropriateness of care applied; data source was independent of the study investigators or there was an assessment of the reliability of the application of the criteria and the auditors were blind to practitioner identity and, if more than one institution was involved, institution identity.

Process Assessment category: Defined as content pertaining directly to assessing the process of care for people with a given health problem. These observational studies addressed who did what, to whom, why, where, when and how well. **Methodologic** criteria for this category: Explicit criteria for process of care applied; the data source is independent of the study investigators, or there was an assessment of the reliability of the application of the criteria and the auditors were blind to practitioner identity and, if more than one institution was involved, institution identity.

Outcomes Assessment category: Defined as content pertaining directly to the appraisal of various clinical decisions/management paths and their effects on patient well-being (outcomes). Studies were observational in nature. **Methodologic** criteria for this category: At least one of the outcomes is objective or derived from a data source that is independent of the study.

Costs category: Defined as content pertaining directly to the costs or financing of a health care issue. No **methodologic** criteria applied.

Economics category: Defined as content pertaining directly to a comparison of the cost and effects of at least two different forms of service provision. **Methodologic** criteria for this category: Question is a comparison of alternatives; alternative services or activities are compared on outcomes produced (effectiveness) and resources consumed (costs); effectiveness and cost estimated are based on individual patient data; results are presented in terms of the incremental or additional costs and outcomes of one intervention over another; sensitivity analysis is performed if there is uncertainty. Evidence of effectiveness must be from a methodologically rigorous study of diagnosis, treatment, quality improvement, or a systematic review article that involved real patients. NOTE: Economics is a subset of the Costs category.

Qualitative Research Studies category: Defined as content that relates to how people feel or experience certain situations, and data collection methods and analyses are appropriate for qualitative data. No **methodologic** criteria applied.

Quality Improvement Studies category: Defined as content pertaining directly to interventions intended to improve the quality of healthcare, including studies of continuing education for the purpose of improving the quality of care. The focus is on the providers and processes of care. **Methodologic** criteria for this category: Primary articles - Random allocation of participants to comparison groups, outcome assessment of at least 80% of those entering the investigation accounted for in one major analysis at any given follow-up assessment, and analysis consistent with the study design. Review articles - A clear statement of the clinical topic of the review, a methods section indicating how the evidence was retrieved and from what sources, an explicit statement of the inclusion and exclusion criteria, and inclusion of at least one study that passed on the methodological criteria for a primary study of quality improvement.



Costs and Cost Analysis CER

(cost[tw] OR costs[tw] OR costs
and cost analysis[mh] OR ec[sh])



Comparative Effectiveness Research as Subject CER

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☐ [Arch Dis Child](#). 2013 Aug;98(8):574-5. doi: 10.1136/archdischild-2012-303503. Epub 2013 Jun 7.
1. **Setting the research agenda for women and children: the role of Health Technology Assessment.**
[Choonara J](#), [Kenny T](#).
KEYWORDS: Epidemiology, Evidence Based Medicine
PMID: 23749947 [PubMed - indexed for MEDLINE] PMCID: PMC3717783 [Free PMC Article](#)
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Publication Types, MeSH Terms
☐ [Otolaryngol Head Neck Surg](#). 2013 Aug;149(2):192-9. doi: 10.1177/0194599813487850. Epub 2013 May 2.
2. **Cost collection and analysis for health economic evaluation.**
[Smith KA](#), [Rudmik L](#).

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1. **The cost-utility of catheter ablation of atrial fibrillation: a systematic review and critical appraisal of economic evaluations.**
Neyt M, Van Brabant H, Devos C.

Abstract
BACKGROUND: A health technology assessment (HTA) of catheter ablation for atrial fibrillation (CA-AF) was commissioned by the Belgian government and performed by the Belgian Health Care Knowledge Centre (KCE). In this context, a systematic review of the economic literature was performed to assess the procedure's value for money.
METHODS: A systematic search for economic literature about the cost-effectiveness of CA-AF was performed by consulting various databases: CRD (Centre for Reviews and Dissemination) HTA and CDSR (Cochrane Database of Systematic Reviews) Technology Assessment, websites of HTA institutes, NHS EED (NHS Economic Evaluation Database), Medline (OVID), EMBASE and EconLit. No time or language restrictions were imposed and pre-defined selection criteria were used. The two-step selection procedure was performed by two persons. References of the selected studies were checked for additional relevant citations.
RESULTS: Out of 697 references, seven relevant studies were selected. Based on current evidence and economic considerations, the rationale to support catheter ablation as first-line treatment was lacking. The economic evaluations for second-line catheter ablation included several assumptions that make the results rather optimistic or subject to large uncertainty. First, overall AAD (antiarrhythmic drugs) use after ablation was higher in reality than assumed in the economic evaluations, which had its impact on costs and effects. Second, several models focused on the impact of ablation on preventing stroke. This was questionable because there was no direct hard evidence from RCTs to support this assumption. An indirect impact through stroke on mortality should also be regarded with caution. Furthermore, all models included an impact on quality of life (QoL)/utility and assumed a long-term impact. Unfortunately, none of the RCTs measured QoL with a generic utility instrument and information on the long-term impact on both mortality and QoL was lacking.
CONCLUSIONS: Catheter ablation is associated with high initial costs and may lead to life-threatening complications. Its cost-effectiveness depends on the belief one places on the impact on utility and/or preventing stroke, and the duration of these effects. Having no hard evidence for these important variables is rather troublesome. Although the technique is widely spread, the scientific evidence is insufficient for drawing conclusions about the intervention's cost-effectiveness.

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1. **Quality of life in the follow-up of uveal melanoma patients after CyberKnife treatment.**

Klingenstein A, Fürweger C, Nentwich MM, Schaller UC, Foerster PI, Wowra B, Muacevic A, Eibl KH.

aDepartment of Ophthalmology, Ludwig-Maximilians University bEuropean CyberKnife Center, Munich cEye Clinic Augsburg, Augsburg, Germany.

Abstract

To assess quality of life in uveal melanoma patients within the first and second year after CyberKnife radiosurgery. Overall, 91 uveal melanoma patients were evaluated for quality of life through the Short-form (SF-12) Health Survey at baseline and at every follow-up visit over 2 years after CyberKnife radiosurgery. Statistical analysis was carried out using SF Health Outcomes Scoring Software and included subgroup analysis of patients developing secondary glaucoma and of patients maintaining a best corrected visual acuity (BCVA) of the treated eye of 0.5 log(MAR) or better. Analysis of variance, Greenhouse-Geisser correction, Student's t-test, and Fisher's exact test were used to determine statistical significance. Physical Functioning (PF) and Role Physical (RP) showed a significant decrease after CyberKnife radiosurgery, whereas Mental Health (MH) improved (P=0.007, P<0.0001 and P=0.023). MH and Social Functioning (SF) increased significantly (P=0.0003 and 0.026) in the no glaucoma group, MH being higher compared with glaucoma patients (P=0.02). PF and RP were significantly higher in patients with higher BCVA at the second follow-up (P=0.02). RP decreased in patients with BCVA<0.5 log(MAR) (P=0.013). Vitality (VT) increased significantly in patients whose BCVA could be preserved (P=0.031). Neither tumor localization nor size influenced the development of secondary glaucoma or change in BCVA. Although PF and RP decreased over time, MH improved continuously. Prevention of secondary glaucoma has a significant influence on both SF and MH, whereas preservation of BCVA affects VT. Emotional stability throughout follow-up contributes positively toward overall quality of life. CyberKnife radiosurgery may contribute to attenuation of emotional distress in uveal melanoma patients.

PMID: 24048223 [PubMed - in process]

Related citations

2. **Optimized order estimation for autoregressive models to predict respiratory motion.**

Int J Comput Assist Radiol Surg. 2013 Nov;8(6):1037-42. doi: 10.1007/s11548-013-0900-0. Epub 2013 May 21.

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Diagnosis of Thyroid neoplasms

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☐ [Cancer Lett.](#) 2013 Oct 1;339(1):144-51. doi: 10.1016/j.canlet.2013.07.006. Epub 2013 Jul 12.

1. **Recombinant leukemia inhibitory factor suppresses human medullary thyroid carcinoma cell line xenografts in mice.**
[Starenki D, Singh NK, Jensen DR, Peterson FC, Park JI.](#)
Department of Biochemistry, Medical College of Wisconsin, Milwaukee, WI 53226, USA.

Abstract
Medullary thyroid carcinoma (MTC) is a neoplasm of the endocrine system, which originates from parafollicular C-cells of the thyroid gland. For MTC therapy, the Food and Drug Administration recently approved vandetanib and cabozantinib, multi-kinase inhibitors targeting RET and other tyrosine kinase receptors of vascular endothelial growth factor, epidermal growth factor, or hepatocyte growth factor. Nevertheless, not all patients with the progressive MTC respond to these drugs, requiring the development of additional therapeutic modalities that have distinct activity. Previously, we reported that expression of activated Ras or Raf in the human MTC cell lines, TT and MZ-CRC-1, can induce growth arrest and RET downregulation via a leukemia inhibitory factor (LIF)-mediated autocrine/paracrine loop. In this study, we aimed to evaluate bacterially-produced recombinant human LIF for its efficacy to suppress human MTC xenografts in mice. Here, we report that, consistent with its effects in vitro, locally or systemically administered recombinant LIF effectively suppressed growth of TT and MZ-CRC-1 xenografts in mice. Further, as predicted from its effects in TT and MZ-CRC-1 cell cultures in vitro, recombinant LIF activated the JAK/STAT pathway and downregulated RET and E2F1 expression in tumors in mice. These results suggest that LIF is a potent cytostatic agent for MTC cells, which regulates unique mechanisms that are not targeted by currently available therapeutic agents.

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KEYWORDS: LIF, Leukemia inhibitory factor, MALDI-TOF, MEN, MTC, Medullary thyroid carcinoma, PBS, RET, STAT3, leukemia inhibitory factor, matrix-assisted laser desorption/ionization-time-of-flight, medullary thyroid carcinoma, multiple endocrine neoplasia, phosphate-buffered saline, rearranged during transfection

PMID: 23856028 [PubMed - indexed for MEDLINE] PMCID: PMC3771534 [Available on 2014/10/1]

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☐ [BJU Int.](#) 2013 Aug;112(3):346-54. doi: 10.1111/j.1464-410X.2012.11671.x. Epub 2013 Feb 18.

1. **The learning curve for laparoscopic extended pelvic lymphadenectomy for intermediate- and high-risk prostate cancer: implications for compliance with existing guidelines.**
[Eden CG, Zacharakis E, Bott S.](#)
Department of Urology, The Royal Surrey County Hospital, Guildford, UK. edenchristopher@gmail.com

Abstract
OBJECTIVE: To investigate the learning curve for performing extended pelvic lymphadenectomy (ePLND) during laparoscopic radical prostatectomy (LRP) in patients with intermediate- and high-risk prostate cancer.
PATIENTS AND METHODS: In all, 500 patients underwent ePLND for intermediate- or high-risk prostate cancer by one surgeon during a 48-month period. A transperitoneal laparoscopic approach was used in all patients to allow adequate access to the internal iliac vessels. The variables chosen as being the most important discriminators of the quality of ePLND were operating time, complication rate and lymph node (LN) yield. The learning curves for ePLND were calculated using the cumulative sum and cumulative average methods and the number of procedures performed until attainment of acceptable failure rates (competence levels) was calculated. LN parameters were compared with the results from the preceding 311 cases where limited PLND was undertaken.
RESULTS: The median (range) preoperative PSA level was 8.0(1-62.5) ng/mL and biopsy Gleason score was 7(6-10). In all, 64% of patients had intermediate-risk and 36% had high-risk prostate cancer. There were no intraoperative blood transfusions and no conversions to open surgery. The median (range) blood loss was 200 (10-1400) mL and the postoperative transfusion rate was 1.6%. The operating time fell at a steady rate of 2.7% after the 15th case and plateaued after 130 patients. At competence levels of 5% and 10%, the learning curve for all complications ended after 346 and 136 patients, respectively. At a 5% competence level the learning curve for PLND-specific complications was 40 cases and there was no learning curve at a 10% competence level. The overall complication rate was 7.2% of which almost half (47%) were deemed to be PLND-specific. The cumulative average of the LN counts plateaued after 150 procedures. Furthermore, the median LN count after ePLND was more than double that of the authors' historical standard PLND controls (14 vs 6, P < 0.001) and increased with experience up to the end of the series (9 to 20). The likelihood of LN involvement (LNI) correlated with biopsy and pathological Gleason grade, clinical and pathological stage and d'Amico risk group.
CONCLUSIONS: This study suggests a learning curve of ≈130 cases for operating time, 136 cases for all complications, 40 cases for PLND-specific complications and 150 cases for LN yield. The risk of LNI for patients with intermediate- and high-risk prostate cancer was 8.4% and 19.4%, respectively, which suggests that a significant proportion would benefit from ePLND. It also shows that ePLND can be safely incorporated

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☐ [Arch Gerontol Geriatr](#). 2014 Jan-Feb;58(1):153-9. doi: 10.1016/j.archger.2013.07.007. Epub 2013 Aug 8.
1. Lutein extends the lifespan of *Drosophila melanogaster*.
[Zhang Z, Han S, Wang H, Wang T.](#)
Key Laboratory of Food Nutrition and Safety, Ministry of Education, Tianjin University of Science & Technology, Tianjin 300457, China. Electronic address: zhangzesheng@tust.edu.cn.
Abstract
Lutein is one of the major carotenoids in most fruits and vegetables. The effect of lutein on the lifespan of *Drosophila melanogaster* was investigated. Results revealed that 0.1mg lutein/ml diet could prolong their mean lifespan from 49.0 to 54.6 days. This was consistent with a significant reduction in malonyldialdehyde (MDA) level and increase in antioxidant enzyme activities of the flies fed with lutein-treated diet compared with those fed with basal diet. Paraquat (PQ) and H2O2 treatment tests demonstrated that lutein could prolong the survival time of the flies. Real-time polymerase chain reaction (RT-PCR) analysis indicated the gene expression of superoxide dismutase (SOD; SOD1 and SOD2), and catalase (CAT) in the lutein-treated group was up-regulated relative to that of the control group. It was concluded that the lifespan-prolonging activity of lutein was partially by up-regulation of endogenous antioxidant enzymes.
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KEYWORDS: AMD, CAT, Catalase, *Drosophila melanogaster*, Lifespan, Lutein, MDA, Malonyldialdehyde, SOD1, SOD2, Superoxide dismutase, age-related **macular degeneration**, catalase, copper-zinc SOD, malonyldialdehyde, manganese SOD
PMID: 23993264 [PubMed - in process]
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☐ [Methods Mol Biol](#). 2014;1060:61-77. doi: 10.1007/978-1-62703-586-6_4.
2. Therapeutic human monoclonal antibodies against cancer.
[Jarboe J, Gupta A, Saif W.](#)
Tufts cancer center, Tufts university school of medicine, Boston, MA, USA.
Abstract
There are over 30 monoclonal antibodies that are FDA approved for a variety of diseases ranging from

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☐ [J Obstet Gynaecol Can.](#) 2013 Aug;35(8):723-9.

1. Improved adherence to colposcopy through nurse-led telephone counselling and multifaceted patient support.
Dunn S, Rossiter L, Ferne J, Barnes E, Wu W.
Department of Family and Community Medicine, University of Toronto, Toronto ON.

Abstract
OBJECTIVES: In 2009, an on-site diagnostic colposcopy clinic was established within a large, urban sexual health clinic to enhance follow-up of abnormal cervical cancer screening among vulnerable women, including those who are uninsured. This service model uses a family physician colposcopist and a colposcopy nurse who provides pre-visit counselling, telephone reminders, patient-tailored ongoing support during the diagnostic process, and tracking of missed appointments. This study examined whether this program was associated with improved adherence to the first colposcopy visit after an abnormal Papanicolaou smear among a high needs population.
METHODS: We conducted a retrospective chart review of women referred for colposcopy between January 2007 and September 2010, and examined non-adherence before (pre-group) and after (post-group) establishment of the on-site program. Univariable and multivariable logistic regression was used to examine patient and clinical factors associated with non-adherence.
RESULTS: Six hundred eighty-five women were referred during the study period, with 302 in the pre-group and 383 in the post-group. Non-adherence to the first colposcopy visit fell from 13% to 4% after institution of the on-site service. Pre-group status, cervical screening performed at an abortion-related visit (as opposed to a contraception or cervical screening visit), parity ≥ 1 and younger age were all associated with non-adherence in the multivariable analysis.
CONCLUSION: An on-site colposcopy service that incorporated multifaceted, client-tailored support throughout the diagnostic process significantly reduced non-attendance for an initial colposcopy visit in an urban sexual health clinic population. Broader adoption of this model could improve effectiveness of cervical cancer screening programs. However, future research should determine which specific elements of the model are more important in influencing adherence rates.
KEYWORDS: adherence, colposcopy, nursing, tailored support, vulnerable populations
PMID: 24007708 [PubMed - Indexed for MEDLINE]
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1. [Br J Ophthalmol](#). 2013 Nov;97(11):1447-50. doi: 10.1136/bjophthalmol-2012-302973. Epub 2013 Sep 11.

Intravitreal anti-VEGF therapy for choroidal neovascularisation secondary to pathological myopia: 4-year outcome.

Ruiz-Moreno JM, Arias L, Montero JA, Carneiro A, Silva R.
Department of Ophthalmology, Castilla La Mancha University, , Albacete, Spain.

Abstract

OBJECTIVE: To report the visual outcome after 4-year follow-up in a series of highly myopic eyes with choroidal neovascularisation (CNV) treated with antivasular endothelial growth factor (anti-VEGF) drugs.

METHODS: A retrospective, non-randomised, multicentre, consecutive, interventional case series study was performed. 92 highly myopic eyes with subfoveal CNV were treated with intravitreal injection (IVI) of anti-VEGF. The initial protocol (1 vs 3 injections) was dictated by surgeons' preferences and followed by an as-needed monthly regime. Best-corrected visual acuity (BCVA) was evaluated at baseline and then monthly. The primary aim was to analyse BCVA changes. The effect of age, spherical equivalent (SE) and treating drug were evaluated as secondary objectives.

RESULTS: The mean age of the patients was 57 years (SD 14, range 30-93). The mean number of letters read was 46.1 (SD 16.8, range 5-70) at baseline, 55.5 (SD 18.6, range 10-85) at 12 months, 50.1 (SD 20.1, range 5-82) at 24 months, 54.2 (SD 21.9, range 2-85) at 36 months and 53.1 (SD 22.5, range 1-83) at 48 months (p=0.000, initial vs 12, 24 and 36 months; p=0.01 initial vs 48 months; Student t test for paired data). The mean total number of IVI was 4.9 (SD 5.4, range 1-29). SE and treating drug had no influence on the final visual outcome and number of injections required.

CONCLUSIONS: Intravitreal bevacizumab and ranibizumab are effective therapies and show similar clinical effects in highly myopic CNV. Visual acuity gain is maintained at 4-year follow-up.

KEYWORDS: Angiogenesis, Drugs, Macula, Retina

PMID: 24026146 [PubMed - in process]

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2. [Br J Ophthalmol](#). 2013 Nov;97(11):1443-6. doi: 10.1136/bjophthalmol-2013-303513. Epub 2013 Aug 21.

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The [InterTASC Information Specialists' Sub-Group](#) (ISSG) is the group of information professionals supporting research groups within England and Scotland providing technology assessments to the [National Institute for Health and Care Excellence](#) (NICE) and other associated Information Specialists.

The InterTASC Information Specialists' Sub-Group Search Filter Resource is a collaborative venture to identify, assess and test search filters designed to retrieve research by study design or focus. The [Search Filters Resource](#) aims to provide easy access to published and unpublished search filters. It also provides information and guidance on how to critically appraise search filters, study design filters in progress and information on the development and use of search filters. Inclusion of a search filter is not an endorsement of its validity or a recommendation.

The editorial team comprises Julie Glanville (York Health Economics Consortium), Carol Lefebvre (Lefebvre Associates Ltd) and Kath Wright (Centre for Reviews and Dissemination).

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